

Home and Community-based Services Workforce Advisory Council

Final Workforce Recommendations

Submitted to

**Thomas M. Suehs, Executive Commissioner
Texas Health and Human Services Commission**

November 2010

Prepared by

**Texas Department of Aging and Disability Services and
Texas Health and Human Services Commission**

On behalf of the

Home and Community-based Services Workforce Advisory Council

Thomas M. Suehs, Executive Commissioner
Health and Human Services Commission
P.O. Box 13247
Austin, Texas 78711-3247

Dear Executive Commissioner Suehs:

It is my honor and privilege to submit the attached final report on behalf of the Home and Community-based Services Workforce Advisory Council. It includes 15 recommendations for improving the recruitment, retention and training of direct-support workers in Texas and represents countless hours of research, discussion, and ultimately consensus by the nine members of the Council.

While the specific recommendations are the same as those presented to you in the preliminary report submitted on May 1, 2010, this final version offers much more extensive background information that quantifies the challenges within the sector and research findings that support the benefits of adopting the recommendations presented. This final version also provides a priority ranking of all 15 recommendations by members of the Council.

The challenges before us are grave — at the same time that we face unprecedented demand for competent and compassionate direct-support workers, the pool of potential workers is shrinking and incentives to join this workforce sector are minimal. Wages are low and turnover is high at the same time that efforts to bring the state into compliance with the United States Supreme Court Olmstead decision (June 1999), and to successfully implement Promoting Independence initiatives hinge on the existence of an adequate and stable direct-support workforce.

The Council remains keenly aware that Texas faces numerous financial and resource constraints. However, if we do not take swift and comprehensive action to address the challenges surrounding direct-support workers, it is this Council's opinion that the quality of services for people with disabilities and older Texans will be compromised.

Thank you for giving the members of the Council the opportunity to engage in this important work, and for taking the time to meet with us in June to discuss our preliminary findings. We also remain grateful for the tremendous support and dedication of the Texas Department of Aging and Disability Services and the Texas Health and Human Services Commission staff, without whom this report would not have been possible. We appreciate your serious attention to these issues, and believe that Texas is up to the challenge of ensuring a vibrant future for our direct-support workforce. We look forward to working with you on making these recommendations a reality.

Sincerely,
Jane Bavineau, Chair
Home and Community-based Services
Workforce Advisory Council

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Executive Summary

In 2009, Texas Health and Human Services Commission (HHSC) Executive Commissioner Thomas M. Suehs directed his staff and staff from the Texas Department of Aging and Disability Services (DADS) to establish a Home and Community-based Services Workforce Advisory Council (Council). The Council's principal duties were to:

- identify and study direct-support workforce issues, including wages and benefits, turnover, recruitment, training and skill development, and retention of personal attendants;
- review the current and anticipated need in Texas for home and community-based services (HCBS) and workforce available to meet this need;
- complete a preliminary report of recommendations by May 1, 2010; and
- complete a final report of recommendations due to the HHSC executive commissioner by Nov. 1, 2010.

The Council has found that the state faces serious challenges in meeting current and future needs for a stable and adequate direct-support workforce. The demand for direct-support workers (DSWs) in Texas is expected to increase substantially over the next decade due to numerous factors, including the aging of the baby boom generation, the aging of family caregivers, and the increasing prevalence of disabilities. Meanwhile, retaining direct-support staff has long been a challenge; job turnover rates are high throughout the state. Low pay is a significant issue; in 2008, personal and home-care workers in Texas earned an average of \$7.05 per hour, the lowest rate of pay among these types of workers throughout the nation. Lack of job benefits, inadequate training, and other issues affecting the direct-support workforce were also identified.

Recommendations

The Council recommends the following 15 actions to stabilize the direct-support workforce in Texas and to meet current and future demand for home and community-based services.

Priority Recommendations:

Three priority recommendations were made by the Council. All three are concerned with compensation, as research shows that wages and benefits are the most important factors affecting DSW recruitment and retention.

1. HHSC should implement rate-setting methodologies that strive for wage parity among DSWs. This would increase wages for many workers in HCBS programs, and improve recruitment and retention in those programs.
2. HHSC should adopt a base wage floor of \$10 per hour for DSWs who work in HCBS programs. This would similarly increase wages for many workers, improving recruitment and retention in those programs.

3. HHSC should design, create, and implement a health benefit buy-in pilot project for uninsured DSWs in HCBS programs. This would provide strong data on the effect of access to health insurance on DSW recruitment and retention in Texas.

Additional Recommendations:

4. HHSC should create a mechanism to align rates according to actual (100 percent) cost/prospectively rather than continue to use a historically-based rate-setting mechanism.
5. Relevant state agencies should gather data and develop, administer, and analyze annual or biennial surveys regarding DSWs across the state to facilitate the planning and implementation of future recruitment, training and retention efforts.
6. HHSC should create at least one full-time employee position at HHSC or DADS to lead the implementation of recommendations and initiatives and to facilitate stakeholder problem-solving and strategic action for addressing concerns about the HCBS direct-support workforce.
7. HHSC should authorize an extension of the HCBS Workforce Advisory Council to guide and direct the development and implementation of recommendations.
8. Relevant state agencies and staff should develop and distribute materials that educate consumers and direct-support workers on the roles and responsibilities of DSWs.
9. Relevant state agencies should develop and disseminate training modules and resources for people who supervise DSWs.
10. Relevant state agencies and staff should work with the governor and the legislature to declare an annual “Honoring Direct-support Workers Week.”
11. Relevant state agencies should develop a broad-based training curriculum for DSWs for voluntary use across programs included in this Council’s charge.
12. HHSC should develop a computer-based registration and referral database to support both individual efforts to find employment and provider efforts to find needed employees.
13. Relevant state agencies and staff should work with community partners to develop Direct-support Worker Resource Centers in each of the 11 HHSC regions.
14. Relevant state agencies should establish an organization or mechanism to make training available to DSWs, after investigating how other states ensure the availability of such training.
15. DADS should establish a Web site dedicated to providing information to providers related to DSW recruitment and retention strategies.

Additional details about these recommendations, about the research that supports them, and about the Council’s membership and work processes are provided in the following report.

A typical direct-support worker...

is in increasingly high demand

- While 13 million Americans needed long-term care in 2000, 27 million will need such care in 2050.
- Direct-support is projected to be the second largest occupational grouping in the United States by 2018.
- In Texas, the demand for new direct-support workers is expected to grow by 45 percent (150,350) between 2006 and 2016.

is female and is older than the average worker

- Nine out of every 10 of the 3.1 million paid, professional caregivers across the U.S. are women.
- In 2008, 22 percent of direct support workers were age 55 and older.
- By 2018, 30 percent of the direct-support workforce (1.2 million workers) is projected to be women 55 and older.

works in a home setting

- The majority of direct-support workers are now employed in home and community-based settings, not in institutional settings such as nursing facilities or hospitals.
- By 2018, home and community-based direct-support workers are likely to outnumber facility workers by nearly 2-to-1.

Turnover is high for this workforce because they...

earn some of the lowest wages in Texas

- In 2008, personal and home-care direct-support workers in Texas earned an average of \$7.05 per hour, the lowest rate of pay among these types of workers throughout the nation.
- The Texas Workforce Commission identifies personal and home-care aides as the lowest paid occupation in our state.
- Despite their nearly full-time average weekly hours, about one-fifth of direct-care workers live in poverty and just under half live in low-income families (below 200 percent of the federal poverty line).
- Low wages minimize the ability of these wage earners to stimulate their local economies.

perform physically demanding work

- Direct-support job duties involve lifting people, transferring them (e.g. from chair to bed), and providing personal care. As a result, the direct-support workforce has one of the highest rates of illness and injury in the country.

do not have health insurance

- Nationally, more than one-third of direct-support workers providing home-based services do not have health insurance.
- Texas, Oklahoma, Arkansas and Louisiana have the highest proportions of uninsured direct-support workers (averaging 52.3 percent in these states) in the nation.

High turnover negatively impacts...

employers

- The U.S. Bureau of Labor Statistics estimates the total per-employee cost of direct-support worker turnover to be in the range of \$4,200 to \$5,200.

people needing support

- Without a sufficient and reliable community-based workforce, fewer people who want to leave institutions will have that choice, while others may have to leave community settings for institutional living.

direct-support workers

- Working extra hours covering open shifts may expose workers to higher risk of illness and injury, resulting in reduced job satisfaction and increasing turnover even further.

Introduction and Background

There has been tremendous investment and success in medical advances that extend life expectancy, technologies that support unprecedented freedoms, and new strategies for managing chronic disease. We have yet to adequately address one of the most fundamental factors for ensuring quality care and quality of life for older adults and people with disabilities in home and community-based services (HCBS) — we have yet to give adequate attention to the state's more than 275,000 direct-support workers (DSWs), the frontline in our system of long-term services and supports.¹

The direct-support workforce includes home health aides, nursing aides, orderlies, attendants, and personal and home-care aides. These workers provide services to older adults and people with disabilities, supporting their choice to live independently and with dignity. DSWs provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Americans who are older, or living with disabilities or other chronic conditions. The majority of DSWs are now employed in home and community-based settings, not in institutional settings such as nursing facilities or hospitals. By 2018, home and community-based DSWs are likely to outnumber facility workers by nearly 2-to-1.²

According to the 2008 Revised Texas Promoting Independence Plan,³ “addressing workforce issues is critical to successful compliance with the Olmstead decision and to the Promoting Independence Initiative because a stable direct service workforce is necessary for individuals who choose to live in the community. Without a stable provider base and tenured direct service workers, there cannot be a quality long-term services and supports system.” Unfortunately, this is a sector of the workforce in which wages are low, opportunity is minimal, and support is scarce; the result is high turnover, low retention, and significant worker recruitment costs for provider organizations.

