

***Strategies to Improve Access to Medicaid Home
and Community Based Services***

**Testimony of Di Findley
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Home and Community Based Services*

Introduction

Chairman Grassley and Members of the committee: Good morning.

My name is Di Findley and I'm the executive director of the Iowa CareGivers Association, founded in 1992 as one of the first independent statewide direct care worker associations in the country. Those we serve are Certified Nurse Aides (CNAs), Home Care Aides (HCAs), Patient Care Technicians (PCTs), and Personal Assistants. In other words, we serve those who deliver some of the most basic and fundamental care and supportive services to people of all ages and in settings that range from the home of a consumer to a nursing home or hospice.

Some of our 1500 members are family caregivers, providers, policy makers, and others who consider themselves direct care worker advocates.

Our mission is to enhance the quality of care through dedication to the direct care worker and other caregivers.

Access to Medicaid Home and Community Based Services

One of the most compelling problems we face today is the inability to meet the growing demand for care and supportive services due to a shortage of workers.

This is something identified in the New Freedom Initiative and the funding for the Systems Change grants have helped states make strides in the recruitment and retention of direct care workers.

While most care and supportive services in this country are still delivered by family members, there often comes a time when the family can no longer handle the 36-hour day or round the clock care and must seek outside assistance. They may seek assistance from a home care provider or as a last resort place a loved one in an assisted living, nursing home, or some other care setting.

In other instances, with the expansion of home and community based services and the right supports and personal assistance the elderly, persons with disabilities and others with special needs can remain in their home indefinitely.

When outside assistance is sought, it is the direct care workers...the nurse aides, home care aides, and personal assistants who make remaining in the home possible by assisting with meals, bathing, dressing, ambulating, and toileting, and in many cases companionship.

Access to or an expansion of home and community based services is impossible without access to a stable direct care workforce.

Lack of Workforce is Barrier to Access

There is clearly documented evidence that supports the Direct Care Worker shortage and the challenges before us in meeting the growing demand for services.

We know that there are at least two aspects to the shortage:

1- Demographics: In Iowa an estimated 800,000 Iowans will reach retirement age over the next few years and at least 40% of those individuals will require some form of long term care. And this aspect of the shortage is certainly not unique to Iowa.

Olmstead Decision: With the expansion of home and community based services to meet the personal assistance and support needs for persons with disabilities, there becomes an increasing demand for this workforce.

While this aspect of “not enough people” seems to get the greatest attention from policy makers, the media and others...we have focused our attention on the 2nd aspect.

2- The shortage that occurs when workers tend to leave the field at alarming rates.

Some direct care workers enter the field of direct care as a stepping stone to becoming a licensed nurse, doctor, or social worker. And contrary to general belief...many choose this as a life long career.

Others enter the field and become disillusioned early on and leave within the first three months of employment because the physical, mental, and emotional demands of the work are more than they can bear.

In 1998/99 we conducted a statewide CNA Needs Assessment Survey to determine why Direct Care Workers tend to leave the field. Those who responded were CNAs working in nursing facilities, HCAs, and some hospital aides. There were no surprises in the findings, but for the first time in our state...the survey actually represented the voices of those who were leaving the field. They cited the top four reasons for leaving as:

- 1- Short-staffing
- 2- Poor wages and benefits
- 3- Lack of respect by supervisors, clients or residents, and the general public
Our society is guilty of placing a low value on the elderly and persons with disabilities and as a result places a low value on those who provide care or supportive services to them.
- 4- Lack of educational and advancement opportunities within the field of direct care.

Contrary to what some believe, direct care is a career choice for many. Not every Direct Care Worker is interested in becoming a registered nurse or physician. What we need are more opportunities for advancement within the field of direct care. Unfortunately, in our society, Direct Care Workers who have been in the field for 20, 30, or even 40 years are still viewed as “entry level workers”.

In our opinion, it makes more sense to invest in doing more to keep workers by addressing these needs rather than continuing to waste money on the high costs associated with worker turnover.

Strategies to Improve Access

Strategies to improve access to Medicaid Home and Community Based Services must include strategies to improve access to a good workforce.

