

A photograph of a smiling Black woman with short, curly hair, wearing white medical scrubs and a stethoscope. She is looking directly at the camera. The image is overlaid with a semi-transparent blue filter and a white rectangular border.

# The Home Care Workforce Crisis

**AN INDUSTRY REPORT  
AND CALL TO ACTION**

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Thank you to Pat Kelleher for being the lead project director for this report



## An Open Letter on the Home Care Workforce

The workforce shortage in home-based care\* has reached crisis proportions. Despite the best efforts of industry leadership and management, the gap between the numbers of patients and families seeking assistance and the availability of workers to provide that care is accelerating at an unsustainable pace. New York-based workforce think tank PHI reports that the DCW home care workforce more than doubled in size over the past decade, jumping from just over 1 million workers in 2010 to more than 2.4 million in 2020. The home care nursing workforce, in comparison, has shrunk since 2020. The outcome of both is that the workforce is insufficient to meet the needs of the population of adults 65 years of age and older that is projected to double in the coming decade, along with people of all other age groups that depend on health care services at home.

This crisis has repercussions far beyond the impacted families. When families need to step in with more support, there are implications for their employers, their coworkers and other members of their families, including spouses and children. The AARP Policy Institute reports that 69% of working caregivers rearrange their work schedule, decrease their hours, or take an unpaid leave in order to meet their caregiving responsibilities.

Our acute health and long-term care sectors depend on the availability of the home care workforce as well. The accessibility of home-based care is essential to their ability to move patients out of inpatient settings, maintain bed availability for the most acute, and to contain health care costs. Home health care providers currently report turning away over 25% of referred patients due to staff shortages.

The backbone of this country's long-term services and support system is the direct care worker. The recently released, *National Strategy to Support Family Caregivers*, from the U.S. Department of Health and Human Services cited the importance of having an agile, flexible and well-trained direct care workforce to support family caregivers, stating, "DCWs are one of the highest in-demand employment categories of professionals in the U.S. The critically needed expansion of this workforce will not happen without significant changes in how they are recruited, trained, paid and supported."

We recognize that caregiving work can be profoundly difficult, taking an emotional and spiritual toll on the individual. Supporting individuals with dementia and functional decline, and navigating complex family dynamics while respecting individuals' choices are just a few of the challenges that DCWs face. Yet, surveys of the workforce show that DCWs find their work professionally rewarding. It is, therefore, imperative that we do more to recognize and support professional caregivers.

The Home Care Association of America and the National Association for Home Care and Hospice came together to seek solutions to the workforce crisis. A major initiative was bringing together an experienced and committed set of industry leaders to prepare this report from their perspective

on the front lines of this crisis. Unlike similar reports, this one addresses not only the needs of the direct care worker (DCW) \*\*, but also the supply/demand for home-based nurse care.\*\*\* This report offers an extensive, though far from exhaustive, menu of policy recommendations and operational best practices to address the workforce shortage in home-based care.

Both HCAOA and NAHC extend our appreciation to the individuals who participated on the workgroups and whose names are listed at the end of the report. They represent the best of the best.

The recommendations contained in this report are a “call to action” for our elected officials, policy makers, businesses, and our industry itself. They cannot be achieved quickly or easily, but they are essential so that no child, no elder or individual with disabilities who needs care and support in their own home has to go without it.



**Bill Dombi**

National Association for  
Home Care and Hospice



**Vicki Hoak**

Home Care Association of America

\* Throughout this report the term “home-based care” refers to a full range of services including, but not limited to: short-term, physician-directed care related to an illness or injury; personal care such as bathing and dressing, meal preparation, and household chores; long-term nursing care for a disabled child or adult.

These home care services may be paid for by privately by individuals or families, Medicare, Medicaid, the Veteran’s Administration or other insurers.

\*\* The nomenclature used to describe home care agency workers (e.g., caregivers, home care aide, home health aide, personal care assistant, personal care aide) varies across providers, state and federal agencies, and various workforce reports. For purposes of this report, we are using the term “direct care worker” (DCW) to describe all those who provide daily assistance to older adults and people with disabilities with activities of daily living such as eating, bathing and dressing, as well companion and chore support.

\*\*\* “Nurses” as used though this report will be inclusive of Licensed Practical Nurses (LPN), Licensed Vocational Nurses (LVN), and Registered Nurses (RN).

### **About NAHC**

The National Association for Home Care & Hospice (NAHC) is the largest and oldest national professional association representing the interests of chronically ill, disabled, and dying Americans of all ages and the caregivers who provide them with in-home health and hospice services. NAHC’s mission is to promote, protect and advance the highest quality health care at home.