Over the next several decades, demand for direct-support workers will increase rapidly for a number of reasons, including the aging of the baby boom generation, the even more alarming rapid growth in the frailest of the older population — those 85 years old and older, the aging of family caregivers, the increasing prevalence of disabilities, and the national commitment to community and in-home services for people who need long-term services and supports. As the baby boom generation ages, Texans 60 and older will comprise an increasingly larger portion of the overall Texas population. According to the U.S. Census Bureau, in 2010 there were an estimated 3.7 million people in Texas over the age of 60. This

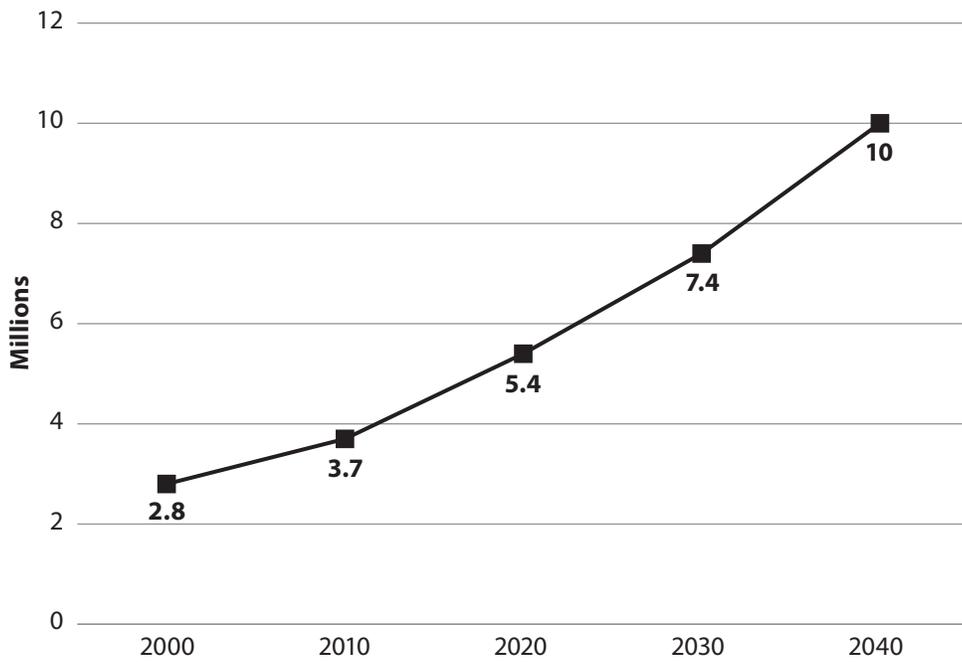
1 Paraprofessional Healthcare Institute (February 2010) Facts 3: Who are the direct-care workers? NY: PHI. Retrieved March 25, 2010 from <http://www.directcareclearinghouse.org/download/NCDCW%20Fact%20Sheet-1.pdf>.

2 Ibid.

3 Texas Health and Human Services Commission (February 2009) 2008 Revised Texas Promoting Independence Plan. Retrieved March 31, 2010 from <http://www.dads.state.tx.us/providers/pi/piplan/2008revisedpiplan.pdf>.

figure represents about 14 percent of the estimated state population of 25 million Texans. People over 60 are one of the fastest-growing populations in Texas, and are expected to total an estimated 5.4 million by 2020. They will also make up an increasingly larger segment of the overall population, growing by 27 percent from 2010 to 2040. By 2040, Texas' over-60 population is expected to increase to 10 million (see Figure 1⁴).

Figure 1. Texas Population Aged 60+ (in Millions): Years 2000-2040



Source: Texas State Data Center at the University of Texas at San Antonio. Population projections based on 2000-2007 Migration Scenario.

Due primarily to the growth in the aging population, the demand for DSWs is among the fastest-growing in the country. Direct-support is projected to be the second-largest occupational grouping in the United States by 2018. In Texas, the demand for DSWs is expected to grow by 150,350 (45 percent) between 2006 and 2016. An even greater increase in need — 56 percent — is projected for the specific employment category of personal and home-care aides.⁵

4 Texas Health and Human Services Commission (July 2010). Health and Human Services System Strategic Plan 2011–2015. Retrieved August 25, 2010 from http://www.hhs.state.tx.us/StrategicPlans/SP11-15/Strategic_Plan.pdf

5 Paraprofessional Healthcare Institute (December 2009) State-by-State Projected Demand for New Direct-Care Workers, 2006-2016, Bronx, NY: PHI. Retrieved March 25, 2010 from <http://directcareclearinghouse.org/download/State%20Demand%20for%20DCWs%202006-16%20Revised.pdf>.

As demand for this workforce expands, the demographics of the workforce will change as well. While the national demand for DSWs is expected to increase by 35 percent by 2018, the pool of women aged 25 to 54, who have historically comprised most of this workforce, is expected to increase by only 2 percent. Between 2008 and 2018, 850,000 females between 25 and 54 are expected to join the entire workforce, while demand for new DSWs alone will require an additional 1.1 million workers.⁶

Another influence on demand is turnover among the direct-support workforce. In 2007, turnover of this workforce in Texas was estimated to be between 32 and 43 percent, varying with job title and setting.⁷ Like the population overall, DSWs are getting older. By 2018 DSWs over 55 will increase from 22 to 30 percent of the workforce.⁸ Direct-support work is often hard physical labor, and as the workforce ages, so does the likelihood of turnover due to accidents and injury.

Reliance on the Direct-support Workforce

Without an adequate and stable direct-support workforce to provide services in community settings, costs to the state to provide long-term services and supports are likely to increase substantially. In fact, many Texas health and human services enterprise programs and initiatives depend upon the direct-support workforce. The Texas Health and Human Services System Strategic Plan for fiscal 2011–15 provides a vision that it will be “(a) customer-focused health and human services system that provides high-quality, cost-effective services resulting in improved health, safety, and greater independence for Texans.”⁹ This vision is supported by six strategic priorities. Two of these priorities — improving the health and well-being of Texans, and creating opportunities for increased self-sufficiency and independence¹⁰ — are particularly dependent upon the availability of a stable and adequate direct-support workforce.

The strategic plan also identifies several key challenges facing the Texas Department of Aging and Disability Services (DADS) in particular. First, it mentions the challenge of “meeting increased demand for home and community-based services.”¹¹ While Texas has increased funding for home and community-based services and thereby increased

6 Lawson, S.L. (March-April, 2010). Women Are the Backbone of American Caregiving. *Aging Today*, xxxl(2), 1-2.

7 Luke, E. and Eubanks, J. (June 2010). Texas Direct Support Workforce Stability Survey: Status of the Direct Support Workforce Employed by Home and Community-based Long-Term Services and Supports and Intermediate Care Facility Providers in Texas. Texas Department of Aging and Disability Services.

8 Paraprofessional Healthcare Institute (February 2010) Facts 1: Occupation Projections for Direct-Care Workers 2008–2018, NY: PHI. Retrieved August 26, 2010 from: [http://www.directcareclearinghouse.org/download/PHI%20FactSheet1Update_singles%20\(2\).pdf](http://www.directcareclearinghouse.org/download/PHI%20FactSheet1Update_singles%20(2).pdf)

9 Texas Health and Human Services Commission (July 2010). Health and Human Services System Strategic Plan 2011-15. Texas Health and Human Services Commission. Retrieved August 26, 2010 from: http://www.hhs.state.tx.us/StrategicPlans/SP11-15/Strategic_Plan.pdf

10 Ibid.

11 Ibid.

the number of people served, further expansion will depend as much on the availability of workers as on the availability of service program funds. The other challenge relating to the direct-support workforce facing DADS involves “improving local access to long-term services and supports.”¹² Key initiatives that promote increased access, such as the establishment of Aging and Disability Resource Centers and the implementation of nursing facility diversion efforts, depend on the availability of services and the staff to provide them. Improving access to home and community-based services and to reducing dependence on institutional services depends upon an adequate and stable direct-support workforce.

The mission of DADS Promoting Independence Initiative (PI) relies heavily on the direct-support workforce. This umbrella initiative for response to the Americans with Disabilities Act and the Olmstead decision has long recognized the importance of DSWs in accomplishing its objectives. Money Follows the Person, a significant component of PI, has supported the relocation of more than 20,000 people from nursing facilities to the community. This would not have been possible without DSWs, nor can people in state supported living centers and public or private Intermediate Care Facilities for Persons with Mental Retardation move into the community without DSWs to support them.

Similarly, the Texas Lifespan Respite Care Program is an initiative that relies on DSWs. During Texas’ 81st Legislative session, the legislature appropriated \$1 million to create a lifespan respite care program. DADS is funding three local pilot projects to increase the availability of respite services to caregivers who cannot procure them through other avenues. As with PI, this initiative depends on DSWs to provide the support services that enable caregivers to recharge and maintain their caregiving roles, enabling their loved ones to remain in the community longer and at lower cost to the state.

