

**Quality Care Through Quality Jobs:
A Review of Legislative Efforts to Address the Health Care Worker
Shortage in Long Term Care**

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Mass Extended Care Federation
Mass Senior Action Council
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National Association of Social Workers
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Introduction

The Massachusetts long-term care system, like those in most of the fifty states, has been destabilized by the most serious labor crisis in years. The worker shortage includes nurses, certified nursing assistants, home health and home care aides and personal care attendants. It encompasses the entire long-term care system that serves elders and persons with disabilities. It is a problem that threatens to become more acute in the near future as the proportion of elders in our society increases.

The labor crisis is in fact a crisis in care - the inability to attract and retain direct care workers has caused a serious deterioration in quality and access to essential services. Existing direct care workers are asked to work long hours and to carry impossible care loads. Poor quality jobs - low wages and benefits, inadequate training, few opportunities for advancement and lack of educational and employment support - have created high turnover and vacancy rates. This is particularly true in long term care, as nursing homes and home health agencies cannot compete with hospital wage scales.

Beginning in 1999, a group of advocates, providers and labor representatives came together to form the Coalition of Organizations to Reform Elder Care (CORE). CORE's mission was to develop an affirmative agenda to address the worker crisis in long term care. They recognized the need for both immediate action to stem the crisis now and longer-term action to prepare for future needs. At the same time Senate Ways & Means Chairman Mark Montigny with the help of his Senate colleagues was developing legislative proposals to address the same issues. Chairman Montigny's work culminated in a series of measures known as the Nursing Home Quality Initiative which were enthusiastically embraced by members of CORE. A second group of advocates, providers and labor representatives formed the Direct Care Workers Initiative (DCWI) to address workforce issues across the long term care spectrum. Since then the two coalitions have worked with the Legislature and Chairman Montigny to advocate for an array of measures to improve quality of care by improving workers' jobs. Remarkably, these proposals have begun to turn the tide of worker shortages and to start the long process of improving our state's long term care system.

Following is a brief summary of components of the Nursing Home Quality Initiative and an analysis of their impact.

Nursing Home Wage Pass-Through

Certified nursing assistants (CNAs) are the primary source of hands-on care in nursing homes. They provide hands-on assistance with dressing, bathing, toileting and feeding residents who are unable to care for themselves. They change bed linens, empty bedpans and lift heavy residents. They are often the primary source of attention and companionship for those in their care.

Just three years ago, the median base wage for CNAs in Massachusetts was \$9.74 per hour. The vacancy rate among CNA positions was increasing every year. The turnover rate in some nursing homes was as high as 100% per year. Use of expensive nursing pools to fill vacancies was growing. CNAs worked double shifts with high patient loads on a regular basis. As a result,

residents were too often waiting for long periods of time to get toileting assistance, to get a drink or to get help with eating meals. Nursing homes that relied on public payment sources such as Medicaid and Medicare were unable to increase wages sufficiently to recruit and retain staff.

A central piece of the Nursing Home Quality Initiative was a proposal to increase CNA salaries. In Fiscal Year 2001 the Legislature appropriated **\$35 million (annualized to \$40 million) to increase the wages of CNAs**. This funding was “passed through” the Medicaid payment rate and could only be spent on salaries and benefits for CNAs. Despite some initial confusion in implementation, the wage pass-through has had a significant positive impact on wages and thus on recruitment and retention of CNAs:

- **CNA median base wages are now up from \$9.74 to \$11.36 per hour**
- **The CNA vacancy rate has declined from 15% to 12%**
- **The percentage of CNA hours supplied by nursing pools has decreased from 4.2% to 1.1%.**

Although other legislative measures and economic factors have contributed to this startling turnaround, the wage pass-through has been a leading factor in making CNA jobs competitive.

Direct Care Worker Scholarship Training Program

Individuals wishing to become CNAs, home health aides and home care aides must complete a course of training and education. Typically the training consists of a combination of classroom instruction in personal care, basic physiology and disease processes, communication skills, nutrition and infectious disease control. The training requirements and fees vary somewhat among jobs but the course is not inexpensive; a combined CNA/home health aide training course, for example, costs an average of \$625 for an average 105 hours of instruction. For low-income individuals, the cost of education can be a significant barrier to becoming a direct care health care worker.