### **About HCAOA**

The Home Care Association of America (HCAOA) is the voice of the home care industry, which provides care and support in people’s homes enabling them to remain there, living as independently as possible. The mission of HCAOA is to strengthen and enhance home care organizations’ care and advocate on behalf of members and the patients that they serve.



# Executive Summary

Leaders from across the home care spectrum came together over the last year to conduct a deep dive assessment of the challenges and possible solutions to the current home care workforce crisis. The charge was to create a solutions-focused document that:

- Reflects the home care industry’s response to the workforce shortage.
- Presents recommendations to multiple audiences, including policy makers, elected officials, educators, and members national trade associations.
- Quantifies and validates the workforce shortage, and commits to making the welfare of DCWs and nurses a top priority of home care employers.
- Commits to promoting tangible and concrete steps to mitigate the workforce shortage so that all Americans have access to the most preferred health care delivery — in one’s own home.
- Understands and is responsive to the needs of health and long-term care delivery systems in terms of avoidance of costly hospital and nursing home stays and respect for individual choice of care setting.

## Educating the public on the high degree of training of home care workers

“The way private home care is paid can be contributing to misperception of the complexity of what we do. Clients, who pay \$100 or more for a few hours of housecleaning, often balk at paying anywhere near that for home care.”



**Pattie Rodgers**  
Waverley Care

The participating home care professionals were assigned to one of four workgroups:

<b>Direct Care Workers</b> Supply, Benefits and Retention	<b>Home Care Nurses</b> Supply, Benefits and Retention
<b>Direct Care Workers</b> Elevating the Profession	<b>Home Care Nurses</b> Elevating the Profession



## Common Themes

As the workgroups developed recommendations for the home care industry and for individual agencies, some common themes emerged. These themes come from a recognition that the home care workforce shortage affects society at large, is due to a wide variety of causes and requires a multidimensional set of remedial actions.

## Workforce Well-being

Agencies must make the welfare of all direct care workers and home care nurses a central part of their organizational identities by creating a culture of caring for both clients/patients and professional caregivers.

## Workforce Recruitment, Training and Retention

The industry must broaden the pool in which they are looking for workers; commit resources to an onboarding training model that teaches not only performance of tasks, but interpersonal skills; and model career paths for those workers with longer term career goals.

## Transparency and Visibility

The industry must elevate and amplify the conversation about the breadth of care and services now able to be performed in the home. It must also heighten awareness about the need to keep family funded or private pay care affordable. Family funded or private pay care plays a critical role in keeping families together and saving taxpayer money that would otherwise be spent on Medicaid-funded nursing home care.

## Policy and Advocacy

Home care leaders must engage in advocacy with state and federal elected and administrative officials to collaborate on addressing the present and future demand for workers. This advocacy must address at a minimum: training, funding, legislation to support family caregivers, Medicaid and Medicare rate increases, and immigration reform.

The recommendations in the report reflect what actions the industry at large must pursue, as well as actions that can be taken by individual agencies.

# Direct Care Workers

## Challenges of Attracting a Supply of Direct Care Workers to Meet Need

The facts are everywhere, in multiple government, private foundation and independent research reports. The demand for supportive in home workers, defined for this report as direct care workers (DCWs) has grown tremendously in the past decade and will only continue to do so.

The need for more home care workers is on a direct collision course with the United States population demographics. They predict that between 2020 and 2030, the number of US citizens 85 years of age or older will double from the current 2.4 million. Such growth in the U.S. aged population exacerbates the current shortage of caregivers that over 12 million people of all ages rely on today.

For those working in the industry, that collision is already happening. The demand for DCWs is exceeding the supply for all programs, including: Medicare post hospital care, Medicaid Home and Community-Based services and for family-funded or private pay in-home personal and supportive care.

Home care agencies across all sectors report that the workforce supply is limiting the ability of agencies to accept new cases and to start care quickly, even for families with immediate needs due to a changed condition or hospital stay. The turnaround time from a physician or family referral to a worker in the home used to take 24 to 48 hours. Now it can take as long as two weeks.

Agencies seeking to recruit DCWs are challenged by multiple factors, including:

- Medicaid reimbursement rates that have not kept up with wage inflation, which has retail, hospitality and similar sectors paying well above minimum wage.
- A dramatic slowdown in the flow of immigrants, who traditionally made up a large part of the applicant pool. According to the Immigration Policy Institute, the pandemic led to sharp drops in immigration to the United States, to levels not seen in decades. Issuance of visas for legal permanent residence fell 48 percent between fiscal years 2019 and 2020, while temporary visa issuances dropped 54 percent.
- DCWs who won't accept promotions or full-time work in fear of coming up against state "benefit cliffs" that force them to lose certain public assistance benefits. PHI's latest report indicates that 50 percent of DCWs are receiving some form of public assistance in terms of housing, food, or health care support. (Note: The cliff effect refers to the sudden and often unexpected decrease in public benefits that can occur when a person realizes a small increase in earnings.)
- A turnover rate within the first year of hire at 64 percent according to a recent MissionCare/myCNA jobs study. A high percentage occurs within the first 90 days. While more studies need to be conducted on why DCWs leave, most industry data points to low pay, training insufficient to support workload, burn out, and insufficient management support and communication.