Moving Forward

Research has identified a number of best practices for improving the recruitment and retention of DSWs. Many factors will influence whether our state can successfully integrate these promising practices into our system of long-term services and supports. Some interventions will require appropriations, some will require policy changes, and some will require shifting agency priorities. Creating meaningful improvements in the system will require the implementation of multiple strategies that will target consumers, employers, supervisors, and DSWs.

This report from the Home and Community-based Services Workforce Advisory Council offers 15 recommendations for legislative, policy, or operational changes that will advance current efforts to reduce turnover, increase competencies, and attract new workers to the home and community-based services direct-support workforce. Within this document, the term “home and community-based services (HCBS)” encompasses waiver and other programs that involve services delivered in the community, and is not

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12 Ibid.

limited to any single program. Each recommendation is its own call to action, and some recommendations will have greater and more immediate impact than others. However, each recommendation provides the opportunity to demonstrate our state's commitment to quality care for vulnerable older Texans and people with disabilities, and to the women and men on the front line who make high-quality support services possible.

Creation of the Council

The 81st Legislature, Regular Session, 2009, provided rate increases for several HCBS programs; however, stakeholders maintain that the need to improve pay, benefits and other aspects affecting the recruitment and retention of DSWs is still unmet. S.B. 1850, 81st Legislature, Regular Session, 2009, provided for a Home and Community-based Services Workforce Advisory Council (the Council) to address these issues, but did not pass.

On Aug. 27, 2009, HHSC Executive Commissioner Thomas M. Suehs directed HHSC and DADS to establish the Council, modeled on S.B. 1850. The executive commissioner specified that the Council be supported by staff from DADS with assistance from HHSC Rate Analysis, Strategic Decision Support, and Medicaid/CHIP Health Plan Operations. The Council's principal duties were to:

- identify and study direct-support workforce issues, including wages and benefits, turnover, recruitment, training and skill development, and retention of personal attendants;
- review the current and anticipated need in Texas for home and community-based services and workforce available to meet this need;
- complete a preliminary report of recommendations by May 1, 2010; and
- complete a final report of recommendations to the HHSC executive commissioner by Nov. 1, 2010. The report was to include:
 - analyses of the current and anticipated funding needs for home and community-based services and the workforce available to meet this need;
 - identification of significant problems in the HCBS workforce; and
 - policy and funding recommendations.

Definition of the Population

The charge to the Council was to develop recommendations to benefit the DSWs who provide services through waiver and other HCBS programs. Emphasis was placed on those who provide daily hands-on direct-support services, rather than licensed personnel, such as nurses and therapists. The charge for the Council did not include workers in nursing facilities, intermediate care facilities for persons with intellectual and developmental disabilities, or state supported living centers.

The recommendations are directed at home and community-based services authorized by the Texas health and human services system and funded by Medicaid, Title XX, Older Americans Act, or similar sources. Organizations that provide services funded by other sources, such as private pay or Medicare, may also benefit from these recommendations. However, the Council is focused primarily on state-administered programs.

The Home and Community-based Services Workforce Advisory Council

HHSC notified stakeholders in October 2009 of the HHSC executive commissioner's intention to form the Council, and requested applications. These applications were reviewed by HHSC and DADS staff, and in November 2009 nine council members were appointed by the HHSC executive commissioner. The HHSC executive commissioner selected the Chair from the Council members. Members include:

- Jane Bavineau (Chair), a representative of a non-profit agency working to increase access to services for older adults and their families;
- Jesse Alvarez, a relative of a child who is receiving Medicaid home and community-based services;
- Cathy Cranston, a direct-support worker providing attendant services to a recipient of Medicaid home and community-based services;
- Jean Ouellette, a direct-support worker providing attendant services to a recipient of Medicaid home and community-based services;
- Kristen Jones, a recipient of Medicaid home and community-based services;
- Kathy Maxey, a representative of the Texas Association for Home Care and Hospice;
- Kim Pavlik, a representative of a local MRA;
- Carole Smith, a representative of the Private Providers Association of Texas; and
- Sarah Watkins, a representative of the Disability Policy Consortium.

Council Meetings and Processes

The Council held four meetings before the delivery of this final report. On Dec. 7, 2009, the Council met for the first time to discuss their charge and to address the scope of their work. At that meeting, they reviewed the 2008 DADS and HHSC report Stakeholder Recommendations to Improve Recruitment, Retention, and the Perceived Status of Paraprofessional Direct Service Workers in Texas.¹³ The Council members used the recommendations in this stakeholder report as the basis to begin their work. They divided into three workgroups, each of which convened between full Council meetings to develop specific and actionable recommendations.

In addition to their in-person meetings and workgroup efforts, the full Council held multiple conference calls: one each in January and February; two in March; and one each in June, August and September. At the Council's direction, DADS staff set up a Council web page to describe the Council's charge and a mailbox to accept public input.

13 http://www.dads.state.tx.us/news_info/publications/studies/DSW-june2008.pdf.

On April 5, 2010, the Council continued its work on the preliminary report by meeting to discuss and revise the draft report. Tasks were assigned to both Council members and state agency staff, with coordination and final review of the revised document to be completed soon after.

All calls and meetings were open to the public, and the Council directed that the April 5, 2010 meeting allow for public comment on any topic related to the work of the Council and issues relating to the direct-support workforce in Texas. More than 10 people participated in the meeting, either in person or on the phone, and nine provided comments to the Council. The major theme to emerge from the public commentary emphasized the need to improve compensation for DSWs through a “living” wage and/or a wage floor, and through the provision of health care benefits. Problems with recruiting and retaining DSWs, and the resulting lack of services for people with disabilities, were also raised. One speaker described the value of two programs funded by grants from non-profit organizations: an attendant registry service that matched DSWs with people seeking their services (now in decline due to lack of funding), and a DSW training program offered by a local community college (terminated when funding ended). The speaker urged renewed funding for these or similar programs. In addition, one person raised the discrepancy of wages for DSWs performing similar work but being paid differently by various HCBS programs.

On June 25, 2010, representatives from the Council met with HHSC Executive Commissioner Thomas M. Suehs, DADS Commissioner Chris Traylor and HHSC Deputy Executive Commissioner Charles Bell. The purpose of the meeting was to provide a brief overview of the Council’s report and its recommendations, and to seek guidance on how the Council could help promote the report and bring the recommendations to fruition. The executive commissioner acknowledged not only the seriousness of the issue, but also the numerous financial and resource challenges that impede efforts to fully address this need within the system.

The Council’s final in-person meeting was held on Oct. 6, 2010; at this time, it approved this Final Report of Recommendations for delivery to the executive commissioner and determined their plans for dissemination of the report.

Recommendations

Workgroups and Prioritization Process

In small group assignments, Council members reviewed the literature and researched strategies to address various DSW challenges. Members gathered data from recent studies and considered numerous options before deciding upon their final recommendations.

The Council accepted all 15 recommendations put forth by the workgroups for inclusion in this report, and prioritized them by importance and potential impact on the HCBS workforce. Council members considered the following criteria when assigning priority to the recommendations:

- Number of workers to benefit from the recommendation.
- Number of people who would be affected by the recommendation.
- Evidence that the priority strategy effectively improves retention and/or reflects best practice.
- Whether the strategy would help the state benefit from national efforts.
- Whether it is financially reasonable and doable.
- If it is concrete and specific enough to provide direction for strategic action.
- If implementing the strategy does not “break something else.”
- Feedback from those stakeholders that Council members represented.

In meetings and on conference calls, the Council wrestled with whether to propose higher-priority recommendations that would require significant new resources from the state, especially during this time when resources are so constrained. However, the Council felt strongly about bringing forward priorities that would have the greatest benefit for the workforce — and those are often the most costly.

Priority Recommendations

Turnover among DSWs is high and recruitment efforts for this relatively low-paying position are costly. Currently, national turnover rates for DSWs range from 40 to 75 percent,¹⁴ with inadequate compensation being the prevailing cause. Heavy public subsidy is required to compensate for low wages and inadequate benefits. For example, DSWs often receive one or more public benefits,¹⁵ and “despite their nearly full-time average weekly hours, about one-fifth of direct-care workers live in poverty and just under half live in low-income families (below 200 percent of the Federal poverty line).”¹⁶

“Now is the time with gas prices and living expenses having gone up. What really could benefit a caregiver/personal attendant? We need more pay, health care benefits, as well as retirement assistance. There comes a time when I or any other personal attendant has basic needs as well. The improvement of pay and benefits would equal our self-worth and self-preservation.”

- Carrie, a direct support worker in Texas

By consensus the Council selected three priorities from among the 15 recommendations. They are listed below in priority order. All three priority recommendations are related to compensation, as that affects worker recruitment and retention more than any other single factor.

Priority Recommendation 1: Wage Parity

HHSC should implement rate-setting methodologies that strive for wage parity among direct-support workers.

DSWs across HCBS programs in Texas have similar job duties — for example assisting with toileting, bathing, dressing and/or dealing with behavioral modification. Despite the similar job requirements, however, wages for DSWs across programs differ substantially (see Appendix A).

Other states have begun to address this issue. Maine recently passed a law to explore its rate-setting activities with the goal of “achieving transparency and wage level parity across programs.”¹⁷ Maryland also enacted a law to increase the rate of reimbursement that is

14 Scala, E., Hendrickson, L., & Regan, C. (2008). A compendium of three discussion papers: Strategies for promoting and improving the direct service workforce. Applications to Home and Community-based Services, Community, Community Living Exchange Collaborative. New Brunswick, NJ: Rutgers Center for State Health Policy.

