



University of California  
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# The Workforce for Community-Based Care

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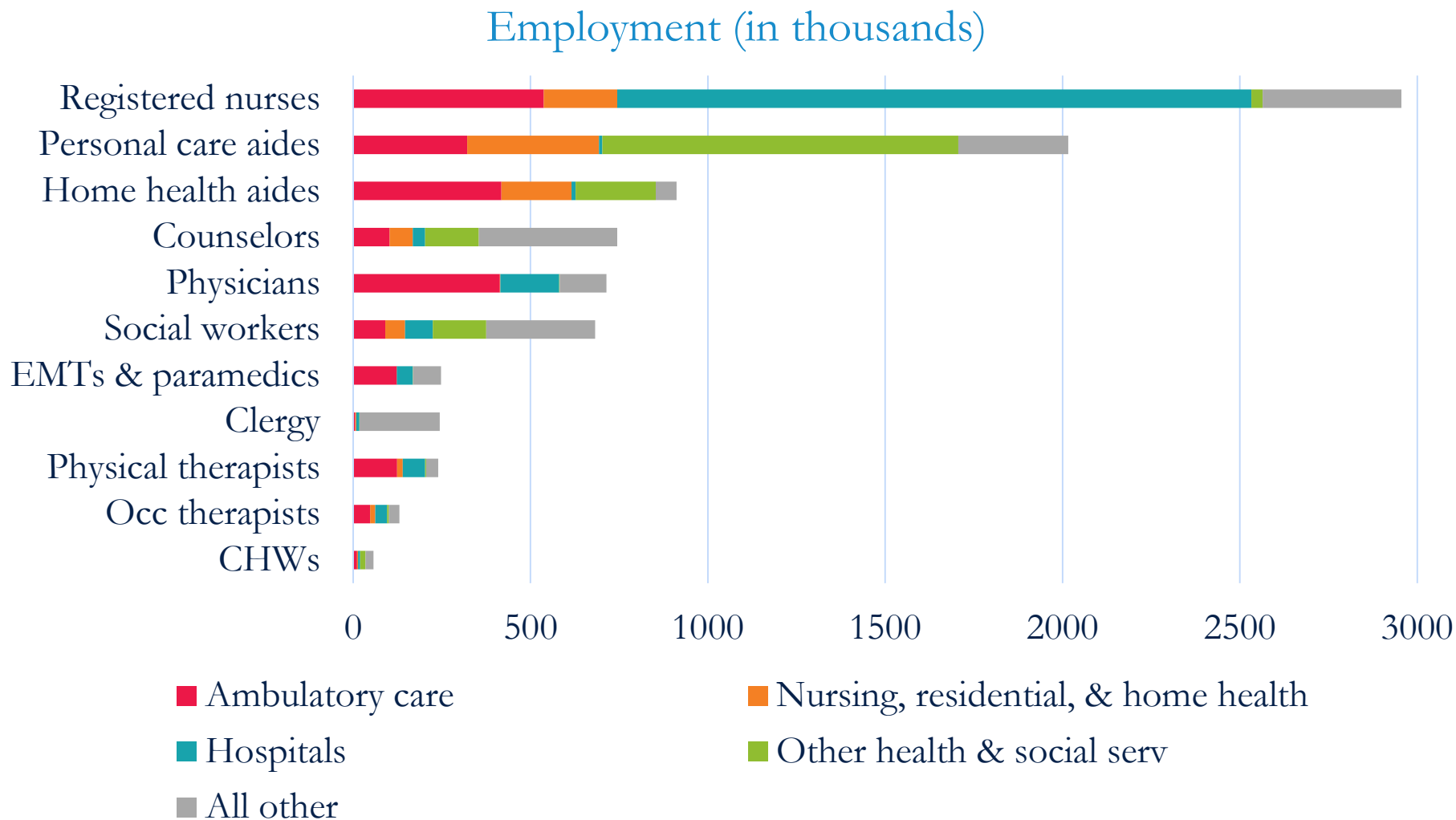
# Who provides care in the community?