### Professionalizing the direct care worker job

"The perceptions of many families who seek private home care is that these workers are somehow unskilled. We have a lot of work to do to understand what drives that thinking and to take steps to counter it."



**Andrea Cohen**  
HouseWorks

## Recommendations on Attracting and Retaining More Direct Care Workers to Meet Need

Rethink home care's vision of who is or could be in the workforce pool and find ways to adapt hiring and retention practices to the needs of the modern workforce. They should put caregiver interests at the center of what agencies do.

- Make onboarding easier and faster by substituting virtual for in-person training as much as is possible.
- Create agency-based peer mentoring for new hires to support them through the crucial first 90 days and reduce early job tenure turnover. (see Advancing Solutions 1)
- Replace weekly or biweekly pay with daily or on demand access to earned pay.
- Work with state and federal immigration, workforce development officials and other senior care providers to model a rational immigration policy that:
  - provides a portal for qualified foreign-born individuals, and
  - reflects home care organizations' recognition, and commitment to work on the challenges faced by an immigrant workforce, including: English language skills, financial literacy and, most importantly, pathways to citizenship.
- Bring more nursing students into the DCW workforce by seeking waivers of some state mandated DCW training hours for nursing students who have completed a certain number of classroom hours.
- Engage with nursing schools and the [Reimaging Nurses](#) campaign to institute rotations in a community or home care setting as part of the nursing school curriculum.

Collect data and educate policy makers on the cost trend factors threatening the affordability of family funded or private pay care and the consequence higher prices can have on Medicaid.

Work with state and federal organizations vested in sustainable, accessible home-based health care on a workforce support agenda that expands the workforce pool.

- Provide data to Congress regarding the protracted process for securing visas that occurred during the pandemic and its impact on access to home care for older Americans and seek to amend the Immigration and Nationality Act to provide for an H-2C nonimmigrant classification for workers providing services to the aged and disabled.
- Advocate for transparent, data-driven Medicaid rate setting methodologies for home care services and codify that the percent increases in state or federal minimum wages must translate to equivalent percentage increases in Medicaid rates.

### Home care nurse recruiting costs

“The total cost to recruit one RN to home care can be similar to what a Fortune 500 company spends to fill a leadership role.”



**Stephanie Johnson**  
Transcend Strategy Group



- Increase investment in rate increases for the home care workforce and support the nation’s 50 million family caregivers by securing passage of the federal legislation that would enhance federal support to states for funding home and community-based services (HCBS), expand financial eligibility for families to access HCBS and provide incentives for states to support and expand the DCW workforce.
- Support legislation for universal pre-kindergarten or tax credits or other incentives for day care providers providing weekend or evening care to meet the needs of the 3 in 10 DCWs with at least one child at home.
- Use technology to create a day care exchange application to connect DCWs needing day care with DCWs working opposite shifts.
- Collaborate with federal and state workforce boards to fund DCW workforce development and collect consistent data on outcomes of workforce retention efforts. (see Advancing Solutions 2)

### Advancing Solutions 1

#### Industry Advancing Solutions: Using Mentoring to Reduce Early Turnover

The New York State Association of Health Care Providers developed a peer-to-peer mentoring program that was piloted in 2020 and 2021 at three-member home care agencies. The program was designed to promote personal and professional growth opportunities, partnering experienced caregivers who want to share their knowledge and skills with newly hired caregivers. The goal was to decrease caregiver turnover rates in the first 90 days of employment.

A total of 349 caregivers across six home care agencies in the state of New York participated in the program, along with a control group that did not receive mentoring. The pilot found that mentoring significantly increased the retention rate of pilot agencies during the first 90 days on the job.

Becky Leahy Executive Director of North Country Home Services says: “Participation in the Legacy of Care peer mentorship pilot was of incredible value. It gave participating caregivers the opportunity to formally support their peers while simultaneously learning. Because of the isolated nature of the job and the fundamental desire among those working in the field to be connected, mentoring should have a fundamental place in home care.”

#### Home care nurse pay

“If you look at the level of autonomy and practice and the high level of acuity of the patients, home care nurses should be at the top of pay levels in the profession. The system is set up to allow anything but that.”



