Healthforce.ucsf.edu
Twitter: @HealthforceUCSF

Home Health Aides and Personal Care Assistants: Scope of Practice Regulations and Their Impact on Care

by Joanne Spetz, Healthforce Center at UCSF

July 2019

Abstract / Overview

This brief is one of a series that examines California regulations of health professions, how the state's regulations compare with those of other states, and what evidence exists to guide changes in health profession regulations. It provides an overview of home health and home care aides' roles, including scope of work, educational requirements and scope of practice regulations for these workers in California compared with other states.

This document also summarizes the research on the impact of scope of practice regulations on access to care, care quality, and costs. Finally, the California home workforce – predominantly female and one-third immigrant – is described, including demographic characteristics, practice settings, and geographic distribution.

The mission of Healthforce Center at UCSF is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

Acknowledgments

Thank you to the California Health Care Foundation for funding this series.

Contents

Introduction

By 2030, California's senior population will double to 9 million, but the state faces an estimated shortage of 200,000 home health and home care aides. To exacerbate the problem, California's home health and home care aides are underutilized because of some of the most restrictive scope of practice laws in the country.

This brief is one of a series that examines California regulations of health professions, how the state's regulations compare with those of other states, and what evidence exists to guide changes in health profession regulations. It provides an overview of home health and home care aides' roles, including scope of work, educational requirements and scope of practice regulations for these workers in California compared with other states.

This document also summarizes the research on the impact of scope of practice regulations on access to care, care quality, and costs. Finally, the California home workforce – predominantly female and one-third immigrant – is described, including demographic characteristics, practice settings, and geographic distribution.

Overview of the Profession

This report focuses on unlicensed workers who provide long-term care services in home and community settings. Long-term care for those with temporary or permanent needs can be delivered at home or in facilities, and there are multiple types of workers who provide care. Most long-term care is provided at home by unpaid family members and friends, but many people receive long-term care services that are paid by Medicare, Medicaid, private insurance, or out-of-pocket.

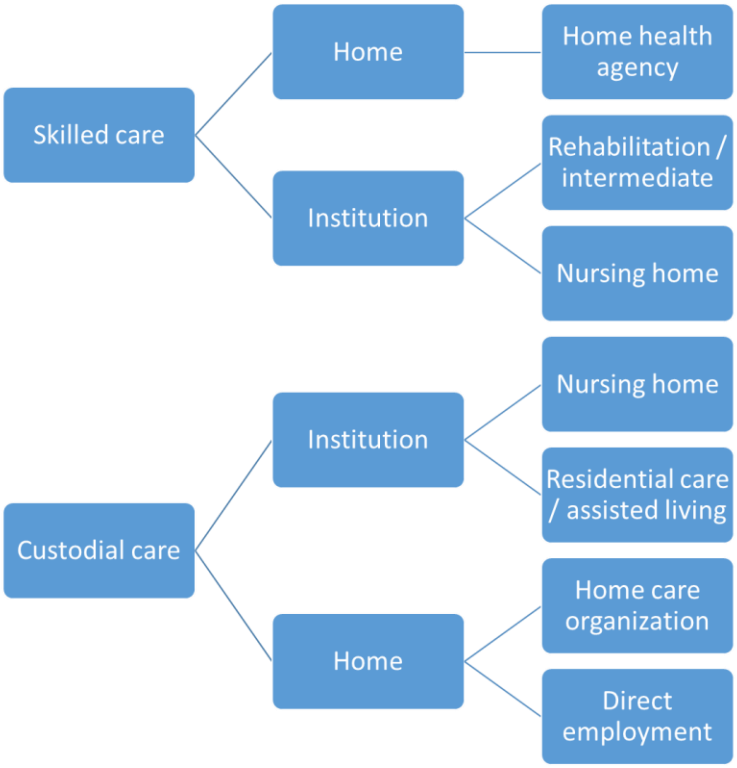
The majority of long-term care services provide support with personal care, with a focus on "activities of daily living" (ADLs) that include bathing, dressing, grooming, using the toilet, eating, and moving around (such as

walking, getting out of bed, and/or into a chair).[1] Some people need assistance with what are called instrumental activities of daily living (IADLs), which are not required for basic functioning but are needed to live independently in the community; these include cleaning the house, managing money, preparing meals, grocery shopping, using the telephone, and taking medications as prescribed.[2] Care that focuses on supporting ADLs and IADLs is called custodial care.

Some people require care in order to manage a medical condition or to rehabilitate after an acute condition such as a heart attack or stroke. This is often called skilled care and can be provided in the home, in nursing homes, rehabilitation facilities, and in intermediate-care facilities. It is usually intended to be short-term care to help the individual return to their original living situation, but is often associated with ongoing long-term care needs.

Figure 1 summarizes the types of paid long-term care individuals might need and the settings in which these types of care are provided. Those who need skilled care can receive it at home from a home health agency, or in the institutional settings of rehabilitation/intermediate care facilities or nursing homes. For example, an individual recovering from a hip fracture can receive physical therapy, occupational therapy, and supportive services at home, in a nursing home, or in a rehabilitation facility. Those who need custodial care – long-term support with ADLs without a specific preceding health event – also can receive it in a nursing home, or in the institutional setting of a residential care/assisted living facility. Custodial care can be received at home from a home care organization or by directly employing somebody to provide care. Each setting has a different regulatory and financing structure, and each has a different mix of staff providing services.