- Personal care aides and home health aides
- Community health workers / navigators
- Home health nurses
- Community paramedics
- Social workers / LCSWs
- Spiritual care providers
- Peer providers
- Family caregivers

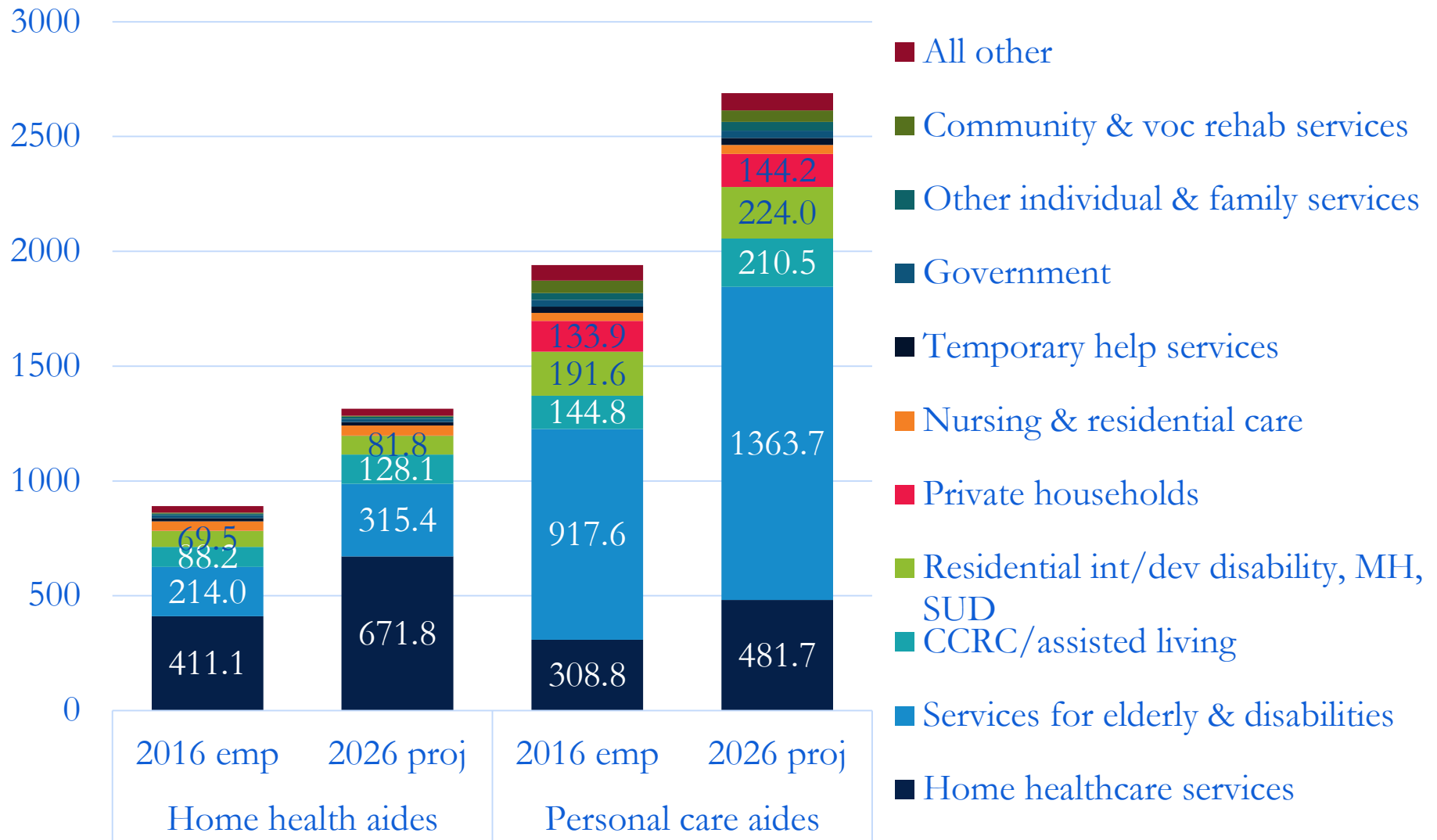


...and physicians, nurses, pharmacists, physical/occ therapists...