**Mary Meyers**  
Johns Hopkins Home Care

## Advancing Solutions 2

### **States Advancing Solutions: A State Supported Effort to Build a DCW Workforce**

Recognizing that California's drastic shortage of DCWs (for both in home care and nursing home care) the state launched, in June 2022, the Gateway-In Project to build a new generation of DCWs.

Funded with \$45 million from the CA Health and Human Services Department of Health Care Access and Information, the Gateway-In Project will provide training and certification at no cost to students, with additional incentives for retention at one, six and 12-month periods as well as stipends for transportation, food support, childcare and English as a second language.

The project will run for three years.

Recognize the high percentage of the DCW workforce that receive federal or state benefits, such as subsidized child care, food assistance, and public housing, and develop and support federal and state solutions that “make work pay” rather than creating disincentives for DCWs to accept fulltime, or near fulltime work.

- Encourage policy makers and or research think tanks to evaluate the impact of benefit cliffs on the supply of DCS.
- Support federal and state incentives to help offset a decline in benefits associated with full-time work, including increases to the state Earned Income Tax Credit and benefit loss glide paths. (see Advancing Solutions 3)

## Advancing Solutions 3

### **States Advancing Solutions: Eliminate or Mitigate the Benefits Cliff**

According to a recent [CMS report](#) of a Direct Care Workers Learning Collaborative at the *Advancing States' 2020 Home and Community-Based Services (HCBS) Conference*, the state of Washington is seeking funding for a pilot program to rethink benefit pay outs for programs such as, the Temporary Assistance for Needy Families, and the Supplemental Nutrition Assistance Program. Under this program, benefits would decrease only incrementally in relation to an increase in employment wages, thus creating a benefits “offramp” rather than a benefits cliff. The program goal is to give workers time to scale up and train up to sustainable employment.

Incentivize high schools to train and certify high school students as DCWs.

- Develop an elective high school curriculum program that provides exposure to DCW work. (see Advancing Solutions 4)
- Work with the U.S. Department of Labor and its state counterparts to develop comprehensive apprenticeship programs targeted at high school students potentially interested in careers in allied or public health, including home care.

### **States Advancing Solutions: High School DCW Recruitment and Training**

According to a recent [CMS report](#) of a Direct Care Workers Learning Collaborative, Arizona has implemented a high school based Home Health Aide/Direct Care Worker Training Program that qualifies high school graduates to work as direct care workers in Arizona's networks of long-term care service providers.

In 2020, there were 20 programs serving approximately 800 students. The program is offered by the Arizona State Department of Education, Career and Technical Education Department as one of its Health Science Technologies Programs. While the Department of Education, AHCCCS, as well as some industry associations and provider organizations, publicize the program, all advertising and student recruitment is done at the local school district level.

### **Challenges in Creating Career Paths and Elevation of the DCW Profession**

There is a huge gap between the public perception of the DCW job and the reality. Families often fail to appreciate the breadth of clinical observational skills, as well as the emotional intelligence needed by DCWs. To suggest that a DCW job is analogous to retail is to fail to appreciate that DCWs must be able to navigate complex family dynamics and work with clients on multiple aspects of their health and well-being, including nutrition, activity and medication adherence. As complexity of care in the home increases, DCWs are dealing with advanced dementia, transferring bedbound patients using lifts, assisting with oxygen management, and more.

The challenge of professionalizing the job is compounded by complex factors, including:

- Benefits, such as health insurance or retirement plans, can be difficult to afford for some agencies due to Medicaid low reimbursement rates and small operating margins and the low regard of a DCWs as profession.
- Continued prevalence of “underground” or “off the books” caregiving undermining the industry’s work to elevate the profession. According to RAND, 30 percent of home care is being provided by these workers, who are frequently untrained, do not undergo criminal background checks or other screening before marketing themselves as caregivers.
- A lack of standardized federal training or competencies for the direct care workforce. In the absence of federal standards, state definitions and qualifications for DCWs vary from none to individual licensure of the worker. For instance, in Washington state individual aides must obtain a license and meet the 75-hour Medicare home health aide standard. In states of New York and Maine, the state approves curricula of 40 and 50 hours respectively. In Massachusetts, Arizona and a number of other states there are no DCW worker training requirements. Hourly based task-oriented training standards are far less preferable to elevating the profession than inclusive federal competency-based training standard.

## Recommendations on Creating Career Paths and Elevating the Direct Care Worker Profession

Improve the perception of the DCW professional workforce with a focus on the dignity of their role in supporting the independence of older adults and enhancing their ability to remain at home.