15 Paraprofessional Healthcare Institute (PHI) (November 2008). Facts 2: Eldercare/disability Services: Untapped engine for job creation and economic growth. Bronx, NY: PHI. Retrieved March 31, 2010 from: <http://www.directcareclearinghouse.org/download/PHI%20FactSheetNo2.pdf>.

16 Smith, Kristin and Baughman, Reagan. “Caring for America’s aging population: a profile of the direct-care workforce”. Monthly Labor Review. September 2007, Vol. 130, No. 9. Retrieved July 16, 2010 from: <http://www.bls.gov/opub/mlr/2007/09/art3full.pdf>

17 Ozga, Matt. “Maine Enacts Law to Assess Quality of Direct-Care Jobs”. April 2010. Paraprofessional Healthcare Institute (PHI). Retrieved July 16, 2010 from: <http://phinational.org/archives/maine-enacts-law-to-assess-quality-of-direct-care-worker-jobs>

paid to community provider agencies each year over a five-year period until the wages and benefits of DSWs equal the wages of state facility personnel performing comparable duties.¹⁸

Research shows that low-paying direct-support programs have higher DSW vacancy rates and turnover than do those that offer higher pay.¹⁹ Raising DSW wages in low-wage HCBS programs in Texas will increase wage parity across programs, reduce DSW vacancy and turnover rates, and improve services to consumers.

Wage parity for DSWs means similar pay for similar duties. HHSC could modify the wage formulas in the various HCBS programs so that wages are based on functional tasks instead of age or diagnosis. Since implementation will result in higher wages for several programs, legislative appropriations would most likely be required.

HHSC and DADS should work together to achieve rate parity across HCBS programs, where possible. This must be a two-pronged process, with DADS first developing common service and provider specifications for similar services, and HHSC then developing a single rate for each.

"I have worked for clients within the same provider agency but on different programs. On one program I was getting minimum wage of \$6.25 per hour and the other \$7.25 per hour; a whole dollar difference. I was doing the very same tasks; meal preparation, house cleaning, personal care, escorting, cueing, grocery shopping and much more. I also did other tasks such as calling the doctor for her and setting appointments, even going to the appointments with her to assist her in remembering what had been said. I also assisted her in paying her bills.

One client I worked for \$7.25 changed programs and because it had a different payment rate I was cut a dollar per hour. I was placed in a very difficult dilemma because the client was a very important person to me. I had worked with her for years and saw her as she did me more than just an attendant/client relationship. So I stayed with her, but the injustice in the situation was that the same tasks were performed, the client/attendant continuity was maintained, but I had to take a cut in pay because of the rate."

- Cati, direct support worker in Texas

Wage parity, including higher wages for many DSWs, would result in greater job satisfaction, a more stable workforce, and an improved quality of service to consumers.

Priority Recommendation 2: Wage Floor

HHSC should adopt a base wage floor of \$10 per hour for DSWs who work in HCBS programs.

HHSC rate-setting staff estimate that implementing this recommendation would require approximately \$400,000,000 in additional general revenue funds for the 2012-13

18 National Association of State Directors of Developmental Disability Services (NASDDDS) (2002). "Maryland Wage Parity". United Cerebral Palsy (UCP). Retrieved July 16, 2010 from: http://www.ucp.org/ucp_generaldoc.cfm/1/8/10889/10889-10889/1862

19 Taylor, S.J. (February, 2008). The Direct Support Workforce Crisis: Can Unions Help Resolve This? Syracuse University Center on Human Policy, Law and Disability Studies. Retrieved May 11, 2010 from: <http://disabilitystudies.syr.edu/resources/DSWorkforceCrisis.aspx>.

biennium for DADS HCBS programs, plus an estimated additional \$75,000,000 in general revenue funds for the HHSC STAR+PLUS program. HHSC would be responsible for ensuring the HCBS provider agencies meet the salary requirement.

In 2008, personal and home-care DSWs in Texas earned an average of \$7.05 per hour,²⁰ the lowest in the nation.²¹ The Texas Workforce Commission (TWC) confirms that personal and home-care aides are the lowest-paid occupation in Texas. A number of Texas organizations that collectively represent diverse service settings and consumer populations

(aging, intellectual and developmental disabilities, and physical disabilities) have called for increased DSW wages in our state. In 2008, for example, one of the highest priority recommendations made by the Texas Council for Developmental Disabilities was for the state to “increase rates and expand rate enhancements for community service providers to ensure that providers can recruit, train, and retain quality direct-care staff and compete with other employers in the workplace.”²²

A 2009 national survey of states showed that nine states have adopted wage floors for DSWs in one or more long-term care settings.²³ Wage increases in other states such as Michigan have resulted in demonstrated reductions in DSW job turnover.²⁴

“I love my job very much. No other profession could be as rewarding on a personal/spiritual level. However, on a financial level, it barely pays enough to cover my bills. I think about getting an extra job in the evenings, but I’m too worn out. I don’t want anything to interfere with my PCA work; it’s just too important! Also I have very bad teeth that I can’t afford to have fixed. How can I encourage my clients to take care of themselves when I can’t take care of myself? Raising our wages to \$10.00 an hour or \$9.00 an hour with medical/dental insurance would help dedicated PCA’s like me do our jobs even better!”

- Mardi, direct support worker in Texas

20 Bureau of Labor Statistics. (May, 2008). May 2008 State Occupational Employment and age Estimates Texas. Retrieved May 10, 2010 from http://www.bls.gov/oes/2008/may/oes_tx.htm#b39-0000

21 Paraprofessional Health Institute (PHI). (July, 2009). State Chart Book on Wages for Personal and Home Care Aides, 1999-2008. Bronx, NY. Retrieved May 10, 2010 from http://phinational.org/policy/wp-content/uploads/phi_state_chartbook_phca_wages_99-08.pdf

22 Texas Council for Developmental Disabilities and Texas Office for Prevention of Developmental Disabilities. (December, 2008). Texas Biennial Disability Report.

23 Paraprofessional Health Institute (PHI) and the Direct Care Workers Association of North Carolina. (December, 2009). The 2007 National Survey of State Initiatives on the Direct-Care Workforce: Key findings. Retrieved on 5/25/10 from <http://www.directcareclearinghouse.org/download/PHI-StateSweepReport%20final%2012%2009%2009.pdf>

24 Hewitt, A. and Larson, S. (2007). The Direct Support Workforce in Community Supports to Individuals with Developmental Disabilities: Issues, Implications, and Promising Practices. *Mental Retardation and Developmental Disabilities Research Reviews* 13: 178-187. See also Paraprofessional Healthcare Institute (PHI) (Spring 2010). Resource Guide: Texas Direct Workforce Initiative, prepared for the Texas Department of Aging and Disability Services, for a list of other states’ direct support compensation initiatives. Additional evaluations of listed initiatives are available; such studies similarly show positive impact upon direct support worker recruitment and retention. See, for example, Salee, C. (2009). Costs and Benefits of a Wage Increase for Michigan’s Home Help Workers. Retrieved May 10, 2010 from: <http://www.andersoneconomicgroup.com/Portals/0/upload/Doc1943.pdf>

Increasing wages for Texas DSWs would improve recruitment and retention, increase worker job satisfaction, provide much-needed community support, and improve quality of care to the people who need support. Such wage increases are also likely to result in reduced state spending as those who require direct-support will be better able to receive such support in the community, instead of in a more costly institutional setting. Nationally, nursing home services averaged \$72,000 a year for a semi-private room in 2009; employing a home health aide for 20 hours per week averaged \$20,000.²⁵

The majority of the cost of raising DSW wages would be covered by federal funds. The multiplier effect of raising wages, especially for those at the bottom of the wage scale, could provide a boost for the state's economy. Higher DSW wages would result in greater spending and thus in increased state sales tax revenue. This money (state revenue) could also potentially generate new jobs and higher wages, stimulating Texas' overall economic growth. This can be seen with the use of the Return-on-Investment (ROI) Model.²⁶ The ROI model allows users to consider the wide-ranging ramifications of investing in their state's HCBS workforce. The tool allows users to analyze the implications for their state budget by breaking down the total cost and identifying offsetting savings and returns. It illustrates the broad impact that an investment in wages may have on the state's economy but, equally important, it highlights benefits to workers, consumers, and providers — those most directly affected by the state's HCBS system. Texas could be the first to implement this model.

The concept of implementing a wage floor as an investment in the community and the Texas economy was presented and discussed in invited testimony during a hearing on June 15, 2010, before the Appropriations Sub-Committee on Health and Human Services at the Texas Capitol.

Priority Recommendation 3: Health Benefit Buy-in Pilot

HHSC should design, create, and implement a health benefit buy-in pilot project for uninsured DSWs in HCBS programs.

This recommendation requires legislative authorization and funding. While the Council recognizes that the anticipated changes stemming from national health insurance reform may eventually affect the implementation of this recommendation, we strongly recommend that steps be taken to provide DSWs more immediate access to health coverage than the reform timeline currently allows.

Direct-support work typically involves lifting, transferring, and providing personal care. This work is physically demanding and easily exposes workers to injury and illness. As a result, the direct-support workforce has one of the highest rates of illness and injury

25 The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs. (October, 2009). Wesport, CT: MetLife Mature Market Institute. Retrieved 6/3/10 from: <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-market-survey-nursing-home-assisted-living.pdf>

26 Paraprofessional Healthcare Institute (PHI). (2004). Return on Investment Calculator. Bronx, NY. Retrieved February 18, 2010 from: <http://www.ptpllc.com/clients/phi/roi/about.php>

in the country.²⁷ In addition, as this workforce is aging,²⁸ its need for health care is increasing.