# How many people hold these jobs?



## Current and projected aide employment

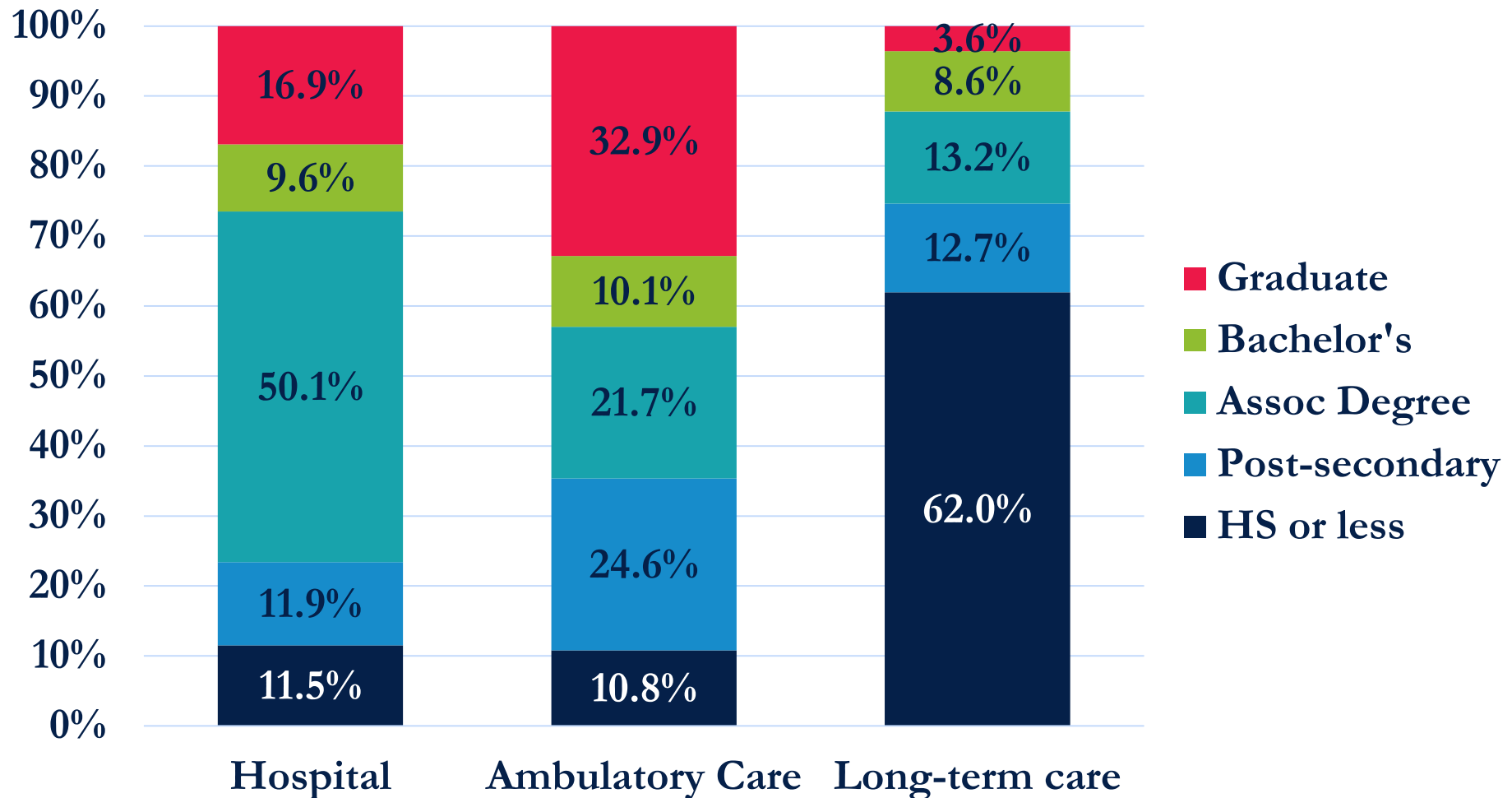


# Education and licensing of this workforce

	Education	Training	Licensed?
Registered nurses	Associate/ bachelor's	None	Licensed
Personal care aides	High school	Short-term OJT	None
Home health aides	Post-HS cert	Short-term OJT	Certified
Counselors	Master's	Internship	Licensed
Physicians	Doctorate	Internship	Licensed
Social workers	Master's	Internship	Licensed
EMTs & paramedics	Post-HS cert	None	Licensed
Clergy	Bachelor's	Moderate OJT	None / Certified
Physical therapists	Doctorate	None	Licensed
Occ therapists	Master's	None	Licensed
CHWs	High school	Short-term OJT	None