- Develop an industry endorsed standardized training model for DCW onboarding for all levels of non-Medicare certified DCWs, which goes beyond clinical and task driven education to address the interpersonal complexities DCWs face on the job. Training should include communicating with patients, navigating complex family dynamics and reporting observed changes in behavior. These standards should be made widely available and could be voluntarily adopted by agencies, or states as part of their licensure framework.
- Empower DCWs by embracing technology that ensures every DCW has a care plan before starting care with each patient.
- Provide DCWs with benefits, including affordable health insurance, earned leave and retirement.

Continuously showcase, using traditional and social media, the contributions of DCWs highlighting how they make a difference in the lives of older Americans and people with disabilities, which differentiates the profession of caregiving from other similarly paid jobs in retail or hospitality.

Create a national template to provide to families who employ and invite a DCW into their home workplace. This guideline should establish DCW expectations and how to cultivate a safe and respectful workplace environment. This guideline could be voluntarily adopted by agencies or by states as part of a licensure framework.

Empower DCWs by embracing technology that ensures that every DCW has a client care or service plan before the start of care with each patient/client. Recognize DCWs unique clinical observational opportunities by further working with technology companies to enable DCWs to provide timely feedback, and observations.

Build on the new CMS directive permitting Medicare Advantage plans to cover supplemental services including in-home support, which has seen a 53% increase in the number of Medicare Advantage plans covering personal care services. Partner with plans to provide data on the value of DCWs in decreasing Medicare costs such as hospitalizations.

Share operational best practices that instill an organizational culture of respect for DCWs. Practices include:

- Annual learning stipends on such topics as life skills management
- Peer mentorships
- Support services, such as counseling when a patient/client dies
- Open forums for DCWs to share challenges, validate one another and offer recommendations for improvement to management
- DCW Workforce Advisory Councils that provide insight to management (see Advancing Solutions 5)
- Annual DCW staff surveys and regular feedback on them
- Diversity, inclusion, and sensitivity training for DCW supervisors and agency schedulers

### Industry Advancing Solutions: Elevating CareGiver Voices

Showing respect for, and incorporating the voices of the direct care workforce in operations and decision making is proving to be successful toward attracting and retaining direct care workers at Family & Nursing Care, and it has also proven to help the bottom line. Providing private pay home care across the Washington DC/Maryland area, the company has more than 1,500 caregivers/DCWs on its roster.

Family & Nursing Care started — over a decade ago — hosting regular DCW Meet & Greet, facilitated by a team member known as a CareGiver Advocate. The monthly meetings were an opportunity for the CareGiver Advocate to better understand and bring forward to management the challenges and struggles the CGs experience.

In the past year, Family & Nursing Care sought to deepen their commitment to inclusionary leadership by creating a more formal Caregiver Advisory Council. The Council is made up of 12 caregivers, selected annually. It is run by the CareGiver Advocate and the Vice President for Caregiver Operations. The Council members are paid for their time.

Owner and CEO Neal Kursban believes it's virtually impossible to truly improve as a private duty home care company without knowing where the pain points lie and the CG Advisory Council has emerged as a major vehicle to do just that. Now, at Family & Nursing Care their direct care workforce is not only the face of the company in clients' homes, but they are the voice helping to define the company culture and business strategy.

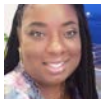
### Home care's appeal as a work site

“What home care can pay is a huge barrier to attracting talent. In some circumstances home care can make up for that by appealing to nurses looking to support a mission. For example: a NICU nurse is in the lives of families for a very short, intensive time, but a pediatric home care nurse becomes a part of the lives of their families.”



**Chani Feldman**  
MGA Home Care

“The skills sets that the job requires, such as problem solving, taking initiatives, finding family solutions, are not always in the training.”



**Katrice Turner**  
Home Care Aide, Absolute Companion Care



Embrace and celebrate DCWs who choose a career in the home as well as offer upskilling for DCWs who want to advance to other positions.

- As an industry, work to create meaningful credentials for DCWs by first identifying skills (i.e., longevity in position, dementia training, complex family dynamics competencies) that would merit a new credential or title or career ladder, with associated wage increases. (see Advancing Solutions 6)
- Develop skills and competencies (i.e. leadership, technology, communication) for DCWs who choose to advance to scheduler, recruiter and other management positions within an organization.

Align the industry’s efforts to improve working conditions and pay for DCWs with the workforce directed actions laid out in the Administration for Community Living’s National Strategy to Support Family Caregivers.

### Advancing Solutions 6

#### Industry Advancing Solutions: Situation Simulation Training with Career Ladders

HouseWorks in Woburn, MA, is launching in 2023 a corporate wide program to model and prepare their DCWs to move up the company’s career ladder. The Caregiver Pathway program will provide DCWs access to career ladder learning materials. The materials will be translated into several different languages and HouseWorks will host evening “study sessions.” Caregivers will be compensated for participating.