Figure 1. Types and settings of long-term care



[1] Williams, Brie (2014). "Consideration of Function & Functional Decline". *Current Diagnosis and Treatment: Geriatrics, Second Edition*. New York, NY: McGraw-Hill. pp. 3–4. ISBN 978-0-07-179208-0.

[2] Bookman, A., Harrington, M., Pass, L., & Reisner, E. (2007). *Family Caregiver Handbook*. Cambridge, MA: Massachusetts Institute of Technology.

Home health agencies provide skilled care and are licensed by the California Department of Public Health (CDPH). Home health care is considered a type of medical care and thus these services are often reimbursed by private or public insurance for a limited period of time after a hospitalization or injury.[3] Home health agencies employ:

- Licensed nurses: Registered nurses (RNs) and licensed vocational nurses (LVNs)
- Therapists: Occupational health, physical therapy, speech therapy
- Social service professionals: Social workers, community health workers
- Home health aides: Unlicensed aides who provide personal care services and are certified after completing a state-approved training program or an equivalent competency evaluation program approved by CDPH

Home health aides are certified by CDPH and must renew certification every two years. As specified in the California Health and Safety Code (Division 2, Chapter 8, Section 1727), home health aides employed by home health agencies provide personal care services under a plan of treatment prescribed by the patient's physician and surgeon who is licensed to practice medicine in California. Home health agencies must ensure that aides are supervised by a registered nurse or physical, speech, or authorized occupational therapists. The initial training is 120 hours in an approved program, and home health aides must complete 12 hours of continuing education per year.[4]

Home care organizations focus on custodial care. They arrange nonmedical services and assistance with ADLs and IADLs, including bathing, dressing, feeding, exercising, personal hygiene and grooming, transferring, ambulating, positioning, toileting and incontinence care, assisting with medication that the client self-administers, housekeeping, meal planning and preparation, laundry, transportation, correspondence, making telephone calls, shopping for personal care items or groceries, and companionship. They are regulated by the California Home Care Services Bureau (HCSB), through regulations in the California Health and Safety Code (Division 2, Chapter 13). Home care agencies that refer clients to home care workers but do not employ those workers do not have to be licensed. Some home health agencies also are licensed as home care organizations. Home care organizations employ:

- Registered home care aides, who must be registered by the HCSB to provide services organized by a home care organization
- Other professionals, including licensed vocational nurses, registered nurses, therapists, social workers, and community health workers

Registered home care aides may be employed by licensed home care organizations, hospice agencies, home health agencies, or other organizations. The Home Care Services Consumer Protection Act, implemented in January 2016, created a public online registry for home care aides who have been background checked. Home care aides employed by home care organizations are called "affiliated" home care aides, and must complete five hours of entry-level training, consisting of two hours of orientation regarding their role as caregiver and 3 hours of safety training including basic safety precautions, emergency procedures, and infection control. They also must complete at least five hours of annual training.

[3] Home Health vs Home Care. A Place for Mom Available at: https://www.aplaceformom.com/planning-and-advice/articles/home-health-vs-home-care.

[4] Home Health Aide. Available at: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/HHA.aspx. (Accessed: 8th August 2018)

Direct employment of home care aides occurs when the consumer hires, supervises, and pays home care aides directly. An individual may use a payroll service to manage payment for services, but the home care aide is not employed by an organization or service. Direct employment may occur for:

- Registered home care aides, who are called independent home care aides
- Unregistered home care aides, because there are no regulations restricting individuals' hiring decisions
- In-home support services (IHSS) workers, who are a specifically-designated type of home care aide hired through the California In-Home Support Services program funded by Medi-Cal, and who may provide paramedical services as authorized by the IHSS program

In-home support services providers are directly selected and supervised by the consumer or the consumer's representative/guardian, but they are paid by county Medi-Cal programs. They must complete an orientation that includes information on IHSS program regulations, fraud, wage and hours regulations, and how to complete timesheets. IHSS recipients have the right to hire, fire, and supervise the work of any in-home supportive services workers providing services for them. For the majority of those in the IHSS program (63.5%), family members are the paid care provider.[5] The IHSS program is regulated by the California Welfare and Institutions Code (Division 9, Part 3, Chapter 3).

Figure 2 summarizes the types of unlicensed home care and home health workers in California.

Figure 2. Types of unlicensed home care and home health workers in California

	Type of care	Primary type of employer	Education/ training	Certification/ registration*
Home health aide	Personal care specified by treatment plan	Home health agency	120 hours	Certified by CDPH
Registered home care aide: "affiliated"	Personal care	Home care organization	5 hours	Registered by HCSB
Registered home care aide: "independent"	Personal care	Consumer	5 hours	Registered by HCSB
Unregistered home care aide	Personal care	Consumer	None	None
In-home support services provider	Personal care, paramedical services	Consumer	Orientation	Optional to be registered by HCSB

Note: *CDPH is the California Department of Public Health; HCSB is the Home Care Services Bureau.