<sup>5</sup> Source: U.S. Bureau of Labor Statistics, industry-occupation matrix, 2016

# Education distribution of health workers, by industry



# A range of job titles adds confusion: Variations on the CHW theme

- Community Health Worker
- Patient Navigator
- Transition Care Specialist
- Personal Care Attendant
- Home care Attendant
- Local Care Coordinators
- Hospital Transition Care Coordinators
- Independent Living Skills Specialist
- Peer Leaders
- Peer Health Workers
- Community Organizer
- Integrated Care Coordinator
- Health Integrator
- Practice Improvement Advisors
- Behavioral Coaches
- Nurse Transition Guides
- Peer Health Coach
- Strategic Initiatives Director
- Strategic Performance Manager
- Care Transition Coach
- Personal care aides
- Care Navigator
- Care Coordinator
- Home Care Specialists
- Health Care Coaching
- Engagement Advisors
- Community Navigators
- System Navigators
- Promotora

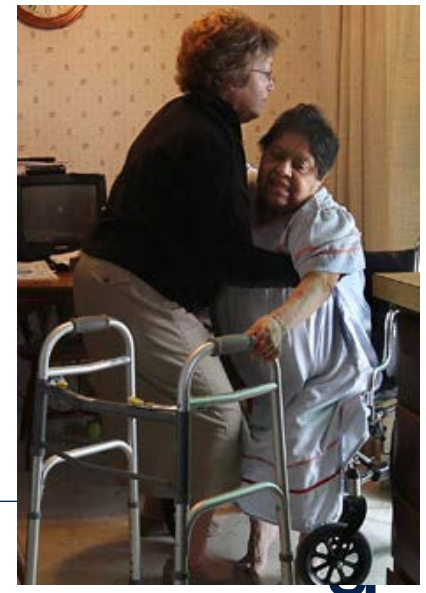
# Training requirement vary, even within states: California aides

	Type of care	Employer	Training	Certification/ registration
Home health aide	Personal care specified by treatment plan	Home health agency	120 hours	Certified by Department of Public Health
Registered home care aide: “affiliated”	Personal care	Home care organization	5 hours	Registered by Home Care Services Bureau
Registered home care aide: “independent”	Personal care	Consumer	5 hours	Registered by Home Care Services Bureau
Unregistered home care aide	Personal care	Consumer	None	None
In-home support services provider	Personal care, paramedical services	Consumer	Orientation	Optional to be registered by Home Care Services Bureau



# Training for home/personal care aides is particularly problematic

- Inadequate training for complex tasks and responsibilities
- No federal training standards or requirements
- Tremendous variation across state Medicaid programs
  - 10 had no training requirements
  - in 2014
  - 19 had uniform requirements
  - across Medicaid programs
- CMS has developed core competencies
- Little research on impact of training