Despite their increased exposure to these risks, many DSWs lack health insurance. Nationally, more than one out of three DSWs providing home-based services do not have health insurance.²⁹ Compared to all female workers, DSWs are more likely to use public health insurance or be uninsured, and less likely to have private-sector health insurance.³⁰ According to the Paraprofessional Health Institute (PHI), Texas, Oklahoma, Arkansas and Louisiana have the highest proportions of uninsured DSWs (averaging 52.3 percent in these states), in the nation.³¹ A major barrier is that health insurance is costly for both providers and workers. Many providers are too small to negotiate affordable rates with insurance companies, and many DSWs earn too little to afford the cost of health insurance even when it is offered by employers.³²

“In working with my client I started having problems with my shoulder. I told my agency of the problem but they did nothing. I continued working as long as I could, until finally I could do it no longer. I ended up going to the emergency room in order to see a doctor because I do not have health care. So after my visit I found out I would need surgery in order to correct the problem. I’m sharing this story because there is no type of support for personal attendants, especially if we are hurt on the job. I had to work. I have 5 children and it is very difficult to make ends meet.”

- Carolina, Texas DSW and parent.

Health insurance offered by employers increases DSW recruitment and retention.³³ A number of states have implemented DSW health insurance pilot programs. An adequate and affordable health insurance program for DSWs in Texas would result in a larger direct-support workforce, increased DSW job retention, and improved quality of care for those being served.

27 Hoskins, A.B. (June, 2006). Occupational Injuries, Illnesses and Fatalities among Nursing, Psychiatric, and Home Health Aides, 1995-2004. Bureau of Labor Statistics. Retrieved May 17, 2010 from: <http://www.bls.gov/opub/cwc/sh20060628ar01p1.htm>

28 Paraprofessional Healthcare Institute (PHI). (2010). An Aging Direct-Care Workforce. Bronx, NY: PHI. Retrieved May 10, 2010 from: <http://phinational.org/policy/about-the-workforce/an-aging-direct-care-workforce/>

29 Paraprofessional Healthcare Institute (PHI) (2009). Coverage models from the states: Strategies for expanding health coverage. Bronx, NY: PHI. Retrieved May 10, 2010 from: http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=267610

30 Smith, Kristin and Baughman, Reagan. “Caring for America’s aging population: a profile of the direct-care workforce”. Monthly Labor Review. September 2007, Vol. 130, No. 9. Retrieved July 16, 2010 from: <http://www.bls.gov/opub/mlr/2007/09/art3full.pdf>

31 Paraprofessional Healthcare Institute (PHI) (May, 2008). The Invisible Care Gap: Caregivers without Health Coverage. Bronx, NY: PHI. Retrieved May 10, 2010 from: <http://hchcw.org/archives/invisible-care-gap-caregivers-without-health-coverage>

32 Paraprofessional Healthcare Institute (PHI) (2009). Coverage models from the states: Strategies for expanding health coverage. Bronx, NY: PHI. Retrieved May 10, 2010 from: http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=267610

33 Eberstein, W. (2006). Health Insurance Coverage of Direct Support Workers in the Developmental Disabilities Field. *Mental Retardation* 44:128-134. See also Paraprofessional Healthcare Institute (PHI) (Spring 2010). Resource Guide: Texas Direct Workforce Initiative, prepared for the Texas Department of Aging and Disability Services.

Additional Recommendations

Twelve additional recommendations were developed by the Council; these were prioritized and categorized by consensus. At the executive commissioner's request, the Council prioritized these potentially lower-cost recommendations. This was a challenging process, as the Council feels strongly that all of the recommendations could benefit the workforce and those they serve. A lower priority does not assign less overall importance to a recommendation; rather it reflects the recommendation's relative value. Each recommendation's priority order is noted in parentheses immediately following its text. The additional recommendations were organized thematically into the following four categories:

- Improving infrastructure and providing policy-relevant information.
- Improving understanding and quality of DSW work.
- Improving provider recruitment and management practices.
- Recognizing and supporting DSWs.

For a list of the recommendations, separated into higher and lower-cost and in priority order, see Appendix B.

Improving Infrastructure and Providing Policy-relevant Information

In light of the projected growth of the older population, Texas will need more direct-support workers. The following three recommendations address the addition of basic infrastructure to support the evolution of policies to help meet that need.

Recommendation: Survey of DSWs

Relevant state agencies should gather data and develop, administer, and analyze annual or biennial surveys regarding DSWs across the state to facilitate the planning and implementation of future recruitment, training and retention efforts. (Council Priority #5)

The survey data should involve the collection of:

- Demographics
- Numbers by HCBS program
- Job satisfaction
- Turnover rates
- Hours worked
- Other relevant data

This data would be used to develop and to evaluate future initiatives or recommendations regarding the direct-support workforce. Some of the information needed could be

collected from provider agencies, and the rest by directly surveying DSWs. Surveys of provider agencies could be done with existing staff; surveys of DSWs may require contracts with research or survey organizations.

National organizations call for the regular collection of DSW data; PHI in particular encourages states to “collect and publicly report a minimum data set of information on their workforce across long term care settings.”³⁴ Similarly, Edelstein and Seavey, in their February 2009 publication state:

“The regular collection of basic workforce information and its injection into the workforce development policy, will allow state policymakers to meet five important objectives:

- To create a baseline against which the progress of workforce initiatives, including systemic interventions to improve workforce outcomes, can be measured.
- To inform policy formulation regarding workforce initiatives.
- To help identify and set long-term priorities for LTC [long-term care] reform and systems change.
- To promote integrated planning and coordinated approaches for LTC and comparability of data across programs to assist in the assessment and evaluation of adopted policy initiatives.
- To compare state progress with the progress of other states or with overall national performance, assuming cross state collaboration to develop a common framework for effective collection, analysis, and use of DSW workforce data.”³⁵

HHSC and DADS staff are well-positioned to work with DSWs and other stakeholders to develop the surveys. Survey data should be gathered and published regularly. Texas cannot provide HCBS services without DSWs; yet, very little is known about their demographics, conditions, and reasons for high worker turnover. Surveys will provide accurate information for planning, systems change, and evaluating changes made.

Recommendation: Staff to Address HCBS Workforce Issues

HHSC should create at least one full-time employee position at HHSC or DADS to lead implementation of recommendations and initiatives and to facilitate stakeholder problem-solving and strategic action for addressing concerns about the HCBS direct-support workforce. (Council Priority #6)

The Council is pleased to report that recent events have provided momentum toward implementing this recommendation. Since completion of the Council’s Preliminary

34 Paraprofessional Healthcare Institute (PHI) (2009) “PHI National Workforce Agenda: Workforce Data Collection and Monitoring”. Retrieved July 15, 2010 from: <http://phinational.org/policy/recommendations/workforce-data-collection-monitoring/>

35 Edelstein, S. and Seavey, D. (February, 2009). The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection. The National Direct Service Workforce Resource Center. Retrieved February, 2010 from: <http://dswresourcecenter.org>

Report, the Centers for Medicare and Medicaid Services (CMS) and the HHSC executive commissioner authorized a full-time, contracted staff position funded by Texas' Money Follows the Person Demonstration. The position will be dedicated to implement workforce initiatives as the HHSC executive commissioner and the DADS commissioner direct. DADS will be responsible for managing the position. The position will focus on development efforts regarding the long-term services and supports workforce, including, but not limited to the recruitment, retention and quality of the workforce and other recommendations contained in this report. Other activities will include the expansion and greater efficacy of Consumer Directed Services for all of Texas' 1915(c) Medicaid waivers.

This position is a giant step to focus specifically on direct-support workforce issues in Texas. Although not the current intent, the Council continues to recommend a dedicated position be identified to manage and support additional necessary implementation activities for recommendations presented in this report. The Council urges using this position to coordinate enterprise efforts to address the needs and issues of this workforce, as well as for facilitating the work of the extended Council (see next recommendation below). For a more detailed description of possible responsibilities for this position, see Appendix C.

Recommendation: Continue the HCBS Workforce Advisory Council

HHSC should authorize an extension of the HCBS Workforce Advisory Council to guide and direct the development and implementation of recommendations. (Council Priority #7)

The continued Council would:

- Guide and direct the development and implementation of a comprehensive strategic plan for improving recruitment and retention of DSWs.
 - Ensure inclusion of approved recommendations for action.
 - Ensure opportunities for stakeholder input and feedback.
 - Develop and/or approve surveys and other data collection methods for securing information about, and input from, DSWs.
 - Seek guidance and support from DADS and other HHSC staff as needed to implement plan.
- Ensure evaluation of the plan, including implemented strategies and recommendations.
 - Track and monitor progress toward reaching approved goals.
- Conduct analysis of Texas' workforce survey results, and research related to national best practices; determine implications and feasibility for inclusion in Texas' plan; make recommendations for implementation and/or replication.

- Review and approve training curriculums, educational materials, and other products developed by staff in support of plan implementation.
- Create ongoing opportunities for stakeholders to share concerns about the direct-support workforce with HHSC leadership and the Texas legislature.
- Support dissemination of direct-support workforce reports and best practice information to providers.
- Educate elected officials and policy makers about the state's direct-support workforce, implications for Texas, and recommended actions.
- Conduct an annual evaluation of the Council's composition and member involvement and adjust membership as needed to ensure representation of all key stakeholders and the expertise needed to advance the work.