Scope of Practice Regulations for Unlicensed Home Care Workers

Home health aides work within home health agencies to provide personal care services that are part of a treatment plan prescribed by a physician. Home health aides are supervised by a registered nurse or physical, speech, or occupational therapist. Home care aides are employed by home care organizations or directly by clients to provide personal care services. They are generally supervised by their employer, whether that is the home care organization or the client. In most home care organizations, registered nurses (RNs) are responsible for client care and decisions regarding the delegation of tasks to unlicensed workers. The RN maintains

[5] Ko, M, Newcomer, R, Bindman, AB, Kang, T, Hulett, D, Spetz, J. California's Medicaid Personal Care Assistants: Characteristics and Turnover among Family and Non-Family Caregivers. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. July 2015.

responsibility for the overall accountability for the client, while the person completing the delegated activity has responsibility for that task.[6]

Regulations in California

Home health aides and registered home care aides employed by organizations or institutions (such as home health agencies and home care agencies) are allowed to provide support for ADLs and IADLs. Medical and nursing tasks may not be delegated to home health and home care aides; this prohibition is specified in regulations governing nursing practice.[7] The Health and Safety Code specifically says that registered home care aides are not authorized to assist with medication that the client self-administers that would otherwise require administration or oversight by a licensed health care professional. The California attorney general determined in 1988 that regulations permit a home care aide to administer non-prescription medication but not prescription medication.[8] Support for medication administration is limited to "assisting" with self-administration, which entails reminding the patient to take their medication or opening and closing a medication container. Placing a medication in a client's mouth or applying a prescription cream cannot be done by a home health or home care aide. Other tasks that may not be delegated include tube feedings, inserting catheters, ostomy irrigation, blood sugar testing for clients with diabetes, inserting enemas, and changing sterile dressings. The only medical/nursing tasks home health aides and registered home care aides can perform are aiding with special diets and helping with assistive devices like walkers. However, these restrictions do not apply to registered home care aides if they are directly employed by individuals.

Registered and unregistered home care aides employed by consumers in the IHSS program are permitted to perform paramedical services if ordered by a licensed health care professional and authorized by the county's IHSS program for that consumer. The California Welfare and Institutions code explicitly states that IHSS providers may provide paramedical services such as administration of medications, puncturing the skin or inserting a medical device into a body orifice, and activities requiring sterile procedures. Thus, an IHSS provider can insert a catheter, place a medication in a patient's mouth, perform ostomy irrigation, and change a sterile dressing.[9] This is a much wider range of permitted tasks than allowed for home health aides; the California Health and Safety Code explicitly states that home health aide services do not include services provided under the IHSS program.[10]

Unregistered and registered home care aides directly employed by individuals not through IHSS are not restricted in the services they provide. The work of these aides is considered a private arrangement and the aide works under the direction of their employer. Similarly, family members are exempt from the regulatory restrictions of the nursing practice act according to Section 2727(a).

Figure 3 compares some of the tasks that different types of home care and home health workers are allowed to perform in California. IHSS providers and home care aides employed directly by the consumer are permitted to perform all tasks as directed by the consumer. In contrast, home care aides employed by home care organizations and home health aides are significantly curtailed in the tasks they may perform.

[6] National Council of State Boards of Nursing. 2016. National Guidelines for Nursing Delegation. Journal of Nursing Regulation, 7 (1): 5–14

[7] California Business and Professions Code, Division 2. Health Arts, Chapter 6. Nursing. Article 2. Scope of Regulation.

[8] California Attorney General Opinion Letter 87-106. June 15, 1988. https://oag.ca.gov/system/files/opinions/pdfs/87-106.pdf

[9] California Welfare and Institutions Code, Division 9. Public Social Services. Part 3. Aid and Medical Assistance. Chapter 3. State Supplementary Program for Aged, Blind and Disabled. Article 7. In-Home Supportive Services.

[10] California Health and Safety Code, Division 2. Licensing Provisions, Chapter 8. Home Health Agencies.

Figure 3. Selected tasks permitted for unlicensed home care and home health workers in California

	Home health aide (employed by home health agency)	Home care aide employed by home care organization	IHSS provider, home care aide employed by consumer
ADL support (e.g., bathing, dressing, transferring, eating)	Yes, if in care plan Limitations bar them from nail cutting	Yes, with some limits (e.g., nail cutting)	Yes
Routine skin care	Yes	Yes	Yes
Prevention of pressure ulcer	Yes	Not clearly defined	Yes
Incontinence care / Perineal care	Yes	Not clearly defined	Yes
IADL support (e.g., finances, transportation, shopping & meal prep, housecleaning)	No	Yes	Yes
Eye drops and other prescribed medications	No	No	Yes
Oral medications	No	No	Yes
Enemas/insertion of suppositories	Yes	Yes	Yes
Injections	No	No	Yes
IV fluids/infusions	No	No	Yes
Catheter care & ostomy irrigation	Yes (foley and ostomy maintenance)	No	Yes
Blood sugar testing	Yes	Yes	Yes
Wound care	No	No	Yes
Tube feeding	No	No	Yes
Suctioning	No	No	Yes
Helping with assistive devices (e.g., walkers)	Yes	Yes	Yes
Oxygen & respiratory care	No	No	Yes (non medical)
Complex care (ventilators, peritoneal dialysis)	No	No	Yes