# Who pays for community-based care?

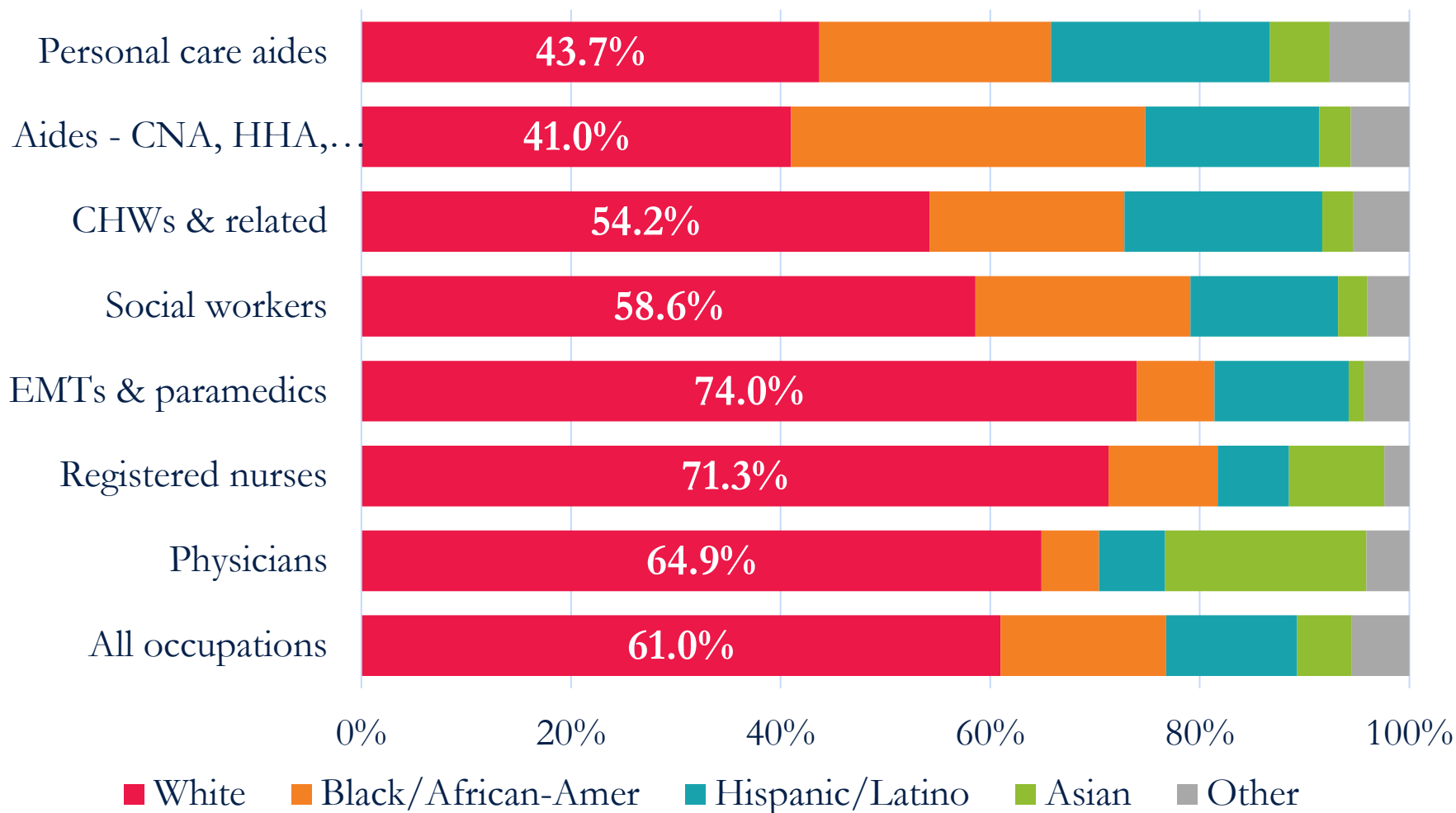
- Medicare: limited home health agency services; physical and occupational therapy; behavioral health
  - Medicare Advantage plans can offer services not included in traditional Medicare
- Medicaid: home- and community-based long-term care services, behavioral health
  - Medicaid managed care can employ CHWs, navigators, others
  - A few Medicaid plans cover community paramedicine
- Delivery organizations
  - Accountable care organizations: applying new workforce categories to coordinate and reduce cost of care
  - Patient-centered medical homes: hiring case managers and health educators

# Home care has specific financing challenges

- Most people pay privately
- Medicaid has multiple programs
  - Personal care services benefit (optional)
  - Section 1915(c), 1915(i), 1115 waivers
  - Also: Money Follows the Person, Balancing Incentive Program, Community First Choice
- Self-direction options allow beneficiaries to select their aide or how to spend their benefits, including hiring family members in some states
- Plethora of unconnected programs leads to inconsistency and confusion