Central to the upskilling will be testing a new simulation lab focused on clinical and relationship skill-building, enabling DCWs to apply what they learned in simulated, but realistic care-related challenges. The simulations are intended to build capacity for critical thinking when providing care to an increasingly complex cohort of clients.

HouseWorks Founder Andrea Cohen said the decision to launch the program was driven by the observed link between professional development of critical thinking skills and workforce retention. The specialty training will qualify workers to progress to the higher job category levels (i.e., home health aide) with an accompanying raise in compensation.

#### The strain of the shortage

“The caregiver shortage is causing stress on the caregivers from whom we are asking more, on families who are taking time off work, or neglecting their own family needs to care for the parent, and on our office staff, who deal with the stress of the families and the caregivers.”



**Sybill Romley**  
Briggs Home Care

# Home Care Nurses

## Challenges of Securing a Home Care Nursing Supply to Meet Demand

Over the next 20 years, the care needs of an aging baby boomer generation will lead to an increase in the demand for home-based health, supportive, palliative and hospice care. Individuals are living longer, and better treatments are available to manage chronic medical conditions at home. The emerging remote monitoring technologies are also broadening the scope of acute conditions that can be managed at home. Yet, nurse retirements are outpacing new entrants to the field. A large cohort of nurses are aging out of the profession, while newer nurse graduates are rethinking careers and work life balance, especially in the shadow of the COVID-19 pandemic.

The American Academy of Colleges of Nursing reported a 5.1% enrollment increase in entry-level baccalaureate programs in nursing in 2019. However, the increase, they said, is not sufficient to meet the projected demand for nursing services, including the need for more nurse faculty, researchers, and primary care providers. The supply of LPN diploma nurses, which have been critical to home care, has been rapidly dwindling. Professional nursing has moved away from the associates degree and has, instead, embraced the preferential expansion of Baccalaureate degree nurses. The ten-year Future of Nursing Campaign, funded by the Robert Wood Johnson Fund, included in its goals decreasing LPN level nurses in favor of the BSN degree. As hospitals have increasingly shifted their staffing mix to BSN nurses, schools that produce associate degree nurses have closed.

The impact of shortages in nursing supply is widespread across the entire health care sector, but is particularly acute in home care and hospice. In October, 2021, the *New York Times* reported on the hospice nurse shortages and delays in admitting patients to end of life care. A report published in January 2019 by the journal *Pediatrics*, found that children at multiple Minnesota hospitals being discharged with complex medical needs “...spent nearly **54 additional days** on average in the hospital due to the lack of in-home nurses to provide care after discharge.” Home health agencies report that, for many medically complex children, hospital wait times now well exceed those found in the study.

Additional critical challenges facing home care in hiring nurses sufficient to meet need include:

- Nurses’ salaries in home health care that lag behind those in hospitals and other settings. Much of this is tied to reimbursement models that undervalue how home care contributes to overall health care savings.
- The migration of many nurses, including many advanced practice nurses, to “traveling nurse” status.
- Medicare rate reimbursement reductions. At a time when home health agencies need more funding to support wage increases, the Medicare Payment Advisory Commission (MedPAC) has, recommended significant payment decreases for home care based on questionable data around supply and profit margins. Importantly, CMS has proposed significant payment decreases following these MedPAC recommendations.
- Immigration policies and immigration processing that have further limited the influx of nurses from other developed countries. A study published in *JAMA* in 2021 looked at the characteristics of non-US born health care professionals and found that: “Overall, non-U.S.-born HCPs worked more hours, were more likely to work at night and in skilled nursing and/or home health settings, and were more likely to reside in medically underserved areas than U.S.-born HCPs.”

The imbalance in the demand and supply for in home nursing may be considered much like the imbalance in supply/demand and supply issue with primary care over recent decades. The solutions are equally difficult and must be taken on in a similar manner: more funding/money and difficult policy changes.

## Recommendations on Securing a Home Care Nursing Supply to Meet Demand

Seek federal and state reimbursement and policy reform to support nurses entering and staying in the home care field.

- Advocate at the state level, for pandemic related workforce funds, including those from the American Rescue Plan Act, to support pilot loan forgiveness programs for nurses, at all nursing school levels (BSN, RN, LPN, LVN) entering the home care profession. Possible models for home care nursing: mimicking the National Health Service Corps [Loan Repayment Program](#) for physicians, or expand the definition of shortage areas qualifying for loan forgiveness in the [Nurse Corps Scholarship Program](#), or seek state supported funding. (see Advancing Solutions 7)

### Advancing Solutions 7

#### Industry Advancing Solutions: Loan Forgiveness for Specialty Home Care Nurses

MassHealth, the Medicaid program for the state of Massachusetts recognized that quality of care, and quality of life, for medically complex and technology dependent children in its Continuous Skilled Nursing program was being negatively impacted by a shortage of pediatric trained nurses willing to work in the home.