Overview of Regulations in Other States

There is substantial variation in state regulation of home health and home care aides as well as of the agencies and organizations that employ them. Also, there is variation in regulations among those employed by agencies versus those employed directly by consumers; 36 states allow direct employment by consumers in their Medicaid programs such as California's IHSS program (called "consumer-directed programs").[11]

Medication administration provides an example of the differences in state laws. Most states allow home health and home care aides to assist only in the self-administration of medication. In some states, medication administration and other tasks can be delegated by registered nurses to home health and home care aides, but there are rules regarding which tasks and the determination of whether the aide is competent to complete the task. Twenty states have a specific category of unlicensed worker called a medication aide to whom medication

[11] Ng T, Stone J, Harrington C. 2015. Medicaid home and community-based services: how consumer access is restricted by state policies. Journal of Aging and Social Policy 27(1):21-46.

administration can be delegated. Finally, some states such as Texas permit registered nurses to transfer the responsibility for some tasks to the consumer, who then can direct the home health or home care aide to perform the task. The registered nurse must determine that the consumer is competent to direct the aide and take accountability for their work.[12]

AARP collects information about regulations related to home care for every state and Washington, DC and reports it in their Long Term Services and Supports (LTSS) Scorecard (http://www.longtermscorecard.org/). The latest data, published in 2017, included information about whether each state permitted delegation of 16 specific tasks to home health and home care aides outside consumer-directed programs such as IHSS.[13] Figure 4 lists the tasks, the number of states that permit registered nurses to delegate the tasks to home health and home care aides, and whether California regulations permit delegation. Only two tasks – administering glucometer tests and administering enemas – can be delegated in California; few states restrict delegation of these tasks. At least half of all states permit delegation of 14 or more of the 16 tasks.

Figure 4. State regulations regarding delegation of care tasks to home health and home care aides

Task	Number of states that permit delegation	Delegation permitted in California?
Administer glucometer test	45	Yes
Perform ostomy care including skin care and changing appliance	43	No
Administer enema	41	Yes
Administer eye/ear Drops	38	No
Gastrostomy tube feeding	38	No
Administer oral medications	37	No
Insert suppository	37	No
Perform intermittent catheterization	36	No
Administer medication on an as needed basis	35	No
Administer medication via pre-filled insulin or insulin pen	34	No
Administer oxygen therapy	33	No
Perform nebulizer treatment	32	No
Administer medication through tubes	31	No
Draw up insulin for dosage measurement	27	No
Administer intramuscular injection medications	23	No
Perform Ventilator Respiratory Care	23	No

Source: AARP, 2017

Figure 5 presents the count of the 16 tasks permitted for each state. Sixteen states permit delegation of all 16 tasks, and another ten states permit delegation of 14 of the tasks. California is among nine states that permit delegation of two or fewer tasks.

[12] Rachel Hammon, Texas Association for Home Care and Hospice, personal communication

[13] AARP. 2017. Long term services and supports scorecard. http://www.longtermscorecard.org/. Raw data provided by Kathleen Ujvari, AARP Public Policy Institute.

Figure 5. Number of key tasks that nurses can delegate to PCAs, by state

Number of tasks	Number of states	Which states
0 tasks	4	FL, IN, PA, RI
1 tasks	1	SC
2 tasks	4	AL, CA, IL, MA
3 tasks	2	DE, TN
5 tasks	2	CT, MS
6 tasks	1	KS
7 tasks	1	OH
8 tasks	1	LA
9 tasks	1	ME
11 tasks	1	WY
12: tasks	3	DC, VA, WV
13 tasks	2	MI, SD
14 tasks	10	AZ, AR, GA, HI, MD, NH, NJ, ND, OK, WI
15 tasks	2	NV, NY
16 tasks	16	AK, CO, ID, IA, KY, MN, MO, MT, NE, NM, NC, OR, TX, UT, VT, WA

Source: AARP, 2017

Research on the Impact of Scope of Practice Regulations

There is little research on the impact of home health and home care aide scope of practice and restrictive registered nurse delegation regulations on access to care.[14]

Some evidence indicates that the expansion of home health and home care aide scope of practice, particularly in the administration of medication and other treatment plans, would allow them to provide more well-rounded care while reducing the workload of nurses.[15] A pilot project in Australia examined the impact of expanding the medication administration authority of community care aides (CCAs), who have similar training as home health aides in the US.[16] CCAs received training in medicines support, and nurses received training in assessment, delegation and supervision. The mixed-methods evaluation of this project reported that registered nurses developed high levels of trust and confidence in CCAs. In addition, nurses reported that the program reduced the need for duplicative nurse and CCA visits, thus allowing nurses to focus their visits on clients with more complex needs. There were no adverse medication incidents reported.