In Fiscal Year 2001 the Legislature appropriated **\$1 million for a scholarship training program for CNAs**. The program was refunded in FY02 and its scope expanded to include community-based direct care workers as well an ESoL component. **To date the Scholarship Training Program has awarded over 2,200 scholarships to prospective direct care workers** with over 82% of program recipients being dually trained in CNA and home health aide skills. The program currently has a waiting list of over 600 aspiring workers and has significantly contributed to generating an ongoing supply of new workers. The FY03 appropriation of \$750,000 will continue the good work of the program.

Career Ladder Grants Program (ECCLI)

The Extended Care Career Ladders Initiative (ECCLI) is a grants program whose purpose is to improve long term care by addressing issues that create instability in the direct care worker job market. Its goals are to improve quality of care, encourage skill development of direct care workers, promote job advancement via career ladders and institute workplace cultures that support and empower workers. ECCLI grantees have included consortia of provider agencies such as nursing homes and home health agencies that collaborate with educational and workforce development providers to support workplace education activities.

Beginning in Fiscal Year 2001 the Legislature appropriated **\$5 million to fund the ECCLI grants program**. The program was continued with appropriations of \$5 million and \$4.1 million in the two succeeding fiscal year budgets. The Commonwealth Corporation administers and oversees the grants. **To date the program has funded three rounds of grants to over 50 long term care providers. Funding for a fourth round of grants is currently pending.** Grant awards for the first four rounds total approximately \$5.3 million, with funding to be renewed annually over a three-year period.

Preliminary data shows that providers with on-site ECCLI grant programs are experiencing the following good results:

- **a high level of worker commitment**
- **improvements in recruitment and retention**
- **improved quality of care in training-related areas such as ambulation, range of motion, palliative care, dementia care, urinary tract infection rates, relations with residents and clinical assessments**
- **better teamwork and communication among staff**

Of the providers participating in the first three grant rounds 33% reported a decrease in the number of CNA openings, 40% reported a reduction in facility costs and 46% reported a reduction in worker turnover. It is clear that investing in workers' education and skill development is improving the quality of life and quality of care in nursing homes.

Nursing Home Consumer Satisfaction Survey

The individuals who most benefit from workforce development in addition to the workers themselves are nursing home residents and their families. Yet these consumers are often the least heard-from on issues affecting quality of care in nursing homes.

In Fiscal Year 2001 the Legislature earmarked **\$100,000 for the Department of Public Health to develop and implement a nursing home consumer satisfaction survey**. Similar surveys have been developed in a number of other states, but this was Massachusetts' first venture into this area. DPH in concert with legislators and elder advocates consulted with academics on appropriate survey techniques for a geriatric population. It reviewed the efforts and survey tools of other states. Most recently it contracted with a private firm to develop and test a survey instrument. The instrument will be field tested in the next few months.

While it is too early to measure the results of the survey, it will give regulators an important opportunity to gauge the impact of nursing home care on consumers. In addition to identifying strengths and weaknesses of individual nursing homes, the survey will help DPH to identify particular areas of care that are in need of increased attention statewide. Survey results will be posted on the DPH website, giving consumers information about particular facilities and their quality of care.

Nursing Home User Fee

The Fiscal Year 2003 Budget includes an assessment on non-Medicare patient days in nursing homes. The assessment will garner federal Medicaid matching dollars by spending assessment funds on Medicaid-reimbursable services. The bulk of the new funds will be cycled back to nursing homes via the Medicaid reimbursement rate.

Among the spending allocations of new funds directed by the budget are **\$50 million for wages, hours and benefits of direct care staff in nursing homes and \$4.1 million for continued funding of the ECCLI grants program**. Funding is also allocated to DPH to preserve its current level of nursing home survey and inspection staff. The \$50 million rate add-on will benefit nurses as well as health care paraprofessionals and provides an important step towards addressing the shortage of nurses in long term care. The additional funding for CNAs will allow nursing homes to continue bringing their wages to a competitive level. In an era of tight state revenues, funding of ECCLI grants through the user fee mechanism will extend the life of these important programs.

Because this is a new budget item it is too soon to gauge its effectiveness. Based on the track record of previous wage increases and ECCLI grants it is likely that the user fee funds will continue Massachusetts' progress towards a viable direct care workforce.

Conclusion

The problems associated with worker shortages in long term care are numerous and complex. Yet not addressing these problems now will result in ongoing crises for decades to come. The Legislature has implemented a number of significant policy initiatives which aim to improve recruitment and retention of direct care workers by improving conditions of their jobs. In turn, this should improve the quality of care for residents of nursing homes and recipients of home health care. Massachusetts can be justifiably proud of its foresight in addressing the long term care workforce crisis with a comprehensive array of workforce development measures.