In early 2023, MassHealth announced its intention to invest workforce dollars from their federal ARPA fund to set up a nursing school loan forgiveness program for nurses agreeing to work full or part as pediatric home care nurses. The amounts available will be up to \$35,00 per nurse depending on length of service commitment and full or part-time status.

MassHealth believes there will be a return on this investment in terms of more children getting hours of nursing care needed, and less hospitalizations as a result.

Work toward competitive pay in home care by strenuously opposing efforts to cut Medicare reimbursement, which undermines the ability of agencies to compete for nurses in the competitive nursing labor pool.

Free up more direct care nursing time by eliminating certain burdensome regulations, such as:

- Making permanent the face-to-face telehealth waiver provisions for both home health and hospice, established during the COVID Public Health Emergency, and
- Waiving, for nurses providing direct care in the medically fragile Medicaid population, those regulations requiring an every 60 day nurse certification to continue services.

Support and develop uniform policy recommendations on state-based policy solutions related to nursing supply, including:

- Reporting on unfilled nursing hours ordered for medically complex children, and tie state workforce grants for nurse residency programs to train nurses to fill service gaps.

- Exploring ways to expedite, simplify and prioritize home care nurse background check screening to get new nurse hires into the home more quickly.
- Exploring state level solutions to safely supplement agency caregiving with paid family caregivers. (see Advancing Solutions 8)
- Supporting full state sign-on to the Nurse Compact which would allow nurses reciprocity to practice across states lines without getting relicensed. (see Advancing Solutions 9)

### Advancing Solutions 8

#### Agencies Advancing Solutions: Family Care Extenders

In Colorado, a shortage of nurses available for medically fragile children, such as those with feeding and/or breathing tubes, enrolled in the state’s Private Duty Nursing program was a catalyst for agencies, state Medicaid officials and families to come together and launch a new model using paid family members as caregiving “extenders.” In situations where the child has a relatively lower acuity and high levels of unfilled nursing hours, the family caregiver model allows agencies to hire and train a parent or other family members as a Certified Nursing Assistant providing skilled care in a nurse delegation model. Establishment of such programs is expanding to other states pending state approvals for families to act as paid caregivers and federal approvals for state program models.

### Advancing Solutions 9

#### States Advancing Solutions: Improving Access to Nursing Care by Streamlining Across State Licensure

The Enhanced Nurse Licensure Compact (eNLC), allows nurses to have one compact state license that gives them the ability to practice in any other compact state. In states that participate, nurses won’t need to be relicensed in order to practice.

The eNLC is intended to: increase access to care while maintaining public protection at the state level, provide nurses mobility without having to pay licensing fees, have background checks in each state, and prepare nurses more easily to respond to local natural disasters.

Use industry research on nursing perception and knowledge of home care work to support efforts at individual agencies to better position themselves and home care as job sites of choice for nurses.

- Aggressively evaluate and implement practice tools and technological solutions in areas such as staff deployment, scheduling and patient record management that reduce administrative workflow burdens and provide for a more supportive work environment.
- Address mid-level managers communication and team building capacity and make a mid-management upskilling and field staff support a retention priority.

Join forces with the American Hospital Association and other stakeholder groups to prioritize and expedite the visa issuance process for eligible nurses.

- Reintroduce and seek passage of a version of the **Healthcare Workforce Resilience Act**, which affords desperately needed nurses an immediate and viable pathway to remain in the U.S. permanently.

- Advocate for an expansion of the STEM Optional Practice list of occupations, which allows certain scientific disciplines an additional 24 months of work authorization, to include nurses from other countries enrolled in U.S. based BSN programs.

## Challenges in Education, Career Paths, and Elevation of the Home Care Nursing Profession

Much of what it means to be a nurse is rooted in the image of a nurse at the bedside in a hospital. Students enter nursing school with that perception of nursing, and they leave school prepared almost exclusively for that type of career. The national competency test to secure a nursing license reflects almost exclusively learning about care in an institutional (hospital) environment. Newly graduated nurses often leave school not having been exposed to, or prepared for, the nursing opportunities in home-based care and without the assessment and technical skills to act as an independent practitioner in the home of a medically complex child or high-risk adult. Care management, home assessment skills and end of life training are nonexistent in most nursing school curricula.