[14] Corazzini, K. N. et al. Delegation in Long-term Care: Scope of practice or job description? Online J. Issues Nurs. 15, (2010)

[15] Hewko, S. J. et al. Invisible no more: a scoping review of the health care aide workforce literature. BMC Nurs. 14, (2015). Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

[16] Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

Only a few studies have examined the safety of delegation of tasks such as medication administration to home health and home care aides. There is no research that demonstrates that restrictive regulations improve client safety or outcomes.

New Jersey established and evaluated a pilot program in which nurses at 19 home health agencies were authorized to delegate administration of medication and other tasks to certified home health aides. The evaluation revealed no adverse outcomes to consumer health and higher levels of satisfaction for both home health aides and consumers.[17] The pilot was controversial and initially was opposed by the state nurses association, which wanted to ensure that supervising nurses kept their authority over delegating the administration of medication, but the association eventually supported regulatory change. In March 2016, the New Jersey Board of Nursing amended its regulations to permit nurse delegation to home health aides, provided that nurses delegate at their own discretion and that there be an ongoing supervisory relationship between the nurse and the home health aide.

In a study of nurse delegation to unlicensed workers in multiple settings, the authors reported that there was no association between client outcomes and the setting, day and time of delegation, patient age, health status stability, diagnosis, functional or cognitive ability, or the educational preparation of the nurse or direct care worker.[18] Negative outcomes were more likely to occur when nurses had five or fewer years of experience delegating care and when unlicensed workers had less than one year of experience in their current setting. Positive outcomes were associated with regular monitoring of the unlicensed worker.

AARP has actively advocated for greater authority to delegate tasks in home care settings to home health and home care aides. According to AARP, if California improved its regulations and programs to achieve the AARP LTSS Scorecard scores of the top five states in each of the areas of (1) affordability and access; (2) choice of setting and provider; (3) quality of life and quality of care; (4) support for family caregivers; and (5) effective transitions, 176,180 more people would receive Medicaid long-term services to help with daily activities and 573,100,000 more would go to home- and community-based services instead of nursing homes.[19] Allowing greater delegation of nursing tasks to home health and home care aides is one of a number of policies that would help to achieve these gains.

Characteristics of the Home Health and Home Care Workforce in California

By 2030, California's senior population (65 and older) will double to 9 million as the youngest baby boomers reach retirement age (Figure 1). There is an immense need to expand the workforce available to care for older adults – the California Employment Development Department estimates that California will need 200,000 additional home health and home care aides by 2024.[20]

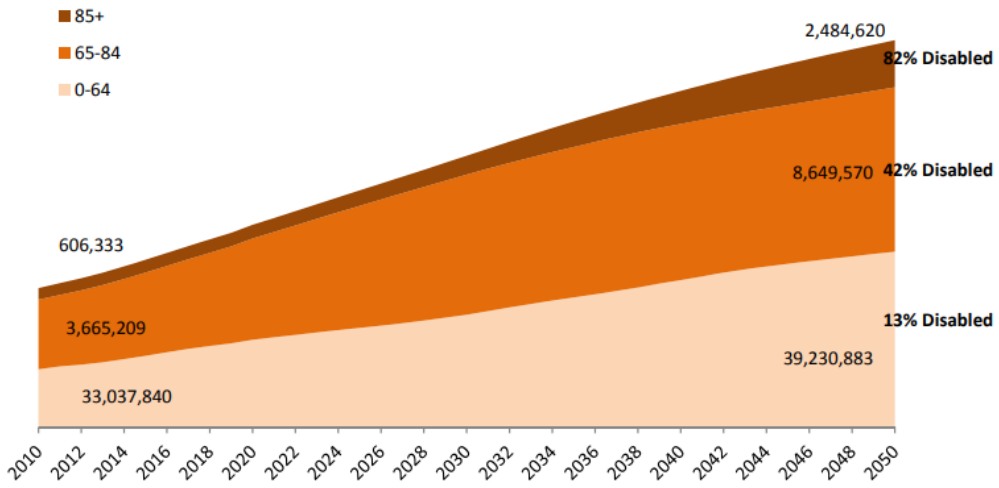
[17] Sherwood, C. Home Health Aides Take On More Tasks. AARP States (2016)

[18] Anthony, M. K., Standing, T. & Hertz, J. E. Factors Influencing Outcomes After Delegation to Unlicensed Assistive Personnel. J. Nurs. Adm. 30, 474 (2000).

[19] California State Scorecard - The Commonwealth Fund. Available at: http://www.longtermscorecard.org/databystate/state?state=CA. (Accessed: 9th July 2018)

[20] California Employment Development Department. Employment Projections. https://www.labormarketinfo.edd.ca.gov/data/employment-projections.html.

Figure 6: Projected population growth in California and percent disabled, by age, 2010-2050.[9]



Source: Pourat, N. Home Care Quality and Safety: A Profile of Home Care Providers in California.