The Council could be continued by HHSC executive commissioner action or through legislative authority. Little or no funding will be required.

Improve Understanding and Quality of DSW Work

DSW services will be more effective and more satisfying if workers, consumers and families have a common understanding of DSW job expectations. In addition, DSWs would deliver higher quality services if provided with effective tools. The positive impact of training on retention and job satisfaction is well documented. The following three recommendations promote increased quality through training and education.

Recommendation: Consumer Information

Relevant state agencies and staff should develop and distribute materials that educate consumers and direct-support workers on the roles and responsibilities of DSWs. (Council Priority #8)

Research indicates that some job turnover occurs when consumers or families have unrealistic expectations of DSWs. Persistent misunderstandings and/or lack of effective communication could lead to turnover and a lack of consistent services. The desired outcomes for the increased development and use of resources to improve the understanding of the role of the DSW will be increased consumer satisfaction, reduction of turnover and improved quality of care.

Targeting families and consumers, the materials should include:

- What to expect (from workers and consumers)
- What DSWs do and don't do
- How to work together effectively
- Appropriate interactions
- How to communicate effectively

One example of a previously developed tool that could be used to address this need is the DADS brochure “Your Rights in a Home and Community-based Services (HCBS) Program,” which includes the following topics:

- Rights and responsibilities
- Changing providers or terminating services
- How to contact DADS or your provider agency
- A glossary of common terms

This brochure should be expanded to provide more information, adapted to meet different populations, and be more widely distributed.

A detailed, in-person review of the specific rules related to the services and/or tasks with the consumer would provide clear understanding of what to expect from the DSW. With unambiguous and complete knowledge of the task descriptions, the consumer will be less likely to have unrealistic expectations of the DSW. Development of a single chart that lists the task descriptions from each program will provide an excellent educational resource.

This recommendation could be implemented without legislative action. Costs are limited to state staff time, reproduction, and distribution costs. State agency staff should consult with DSWs, consumers and other stakeholders in the development of materials.

Recommendation: Training Curriculum for DSWs

Relevant state agencies should develop a broad-based training curriculum for DSWs for voluntary use across programs included in this Council’s charge. (Council Priority #11)

The 2008 Stakeholder Report³⁶ emphasized that DSWs want voluntary and accessible training. The trainings, in most cases, would not supplant what individual sectors or providers require. Rather they would provide DSWs with the opportunity to network, build their own confidence levels and increase professionalism. While this concept is complicated by the differing needs of consumers and the different DSW responsibilities and requirements across HCBS programs, training modules could be created that are widely applicable or even universal, as described below.

Although available to any interested stakeholder, the curriculum would be designed for use by provider agencies and be accessible on HHSC and DADS websites. The curriculum should minimally include the following:

- Sensitivity and respect for the consumer including People First Language
- Work ethics including attendance
- Behavior management

36 Stakeholder Recommendations to Improve Recruitment, Retention, and the Perceived Status of Paraprofessional Direct Service Workers in Texas. Available from: http://www.dads.state.tx.us/news_info/publications/studies/DSW-june2008.pdf.

- Universal precautions and infection control
- Transfer procedures and fall prevention
- Problem-solving skills
- Cross-cultural competency

Curriculum modules could build on training requirements for current programs, including the DADS Texas Quality Matters (TQM) website³⁷ best practice modules as well as other existing training resources.

Training will give consumers an improved quality of care, more realistic expectations of and confidence in their direct-support workers, and increase the professionalism of the DSW. Training can increase job satisfaction and decrease turnover. Standardized web-based training can reduce training costs for providers.

Currently, many programs require orientation and competency determination but additional training is not provided. Coordinated approaches to education and training at the national, state and local levels to improving training for DSWs are critical to preparing greater numbers of workers for direct-support work as well as ensuring the quality of supports and services provided to consumers.

This recommendation could be implemented without legislative action. Costs include state staff time, printing and reproduction costs, website development, and internet costs.

Recommendation: Training Mechanism

Relevant state agencies should establish an organization or mechanism to make training available to DSWs, after investigating how other states ensure the availability of such training. (Council Priority #14)

Training was identified as one of the three key elements necessary to successfully manage HCBS organizations by PHI in its 2008 publication *12 Steps for Creating a Culture of Retention – A Workbook for Home and Community-based Long-Term Care Providers*.³⁸ According to the workbook, excellent training is critical to help direct-support workers develop and hone the skills — both technical and relational — necessary to support the individuals they serve.

While providers ensure that DSWs are trained in areas required by the rules that govern the programs they operate, many of these topics relate either to health and safety or to determining competency for services. Additional training to develop skills and competencies basic to working with elderly persons and/or persons with disabilities, however, is many times not provided or inadequately provided. This additional training would ensure that a worker knows how to effectively communicate, build and promote

37 <http://www.texasqualitymatters.org>

38 Paraprofessional Healthcare Institute. (2008). *12 Steps for Creating a Culture of Retention: A Workbook for Home and Community-based Long-Term Care Providers*. PHI National. Bronx, NY.

trust, and respectfully provide intimate personal care. Many times any additional training that is offered requires the worker to attend on his/her day off.

Depending on the mechanism of training that is selected, this recommendation may require state staff time, or could involve contracting an external organization for access to existing training materials, and possible legislative authorization. Other states, including Washington and Michigan, have established independent, state-funded organizations that offer training to DSWs. The organizations also offer networking opportunities and job placement services. It may be appropriate for DADS to serve as the mechanism for provider DSW training, including the provision of an online mechanism for networking.

A mechanism that ensures training across the range of competencies and skills critical to serving as a DSW would enhance the quality of their services. Specifically, this would improve morale, provide a best practice tool for overall program improvement, provide a centralized resource for best practices, and increase overall awareness of DSW issues.

Improve Provider Recruitment and Management Practices

Providers are often small businesses with limited management expertise or resources. A high percentage of DSW supervisors have never received formal supervisory training. By making management tools available to providers and educating them about best practices related to DSWs, worker turnover could be significantly reduced and recruitment costs minimized. Numerous studies have shown a distinct correlation between worker job satisfaction, performance, and their supervisory relationship. The following four recommendations make available several resources to providers to address the importance of management issues within the HCBS system.

Recommendation: Prospective Rate Setting

HHSC should create a mechanism to align rates according to actual (100 percent) cost/prospectively rather than continue to utilize a historically-based rate-setting mechanism. (Council Priority #4)

HHSC could change the rate-setting methodology across programs without legislative action. However, if the change results in higher reimbursement, additional appropriations would be needed.

The development of a new rate-setting methodology is a complex task. Rate analysis staff could not estimate the costs associated with this recommendation within the time allotted for this project, but those costs would be significant. In general, HHSC does not use rate methodologies intended to reimburse providers for 100 percent of their costs because such methodologies cannot distinguish between efficient providers and inefficient providers and tend to be inflationary. A methodology designed to reimburse providers for actual costs within well-defined parameters would avoid some of the potential pitfalls

of a 100 percent cost-based methodology. Such a methodology could be explored in the future, but the fiscal impact would be directly dependent upon where the upper bounds for reimbursement are set.

The use of retrospective cost reports as a basis for future rates tends to hold down rates overall, including both administrative and wage components of the rate. According to Texas Association of Home Care and Hospice the rates are set at cost plus, but the Texas Legislature does not fully fund the rates. In doing this the state creates a catch-up scenario. With the aging population projected to increase by 48 percent over the next 8 years,³⁹ the HCBS programs' need will increase. Legislative funding commensurate with this increase would provide more accurate legislative appropriations requests. A prospective rate-setting system based on 100 percent of costs would result in higher and more realistic reimbursement, with higher wages and improved recruitment and retention rates.

Recommendation: Curriculum for Supervisors

Relevant state agencies should develop and disseminate training modules and resources for people who supervise direct-support workers. (Council Priority #9)

Topics to develop key attributes for the supervisor may include:

- problem-solving skills,
- effective communication,
- cross-cultural competency,
- fostering respectful environments,
- modules on positivity training (i.e., how to create a positive environment and get the best out of the employee),
- supervisory training, and
- employee orientation and mentoring.

The ability of the supervisor to understand and communicate with the DSW is a necessary skill for improving satisfaction and retention in this workforce. Supervisor tenure and the quality of supervision are factors associated with DSW turnover. When DSWs leave their positions, they often cite the lack of or poor supervision as one of the primary reasons.⁴⁰ Supervisors have a powerful impact on the lives of DSWs. The relationship between a DSW and their supervisor is often the most influential factor in determining whether or

39 United States Bureau of Labor Statistics. (Spring, 2010). Bureau of Labor Statistics Occupational Outlook Quarterly. Retrieved September 29, 2010 from: <http://www.bls.gov/opub/ooq/2010/spring/home.htm>

40 Larson, S.A., Lakin, K.C., and Braddock, D.L. (1998). Staff Recruitment and Retention: Study Results and Intervention Strategies. American Association on Mental Retardation. Washington, D.C.

not they feel valued and respected in their work. It is also important to job satisfaction and the ability to adequately provide support and care.⁴¹

The non-mandatory curriculum would build on existing materials, including those used for consumer-directed services such as “how to be an employer.” The Consumer Directed Services Support Consultation practical skills training, coaching and assistance related to principles of self-determination, recruiting, screening and hiring workers, effective communication, decision making and problem solving skills curriculum could be valuable resources for the supervisor. DADS staff would need to develop general supervision materials. Once the materials are developed or enhanced, DADS could make the resources available on line.