We are pleased to see \$2.9 million proposed in the New Freedom Initiative 2005 budget. However, given the magnitude of the problem it warrants a higher level of funding. Some of the funded strategies under the New Freedom Initiative have 5 year commitments as opposed to only one year for the direct care worker recruitment and retention funding. Dedicated funding with a continued commitment for efforts to ensure a quality direct care workforce is desperately needed in this country.

Seniors and persons with disabilities and other consumers are being promised a vast “continuum of care/supportive services”. However, we do not have a continuum of caregivers that is consistent with all of the different levels of service or care that are being promised. Every time another level of care or service is added, it is done without giving much consideration to the affects on other systems such as the workforce. When a new service or care delivery system is created, an entirely new set of rules and regulations are created with little consideration given to the existing rules and regulations which results in a very fragmented system which does an injustice to the workers, providers, and consumers.

If we want to recruit and retain direct care workers, it does not take rocket science. We simply need to respond to their needs and concerns as the Direct Care Workers have defined them.

- Direct Care Workers need health care coverage.
The Iowa Commission on the Status of Women in cooperation with the Iowa CareGivers Association conducted a Direct Care Worker Wage and Benefit survey in 2001 to gather baseline data. We learned that over 77% of those surveyed said that their employers “offered” health care coverage but 41% said they could not afford the coverage offered. It is tragic that some of those on the front lines of care in our country do not have health care coverage for themselves and their families.
- Direct Care Workers deserve a wage that is reflective of the important work that they do. The push for home and community based services is being driven by consumer choice. It is also being driven by cost containment. The cost savings should not come at the expense of the direct care workers in lower wages.
- Direct Care Workers seek opportunities for advancement within the field of direct care. The current educational and training standards are fragmented and lack streamlined standards. The current system is a barrier to Direct Care Worker recruitment and retention and is often a burden to the worker.
- Short staffing whether in institutional care, a home care agency or other setting is a serious problem. Sadly, these heavy workloads drive many long time direct care workers from the field causing us to lose the stability of that veteran workforce.

To simply continue to recruit workers without attempts to fix what needs to be fixed to keep workers longer is a futile strategy.

There is currently a movement in this country to create Direct Care Worker associations. The Associations become a vehicle for the Direct Care Workers’ voices to be heard. Through the Associations Direct Care Workers have the opportunity to take more responsibility for their profession and to become a part of the solution rather than always being viewed as the problem. In some states the Real Choice grants are being used to create direct care worker or personal assistant associations.

Aside from our association in Iowa, Maine, North Carolina, Pennsylvania, Vermont, Arizona, and Virginia, Florida, Connecticut, and other states have begun Direct Care Worker Associations.

But states need the resources to create and maintain these efforts and the infrastructure to recruit and retain direct care workers.

Recently, for the first time, two major private foundations (The Robert Wood Johnson Foundation and The Atlantic Philanthropies) earmarked \$15 million dollars to develop the Better Jobs Better Care grant program. What is exciting is that the program is earmarked for the recruitment and retention of Direct Care Workers. It is a big deal and a tremendous boost to the Direct Care Worker movement and the overall effort because in the past there have been funding streams for the recruitment and retention of physicians, licensed nurses and other health care professionals, but the Direct Care Worker wasn't even on the map.

Closing

We are pleased that direct care workforce issues are beginning to receive the attention they deserve but we have a long way to go.

We urge you to place a high priority on the workforce issues as we all work together to seek ways to improve or expand access to home and community based services. Access to any level of care or supportive services is not possible without access to a quality workforce. It makes more sense to invest in ways to keep workers rather than wasting money on the high costs associated with worker turnover.

So often organizations like ours, are doing a lot of good work on extremely limited resources to address needs in our communities. We are often forced to make a program that is already working sound innovative in order to meet the criteria for a funding stream rather than the funding stream meeting the need.

States need the resources to create and maintain the infrastructure to recruit and retain direct care workers, and to create greater partnerships and understanding between consumers, personal assistants and other direct care workers, and family caregivers in order to meet the growing demand for care and services.

Thank you.