Note: The Social Security Administration defines disability as the inability to engage in any sustainable gainful activity (SGA) because of a medically determined physical or mental impairment.[21]

Numbers and Employment

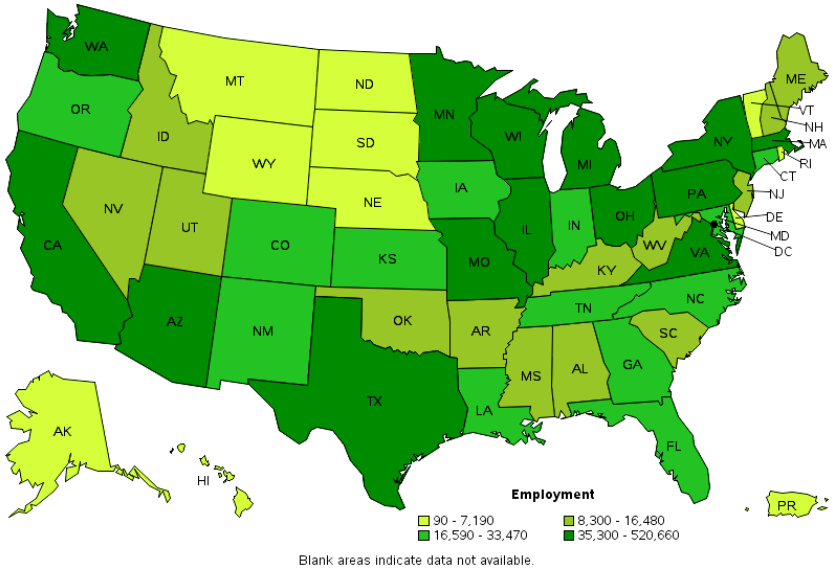
National employment data place home care aides in a category called personal care aides (Standard Occupational Classification code 39-9021), who "assist the elderly, convalescents, or persons with disabilities with daily living activities at the person's home or in a care facility."[22] IHSS providers are included in this category. California has a high level of concentration of jobs for personal care aides, employing a total of 520,660 aides in 2017, with 31.2 employment per thousand jobs (Figure 7). Nationally, personal care aides make up about half of the individual and family services industry and over 20% of the home health care industry. Nearly 80% work in the individual and family services industry in California. Their average hourly wage in California was $12.96 per hour in 2018.[23]

[21] ORDP.ODP. Disability Evaluation Under Social Security. Available at: https://www.ssa.gov/disability/professionals/bluebook/.

[22] US Bureau of Labor Statistics. Occupational Employment Statistics. Personal Care Aides. https://www.bls.gov/oes/current/oes399021.htm

[23] California Employment Development Department. US Bureau of Labor Statistics. Occupational Profile. Personal Care Aides. https://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/occExplorerQSDetails.asp?searchCriteria=personal+care+aides&careerID=&menuChoice=occExplorer&geogArea=0601000000&soccode=399021&search=Explore+Occupation

Figure 7. National employment numbers for personal care aides, 2017.



Source: US Bureau of Labor Statistics

Approximately 32,900 home health aides were employed in California in 2014.[24] About 30% of them work in community care facilities for the elderly, 28.7% work in home health services and 10.2% work in the individual and family services industry. Mean hourly wages for home health aides in California were $15.63 in 2018.

Demographic Characteristics

The home health and home care aide workforce is predominantly female, with an average age around 45 years old.[25] Nationally, 28% of home health and home care aides are immigrants.[26]

Pipeline

There are few requirements for entry into work as a home health aide or home care aide. Less than half of home health and home care aides have any college education.[27] Home health aides are required to complete a training program of 120 hours and be certified. Home care aides do not have any specific training requirements, although registered home care aides employed by home care organizations must complete a 5-hour training program.

Also, there is a very high rate of turnover among home health and home care aides. The median caregiver turnover in the home care industry is 66.7%.[28] This high turnover rate is of great concern, because although a large number of people are qualified for home health and home care aide jobs, employers continuously need to

[24] California Employment Development Department. US Bureau of Labor Statistics. Occupational Profile. Home Health Aides. https://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/occExplorerQSDetails.asp?searchCriteria=Clerk&careerID=&menuChoice=occExplorer&geogArea=0601000000&soccode=311011&search=Explore+Occupation.

[25] Hewko, S. J. *et al.* Invisible no more: a scoping review of the health care aide workforce literature. *BMC Nurs.* **14,** (2015). Ko, M, Newcomer, R, Bindman, AB, Kang, T, Hulett, D, Spetz, J. California's Medicaid Personal Care Assistants: Characteristics and Turnover among Family and Non-Family Caregivers. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. July 2015. Frogner, B, Spetz, J. Entry and Exit of Workers in Long-Term Care. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. 2015.

[26] Espinoza, R. Immigrants and the Direct Care Workforce. PHI (2017).

[27] Espinoza, R. Immigrants and the Direct Care Workforce. PHI (2017).

[28] Baxter, Amy. Median Home Care Turnover Hit 66.7% in 2017. Home Health Care News, April 17, 2018. https://homehealthcarenews.com/2018/04/median-home-care-turnover-hit-66-7-in-2017/

recruit new workers.[29] Those who leave their jobs are often unemployed or no longer in the labor force.[30] Many likely leave for better-paying jobs, since 20% of home health and home care aides live in poverty.[31] Rates of turnover in the IHSS program are lower, with the turnover rate for those with family member providers at 9.4% and with non-family providers at 20.4%.[32] Among non-family member IHSS providers, higher pay is associated with a lower likelihood of turnover.