As stated in the July 2008 *Gerontologist*, “Good basic supervision was very important in affecting their (direct-care staff) commitment to their jobs and their intent to stay.”⁴² Supervisors need supervisory training that teaches respect, problem-solving and coaching skills to support DSWs. Many supervisors, including those in small agencies, do not have access to training that would help them develop supervisory skills. Improved and more supportive supervision can increase job satisfaction for DSWs, reduce turnover, and increase quality of care.

This recommendation could be implemented without legislative action. Costs are limited to state staff time and related costs.

Recommendation: Registration and Referral Database

HHSC should develop a computer-based registration and referral database to support both individual efforts to find employment and provider efforts to find needed employees. (Council Priority #12 — tied)

Through its support of The Direct Care Workforce Empowerment Act (H.R. 5902/S. 3696) the Direct Care Alliance, Inc. has documented that “the number of Americans needing long-term care is expected to double in the coming decades — from 13 million in 2000 to 27 million in 2050. The vast majority — 70 to 80 percent — of paid care will be provided by direct-care workers, who are indispensable to our nation’s long-term care system.”⁴³ Currently 21 states have publicly-funded referral databases that operate either regionally or statewide, and are maintained by different entities depending on the state.⁴⁴

41 Bowers, B.J., Esmond, S., Jacobson, N. (March, 2003). Turnover Reinterpreted: CNAs Talk About Why They Leave. *Journal of Gerontological Nursing* 29, 3.

42 Kemper, P. et al. (2008). What Do Direct Care Workers Say Would Improve Their Jobs? Differences Across Settings. *The Gerontologist* 48 (suppl 1): 17-25.

43 Direct Care Alliance, Inc. The Direct Care Workforce Empowerment Act. Retrieved September 28, 2010 from: http://www.directcarealliance.org/_data/global/images/DCWEmpowermentAct_final.pdf

44 Paraprofessional Healthcare Institute (PHI) (2010). The PHI Matching Services Project. Retrieved July 16, 2010 from: <http://phinational.org/policy/the-phi-matching-services-project/>

The competition for hiring the DSW is enormous due to the extremely large number of individuals, agencies and facilities recruiting from a limited number of workers. The community-based agencies are many times at a disadvantage due to the low number of hours available per client and the distance required to travel between clients. The high cost of gasoline and the inability of most community-based agencies to reimburse for mileage is another competing factor in attempting to hire from the available workforce.

With the growing need for long-term services and supports and for DSWs in particular, facilitation of the registration and referral of the direct-support workforce becomes even more vital to the provision of care and services to the millions of Texans who are aged and disabled, while allowing them to maintain their dignity and autonomy. A link on the registration site to the two direct-support realistic job previews available on the DADS website would allow interested inexperienced workers to immediately learn about potential job duties and conditions.

The development of a registration and referral database should include registering interested and qualified DSW applicants into a computer database, and would match these individuals to people or organizations who are looking for DSWs based on location, skills, interests, and other characteristics. If determined feasible, the database could be built as an expansion of the existing AttendantNetwork.⁴⁵

The database would assist DSWs in identifying additional hours by working for more than one agency or individual. This would further benefit consumers in their search for attendants. The database, along with DADS realistic job previews, would improve the quality of matches between consumers and the DSW.

Depending on the implementation mechanism selected, this recommendation may require ongoing state staff time, collaboration with the Texas Workforce Commission, contracting for services, or legislative authorization. Funds will be needed to make the public aware of the database.

Recommendation: Helpful Information for Providers

DADS should establish a Web site dedicated to providing information to providers related to DSW recruitment and retention strategies. (Council Priority #15)

Currently the turnover rate for DSW positions across programs is at crisis levels. According to a 2008 study published by the Rutgers Center for State Health Policy, the national turnover rate for HCBS direct-support staff is between 40 and 75 percent.⁴⁶ These turnover rates are not significantly different in Texas, with the 2008 Turnover Survey data

45 <http://www.attendantnetwork.org/attnet/index.jsp>

46 Scala, E., Hendrickson, L., & Regan, C. (2008). A compendium of three discussion papers: Strategies for promoting and improving the direct service workforce. Applications to Home and Community-based Services, Community, Community Living Exchange Collaborative. New Brunswick, NJ: Rutgers Center for State Health Policy.

collected by the Private Providers Association of Texas revealing a turnover rate of 72 percent (weighted average) and 2010 anecdotal data indicating little to no change from that of 2008.

Access to effective tools and meaningful resources is just one of many factors which contribute to high turnover rates. Ensuring providers have access to more effective tools will assist in reducing turnover, improve quality and continuity of care, facilitate a more stable workforce, provide data to facilitate better employment decisions and better evaluate why workers leave, and reduce costs associated with turnover. The U.S. Bureau of Labor Statistics estimates the total cost of DSW turnover per employee in the range of \$4,200 to \$5,200.⁴⁷

Given that the U.S. Bureau of Labor Statistics also estimates that one million new direct-support positions will be needed by 2016,⁴⁸ establishing a DADS Web site to provide information for providers related to recruitment and retention is critical to address the challenges providers face.

The website should minimally include:

- sample, standardized interviewing and exit interviewing tips/questions, and
- suggestions for resources beyond advertising in newspapers (such as college campuses, family members and friends, people who are older or have disabilities, churches, matching persons with disabilities to be DSWs and job fairs).

DADS staff have produced two 15-20 minute realistic job preview (RJP) videos for the DSW position that will be made available to agencies and individuals hiring DSWs. These videos will familiarize job applicants with the rewards and challenges of direct-support work. The goal of these videos is to reduce turnover among DSWs. Studies have shown RJPs to positively affect employee retention rates. The distribution and use of these RJPs will be integral to the accomplishment of this recommendation.

This recommendation could be implemented without legislative action. Costs would be limited to state staff time plus reproduction and internet costs.

47 American Network of Community Options and Resources. (2009). 2009 Direct Support Professionals Wage Study. Retrieved September 28, 2010 from: http://www.ancor.org/sites/default/files/ancor_wage_data_summary_2009.pdf

48 Ibid.

Recognize and Support DSWs

DSWs often feel isolated and receive little recognition for their work. Not only are they isolated from their employer, they have very limited opportunity to network with each other for problem-solving and support. Conversely, those whose work is valued and appreciated by their supervisors, and who are listened to and encouraged to participate in care planning decisions, achieve higher levels of job satisfaction and are more likely to stay in their jobs.⁴⁹ Texas could improve the DSW workforce by enhancing the stature and recognition of DSWs in their local communities. The final two recommendations address DSWs' need for increased support and recognition.

Recommendation: Honoring DSWs

Relevant state agencies and staff should work with the governor and the legislature to declare an annual “Honoring Direct-support Workers Week.” (Council Priority #10)

For the last three years, the United States Senate has proclaimed September 12 -18 “National Direct-support Professionals Recognition Week.” Thirty-one states joined in recognizing this proclamation in 2010. The Rand Corporation found in evaluating the implementation of CMS Demonstration Grant projects that focused on recognition activities that “much of the worth of the initiatives appears to be in demonstrating to the workers that they are valued. The positive response to this recognition of value, rather than any particular benefit provided to the worker, is consistent with the survey analysis that shows a positive impact on recruitment, retention, and job satisfaction from initiatives that launched marketing campaigns to promote the occupation of direct service work and initiatives that provided recognition for long-serving and high-performing workers.”⁵⁰

During the proposed Texas “Honoring Direct-support Workers Week,” relevant state agencies and staff would:

- Present awards to outstanding DSWs and providers from each of the 11 regions.
- Encourage communities across the state to organize local celebration and recognition events.
- Distribute information to consumers and providers on ways they can recognize workers' achievements.

49 Bowers, B., Esmond, S., and Jacobson, N. (2003). Turnover Reinterpreted: CNAs Talk About Why They Leave. *Journal of Gerontological Nursing*, 29(3), and Harris-Kojetin, L., Lipson, D., Fielding, J., Keifer, K., and Stone, R. (2004). Recent Findings on Frontline Long-Term Care Workers: A Research Synthesis 1999-2003. Prepared for the U.S. Department of Health and Human Services and the Institute for the Future of Aging Services. Retrieved April 15, 2010 from <http://aspe.hhs.gov/daltcp/Reports/insight.htm>

50 Engberg, John; Castle, Nicholas G; Hunter, Sarah B.; Steighner, Laura; Maggio, Elizabeth (2009) Rand Corporation. “National Evaluation of the Demonstration to Improve the Recruitment and Retention of the Direct Service Community Workforce” Clearinghouse for Home and Community Based Services (HCBS). Retrieved July 16, 2010 from: <http://hcbs.org/files/163/8115/DWFSummary.pdf>

HHSC or DADS staff, in consultation with stakeholders, would develop criteria and a selection process for outstanding DSWs. They would also promote and support regional community and individual events in honor of DSWs. Local and state events organized in recognition of DSWs offers excellent opportunities for public education, recruitment of new DSWs, and recognition of DSW contributions.

This recommendation requires support from the legislature, governor, or both. It needs no state funding beyond staff time and materials costs. Awards would use non-state funds.

Recommendation: Resource Centers

Relevant state agencies and staff should work with community partners to develop Direct-support Worker Resource Centers in each of the 11 HHSC regions. (Council Priority #12 — tied)

These centers would offer training, networking opportunities, and other resources for DSWs. Legislative funding and/or legislation will be needed to implement this recommendation. Costs may be reduced through community partnerships.