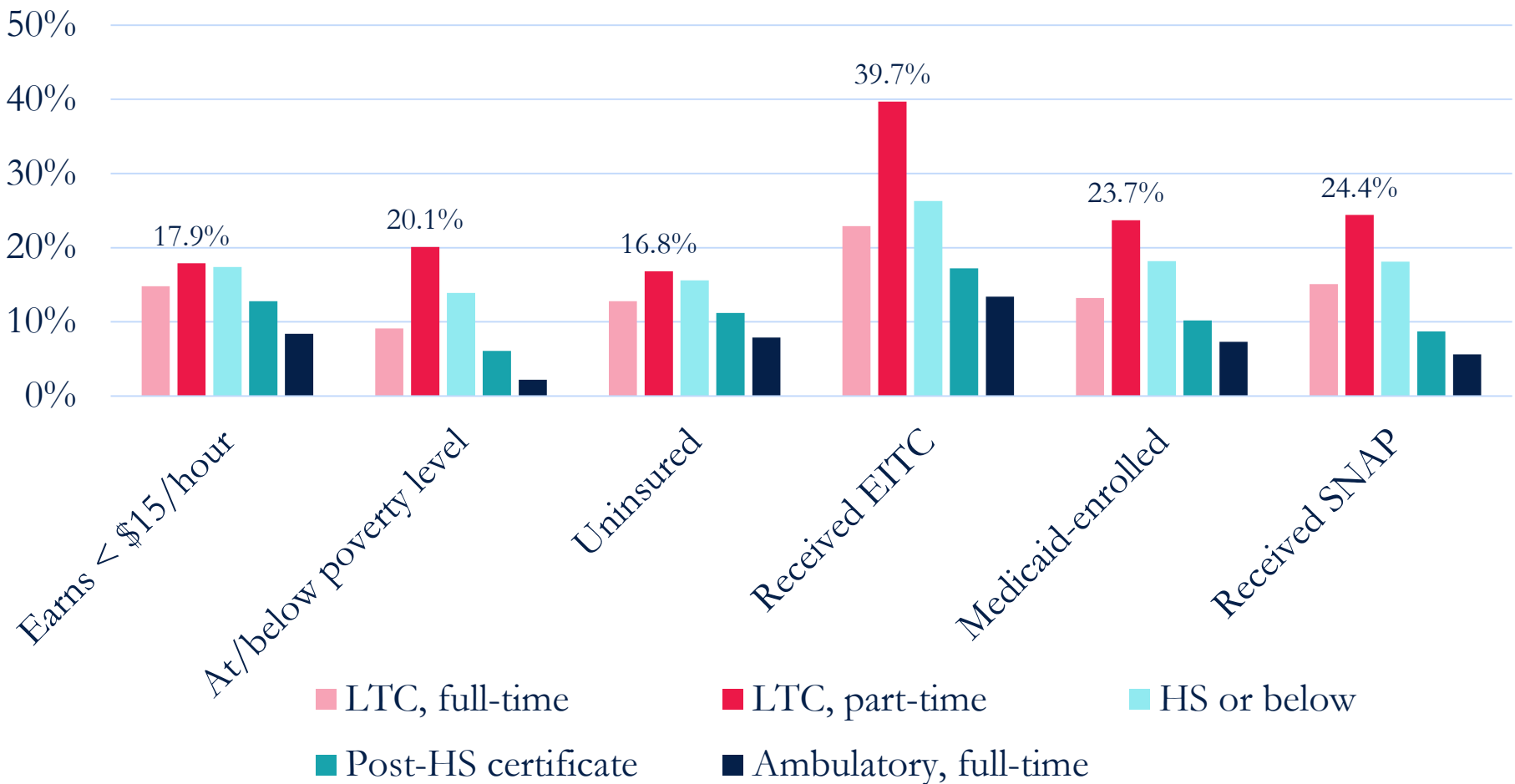


# Many of these occupations are very racially/ethnically diverse



# This workforce is economically vulnerable

Percent of workers at financial risk / receiving public services



# Turnover is also a significant issue

- Median long-term care industry turnover was 67% in 2017
  - Many leave jobs to other industries or to leave the labor force entirely
- Turnover is associated with poor client outcomes
- Why do workers leave?
  - Low-quality supervision
  - Lack of autonomy
  - Underappreciation
  - Occupational safety
  - Unstable hours of work
  - Lack of career mobility



# Opportunities for change

- Using Medicare & Medicaid as a policy lever
  - Value-based payment to incentivize broader use of community workforce
  - “Wage pass-through” requirements
- Establishment of training standards & opportunities for growth
  - Washington state: 75 hours of entry-level training, wage increases for advanced skills
  - Expanded nurse delegation to home care and community workers
- Research to support best management practices
  - Evaluation of effect of wage increases & training on costs and outcomes

# Questions? Comments?

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