Summary

The aging of California's population will lead to a substantial increase in the need for home health and home care aides. The small body of research on scope of practice related to these workers indicates that home health aides and home care aides are capable of taking on more responsibility and can fulfill nurse-delegated tasks.[33] Constraints on the scope of practice of home health and home care aides results in their underutilization in the long-term care workforce.[34] To date, there is no evidence that restricting such delegation benefits consumers and there is some evidence that permitting the delegation of more tasks would reduce unnecessary duplication of tasks and home visits by registered nurses.[35]

References

1 Williams, Brie (2014). "Consideration of Function & Functional Decline". *Current Diagnosis and Treatment: Geriatrics, Second Edition*. New York, NY: McGraw-Hill. pp. 3–4. ISBN 978-0-07-179208-0.

2 Bookman, A., Harrington, M., Pass, L., & Reisner, E. (2007). *Family Caregiver Handbook*. Cambridge, MA: Massachusetts Institute of Technology.

3 Home Health vs Home Care. A Place for Mom Available at: https://www.aplaceformom.com/planning-and-advice/articles/home-health-vs-home-care.

4 Home Health Aide. Available at: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/HHA.aspx. (Accessed: 8th August 2018)

5 Ko, M, Newcomer, R, Bindman, AB, Kang, T, Hulett, D, Spetz, J. California's Medicaid Personal Care Assistants: Characteristics and Turnover among Family and Non-Family Caregivers. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. July 2015.

[29] Farrell, Chris. The Shortage Of Home Care Workers: Worse Than You Think. Forbes, April 18, 2018. https://www.forbes.com/sites/nextavenue/2018/04/18/the-shortage-of-home-care-workers-worse-than-you-think/#2d4897733ddd

[30] Frogner, B, Spetz, J. Entry and Exit of Workers in Long-Term Care. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. 2015.

[31] Healthforce Center at UCSF. Growing Demand, but Shrinking Supply of Long-term Care Workers. April 21, 2016. https://healthforce.ucsf.edu/blog-article/growing-demand-shrinking-supply-long-term-care-workers

[32] Ko, M, Newcomer, R, Bindman, AB, Kang, T, Hulett, D, Spetz, J. California's Medicaid Personal Care Assistants: Characteristics and Turnover among Family and Non-Family Caregivers. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. July 2015.

[33] Sherwood, C. Home Health Aides Take On More Tasks. AARP States (2016)

[34] Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

[35] Hewko, S. J. et al. Invisible no more: a scoping review of the health care aide workforce literature. BMC Nurs. 14, (2015). Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

6 National Council of State Boards of Nursing. 2016. National Guidelines for Nursing Delegation. Journal of Nursing Regulation, 7 (1): 5–14

7 California Business and Professions Code, Division 2. Health Arts, Chapter 6. Nursing. Article 2. Scope of Regulation.

8 California Attorney General Opinion Letter 87-106. June 15, 1988. https://oag.ca.gov/system/files/opinions/pdfs/87-106.pdf

9 California Welfare and Institutions Code, Division 9. Public Social Services. Part 3. Aid and Medical Assistance. Chapter 3. State Supplementary Program for Aged, Blind and Disabled. Article 7. In-Home Supportive Services.

10 California Health and Safety Code, Division 2. Licensing Provisions, Chapter 8. Home Health Agencies.

11 Ng T, Stone J, Harrington C. 2015. Medicaid home and community-based services: how consumer access is restricted by state policies. Journal of Aging and Social Policy 27(1):21-46.

12 Rachel Hammon, Texas Association for Home Care and Hospice, personal communication

13 AARP. 2017. Long term services and supports scorecard. http://www.longtermscorecard.org/. Raw data provided by Kathleen Ujvari, AARP Public Policy Institute.

14 Corazzini, K. N. et al. Delegation in Long-term Care: Scope of practice or job description? Online J. Issues Nurs. 15, (2010)

15 Hewko, S. J. et al. Invisible no more: a scoping review of the health care aide workforce literature. BMC Nurs. 14, (2015). Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

16 Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

17 Sherwood, C. Home Health Aides Take On More Tasks. AARP States (2016)

18 Anthony, M. K., Standing, T. & Hertz, J. E. Factors Influencing Outcomes After Delegation to Unlicensed Assistive Personnel. J. Nurs. Adm. 30, 474 (2000).

19 California State Scorecard - The Commonwealth Fund. Available at: http://www.longtermscorecard.org/databystate/state?state=CA. (Accessed: 9th July 2018)

20 California Employment Development Department. Employment Projections. https://www.labormarketinfo.edd.ca.gov/data/employment-projections.html

21 ORDP.ODP. Disability Evaluation Under Social Security. Available at: https://www.ssa.gov/disability/professionals/bluebook/.