Resource centers would ideally have physical locations, but may include a virtual component as well. The centers might be co-located with such groups as the Centers for Independent Living, aging and disability resource centers, or area agencies on aging.

Many DSWs are isolated both personally and professionally. By offering support, information, and resources, these centers will improve the community support for DSWs, and this will result in increased recruitment and decreased turnover.

Conclusion

The Home and Community-based Services Workforce Advisory Council respectfully submits this report to Health and Human Services Commission Executive Commissioner Thomas M. Suehs. We greatly appreciate the opportunity to assist HHSC and the State of Texas in considering remedies for issues facing the HCBS workforce and those people they support to live in settings of their choice.

The Council fully acknowledges the current dire economic climate and specific budget reduction activities of agencies in Texas' health and human services enterprise. These recommendations, however, would ultimately save money by reducing turnover. They would further improve the quality of the services provided to assist people who wish to move to or remain in the community. Therefore, it is the intent of the Council that these recommendations be strongly and broadly considered for inclusion in the agency's Legislative Appropriations Request, consolidated budget planning, and general agency initiative development.

Appendix A

Attendant Wages Per Hour Assumed in Fiscal Year 2011 DADS and HHSC Payment Rates

Prepared by HHSC Rate Analysis Department — 1/25/2010

Program	Attendant Wages per Hour Assumed in FY 2011 Rates	Percent Taxes and Benefits Assumed in FY 2011 Rates	Total Attendant Compensation Assumed in FY 2011 Rates
Nursing Facility (NF) [^]	\$9.36	13.68%	\$10.64
Hopsice (NF-related only) [^]	\$9.36	13.68%	\$10.64
Community Based Alternatives (CBA)*	\$7.74	10.25%	\$8.53
Medically Dependent Children Program*	\$7.74	10.25%	\$8.53
CBA Assisted Living / Residential Care*	\$8.11	10.25%	\$8.94
Residential Care*	\$7.25	10.25%	\$7.99
Primary Home Care (PHC) Nonpriority*	\$7.25	10.25%	\$7.99
PHC Priority*	\$8.02	10.25%	\$8.84
Community Attendant Services*	\$7.27	10.25%	\$8.02
Family Care*	\$7.27	10.25%	\$8.02
Client Managed Personal Attendant Services*	\$7.25	10.25%	\$7.99
Day Activity and Health Services (DAHS) — Title XIX Medicaid*	\$7.25	10.25%	\$7.99
DAHS — Title XX*	\$7.25	10.25%	\$7.99
Community Living Assistance and Support Services*	\$9.25	10.25%	\$10.20
Deaf Blind Multiple Disabilities Waiver*	\$9.25	10.25%	\$10.20
Consolidated Waiver Program (CWP) Habilitation*	\$9.25	10.25%	\$10.20
CWP — Personal Attendant Services*	\$7.74	10.25%	\$8.53
CWP — Residential Care*	\$8.11	10.25%	\$8.94
CWP — Home & Community-based Residential#	\$9.03	16.29%	\$10.50
Home and Community-based Services (HCS)#	\$9.03	16.29%	\$10.50
Intermediate Care Facilities for Persons with Intellectual and Developmental Disabilities (ICF/IDD) Direct Service Workers**	\$9.45	16.37%	\$11.00
ICF/IDD Job Coaches	\$8.96	16.37%	\$10.43
Texas Home Living#	\$9.03	16.29%	\$10.50
Texas Health Steps (TxHSteps) — Personal Care Services*	\$7.74	10.25%	\$8.53
TxHSteps — Behavioral Personal Care Services*	\$9.25	10.25%	\$10.20

[^] = Projected 2010-11 Certified Nurse Aide and Medication Aide wage adjusted for difference between full funding and actual funding

* = 2008-09 wage plus \$0.70 increase for minimum wage as funded per 2010-11 appropriations

= June 2010 modeled HCS Residential Direct Service Worker wage adjusted for difference between full funding and actual funding, weighted by units of service by level of need (LON)

** = 2010-11 modeled ICF/IDD Direct Service Worker wage adjusted for difference between full funding and actual funding, weighted by units of service by LON

*** = 2010-11 modeled ICF/IDD Job Coach wage adjusted for difference between full funding and actual funding, weighted by units of service by LON

Appendix B

Recommendations

The Council recommends the following 15 actions (listed in priority order) to stabilize the direct-support workforce in Texas and to meet current and future demand for home and community-based services.

High-Cost Recommendations:

The three top-priority Council recommendations fell into this high-cost category. The prospective rate-setting recommendation (#4) was also included as high-cost, due to the undetermined (but potentially high) cost implications associated with it.

1. Wage Parity — HHSC should implement rate-setting methodologies that strive for wage parity among DSWs. This would increase wages for many workers in HCBS programs, and improve recruitment and retention in those programs.
2. Wage Floor — HHSC should adopt a base wage floor of \$10 per hour for DSWs who work in HCBS programs. This would similarly increase wages for many workers, improving recruitment and retention in those programs.
3. Health Benefit Buy-In Pilot — HHSC should design, create, and implement a health benefit buy-in pilot project for uninsured DSWs in HCBS programs. This would provide strong data on the effect of access to health insurance on DSW recruitment and retention in Texas.
4. Prospective Rate Setting — HHSC should create a mechanism to align rates according to actual (100 percent) cost/prospectively rather than continue to use a historically-based rate-setting mechanism.

Lower-Cost Recommendations:

The remaining eleven recommendations were determined by staff to be potentially lower-cost to implement than the four above. There are two recommendations numbered “12” below, as those two received the same number of ranking votes by Council members.

5. DSW Survey — Relevant state agencies should gather data and develop, administer, and analyze annual or biennial surveys regarding DSWs across the state to facilitate the planning and implementation of future recruitment, training and retention efforts.
6. Staff to Address HCBS Workforce Issues — HHSC should create at least one full-time employee position at HHSC or DADS to lead the implementation of recommendations and to facilitate strategic action for addressing concerns relating to the HCBS direct-support workforce.

7. Continue the HCBS Workforce Advisory Council — HHSC should authorize an extension of the HCBS Workforce Advisory Council to guide and direct the development and implementation of recommendations.
8. Consumer Information — Relevant state agencies and staff should develop and distribute materials that educate consumers and direct-support workers on the roles and responsibilities of DSWs.
9. Curriculum for Supervisors — Relevant state agencies should develop and disseminate training modules and resources for people who supervise DSWs.
10. Honoring DSWs — Relevant state agencies and staff should work with the Governor and the legislature to declare an annual “Honoring Direct-support Workers Week.”
11. Training Curriculum for DSWs — Relevant state agencies should develop a broad-based training curriculum for DSWs for voluntary use across programs included in this Council’s charge.
12. Registration and Referral Database — HHSC should develop a computer-based registration and referral database to support both individual efforts to find employment and provider efforts to find needed employees.
12. Resource Centers — Relevant state agencies and staff should work with community partners to develop Direct-support Worker Resource Centers in each of the 11 HHSC regions.
14. Training Mechanism — Relevant state agencies should establish an organization or mechanism to make training available to DSWs, after investigating how other states ensure the availability of such training.
15. Helpful Information for Providers — DADS should establish a Web site dedicated to providing information to providers related to DSW recruitment and retention strategies.

Appendix C

Proposed Workforce Position Responsibilities

Provides leadership to state-wide efforts for improving the recruitment and retention of direct-support workers.

- Ensures a comprehensive, inclusive process for the development, implementation, and evaluation of a strategic plan for addressing direct-support workforce issues.
- Serves as liaison to other state agencies to promote their involvement and support of DADS workforce efforts.

Directs and coordinates the development and implementation of priority strategies for addressing workforce issues.

- Ensures a process for stakeholder input about challenges and issues to be addressed.
- Develops/drafts potential strategies and action plans for addressing identified challenges.
- Seeks feedback from stakeholders about proposed strategies, and utilizes process to establish priorities.
- Engages stakeholders in implementation of strategies and action plans, including pilot projects.
- Conducts evaluation of implemented strategies/pilots to determine impact on improving recruitment and/or retention.

Provides staff support to the Home and Community-based Services Workforce Advisory Council.

- Convenes the Council regularly to seek guidance and direction for implementing strategies and recommendations for improving the recruitment and retention of DSWs.
- Provides logistical support for meetings (agendas, meeting notices, etc.).
- Engages Council members in stakeholder input and priority-setting processes.
- Seeks review and approval from the Council for all recommendations, action plans, education and training materials, etc. to be used in implementing priority strategies.
- Seeks, prepares and provides information as requested by the Council to support their mandates and functions.

Promotes understanding of the challenges as well as the value of the direct-support workforce.

- Lead data collection efforts to promote understanding of who comprises the direct-support workforce in Texas, the unique challenges of this sector in the state, and other information relevant to the planning process.
- Develops and implements a comprehensive communications plan to disseminate results of pilot projects and other best practices related to the direct-support workforce.
- Develops issue briefs and other reports that highlight workforce challenges, implications, and recommendations for action.

Pursues opportunities to garner support and funding to advance the work related to the direct-support workforce.

- Stays abreast of national level efforts targeting the direct-support workforce, determines feasibility for implementation in Texas, and writes proposals for national public sector grants that advance Texas goals.
- Researches opportunities for private sector funding and writes proposals for grants that advance goals.