22 US Bureau of Labor Statistics. Occupational Employment Statistics. Personal Care Aides. https://www.bls.gov/oes/current/oes399021.htm

23 California Employment Development Department. US Bureau of Labor Statistics. Occupational Profile. Personal Care Aides. https://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/occExplorerQSDetails.asp?searchCriteria=personal+care+aides&careerID=&menuChoice=occExplorer&geogArea=0601000000&soccode=399021&search=Explore+Occupation

24 California Employment Development Department. US Bureau of Labor Statistics. Occupational Profile. Home Health Aides. https://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/occExplorerQSDetails.asp?searchCriteria=Clerk&careerID=&menuChoice=occExplorer&geogArea=0601000000&soccode=311011&search=Explore+Occupation

25 Hewko, S. J. *et al.* Invisible no more: a scoping review of the health care aide workforce literature. *BMC Nurs.* 14**,** (2015). Ko, M, Newcomer, R, Bindman, AB, Kang, T, Hulett, D, Spetz, J. California's Medicaid Personal Care Assistants: Characteristics and Turnover among Family and Non-Family Caregivers. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. July 2015. Frogner, B, Spetz, J. Entry and Exit of Workers in Long-Term Care. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. 2015.

26 Espinoza, R. Immigrants and the Direct Care Workforce. PHI (2017).

27 Espinoza, R. Immigrants and the Direct Care Workforce. PHI (2017).

28 Baxter, Amy. Median Home Care Turnover Hit 66.7% in 2017. Home Health Care News, April 17, 2018. https://homehealthcarenews.com/2018/04/median-home-care-turnover-hit-66-7-in-2017/

29 Farrell, Chris. The Shortage Of Home Care Workers: Worse Than You Think. Forbes, April 18, 2018. https://www.forbes.com/sites/nextavenue/2018/04/18/the-shortage-of-home-care-workers-worse-than-you-think/#2d4897733ddd

30 Frogner, B, Spetz, J. Entry and Exit of Workers in Long-Term Care. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. 2015.

31 Healthforce Center at UCSF. Growing Demand, but Shrinking Supply of Long-term Care Workers. April 21, 2016. https://healthforce.ucsf.edu/blog-article/growing-demand-shrinking-supply-long-term-care-workers

32 Ko, M, Newcomer, R, Bindman, AB, Kang, T, Hulett, D, Spetz, J. California's Medicaid Personal Care Assistants: Characteristics and Turnover among Family and Non-Family Caregivers. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. July 2015.

33 Sherwood, C. Home Health Aides Take On More Tasks. AARP States (2016)

34 Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

35 Hewko, S. J. et al. Invisible no more: a scoping review of the health care aide workforce literature. BMC Nurs. 14, (2015). Lee, C. Y. et al. Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. BMC Health Serv. Res. 15, 460 (2015).

Appendix: List of Terms and Acronyms

ADL	*Activity of Daily Living* Activities such as bathing, dressing, grooming, using the toilet, eating, and moving around.
IADL	*Instrumental Activity of Daily Living* Activities not required for basic functioning but needed to live independently in the community, such as cleaning the house, managing money, preparing meals, and shopping.
LTC	*Long Term Care* Type of care that encompasses medical, social, personal, and supportive and specialized housing services for individuals who have lost some capacity for self-care (e.g. due to chronic illness or a disability), with the goal to maintain an optimal level of function.
LTSS	*Long Term Support Services* Common term, often used by AARP to encompass all services included in LTC – human assistance, supervision, cueing and standby assistance, assistive technologies and devices, environmental modifications, health maintenance tasks, information, and care and service coordination**.**
CDPH	*California Department of Public Health* Responsible for the licensure of home health agencies and the certification of HHAs.[2,31]
HCSB	*Home Care Services Bureau* Responsible for the licensure of home care agencies as a result of the Home Care Services Consumer Protection Act passed January 2016.
Home Care Organization	An agency that provides non-clinical care, focused on providing aide with the activities of daily living. Usually referred to as “unskilled” home care as compared to home health agencies. Required by the Home Care Services Consumer Protection Act (passed January 2016) to be licensed as a Home Care Organization by the state if they employ home care aides.
Home Health Agency	An agency licensed by the state primarily focused on providing clinical care – skilled nursing services and other therapeutic services. A team of physicians and/or registered professional nurses governs the services of the agency and provides supervision of those services. Must be licensed by CDPH.
HHA	*Home Health Aide* As defined by the California Employment Development Department, HHAs provide routine, personal healthcare, such as bathing, dressing, or grooming, to elderly, convalescent, or disabled persons in the home of patients or in a residential care facility.
Home Care Aide	A worker who provides personal care services in the home.
Registered Home Care Aide	A home care aide who is registered by the California HCSB to provide services organized by a home care organization. Those who are employed by a home care organization are called “affiliated” home care aides; those who are directly employed by a consumer are “independent” home care aides.
IHSS	*In-Home Support Services* Program within Medi-Cal, under the jurisdiction of the California Department of Social Services for Medi-Cal beneficiaries. The program allows consumers to hire home care aides directly.

PCA	*Personal Care Assistant* As defined by Bureau of Labor Statistics, PCAs assist "the elderly, convalescents, or persons with disabilities in daily living activities" which includes housekeeping and preparing meals. This occupational category is the same as home care aides.
Nursing Practice Act	Body of California law allowing the Board of Registered Nursing (BRN) to outline nursing scope of practice and responsibilities for registered nurses. The BRN has the authority to regulate unlicensed personnel to whom nurses might delegate tasks.