This nursing graduate skills gap is running up against that fact that increasingly, more services, previously deemed acute or hospital level are moving to a home delivered model as hospitals emerge as sites of mostly intensive care. Many nurses have little understanding of what types of highly skilled clinical services can now be delivered in the home. Thus, many newly graduated nurses view a home care career as less prestigious or rewarding than a career in a hospital setting.

The largest challenge the home care industry must face in elevating the perception of the home care nurses is that salaries in home-based care often lag behind those in hospitals and other settings. Reimbursement models routinely undervalue how home care contributes to overall health care savings and avoidance of costly inpatient settings.

Additional challenges faced in elevating home care’s reputation within the nursing profession:

- Potential home care nurse candidates are unaware of how to navigate entrance into a home-based nursing career path and they often have unspoken or unfounded fears as a solo practitioner in an uncontrolled home environment.
- Nurses are generally unaware that home care nurses work at the top of their nursing license, are afforded the opportunity to provide one to one care, enjoy a high degree of autonomy and provide the type of holistic family care and case coordination often not afforded in a task-oriented hospital setting.
- The industry hasn’t done enough to model for nurses the holistic “cradle to grave” aspects of home care nursing and the continual opportunities to propel a career forward, through specialty training in areas such as diabetes education, wound care, end of life, or pediatric care.

### Creating nurse student clinical rotations

“It is mind boggling to see the deficit of knowledge in nursing schools of what home care is and does.”



**Tim Rogers**  
Home Care Association  
of North Carolina and  
South Carolina



## Recommendations in Education, Career Paths, and Elevation of the Home Care Nursing Profession

Become more vigorous locally in working with schools of nursing to support teaching about, and placement in, home based care.

- Collaborate with nursing schools to prioritize home based clinical rotations earlier in the nurse education curriculum.
- Engage nationally with nursing school associations to assist in updating curriculum to include home based and end of life care.
- Create incentives for agency nurses to be preceptors, such as career ladders, and salary add-ons with funding pursued from state workforce funds or grants.
- Collaborate across the industry to seek investments, from state workforce funds or foundation grants in developing a standardized approach to nurse preceptorship training programs.

Secure passage of legislation that provides home care nurses with responsibilities to manage the full gamut of health care services at home.

Assure those agencies that are willing to train new nurses have the needed course material.

- Create a national workgroup to develop and disseminate, in partnership with nursing schools, a national home care clinical rotation model to provide early exposure to home care nursing. (see Advancing Solutions 10)
- Develop a universal new nurse onboarding curriculum to provide a positive and seamless integration into a home care nursing career.
- Seek to capitalize on existing grants or funding sources to propel the image of home-based care forward with prospective nurse candidates.

### Advancing Solutions 10

#### Industry Advancing Solutions Building Home Care Nurses Out of New Nursing School Graduates

With philanthropic help, the Home Care Association of North Carolina developed and piloted in 2022, a model to help home care agencies to successfully integrate newly graduated nurses into their organizations. Project design and training models were developed in cooperation with the NC Board of Nursing, NC Community College System and East Carolina University. The program was successfully piloted with the universities and 8 home care and hospice agencies. Plans are moving forward to make the model available statewide to nursing education programs and agencies.

Transform the image of homebased nurses to properly show them as highly competent clinicians providing care to clinically complex patients.

- Propel the prestigious image of home based nursing utilizing social media tactics including testimonials from nurses in the field.
- Encourage nurses to reimagine their careers with the home as the preferred site of care focusing on the evolution of what can now be done in the home.

- Engage in a campaign to place home care nurses on:
  - local state nursing boards
  - nursing school advisory councils
  - local speakers' bureaus
  - faculty of high school and vocational health programs

Define and support home-based nurses career paths and invest in education resources to support career lattices and/or career advancement and ensure that all prospective nursing hires see paths for clinical and/or leadership growth and development by creating or supporting participation in:

- preceptorships
- advanced certifications in areas, such as wound care, case management, and hospice/end of life care
- research fellowships
- management and leadership training at state and national conferences

Become more vigorous locally in working with schools of nursing to support teaching about, and placement in, community-based care.

- Urge that community health placements happen earlier in the nurse education curriculum and engage nationally with nursing school associations to assist in updating curriculum to teach home based and end of life care.
- Create incentives for agency nurses to be preceptors, such as career ladders, and salary add-ons with funding pursued from state workforce funds or grants.

## Next Steps

In support of addressing the home care workforce crisis, the home care associations and their membership will:

- Collaborate with other national senior care organizations to develop a framework for immigration reform that focuses on DCWs and home care nurses to provide for an elder care visa expansion immigration bill, specifically allowing H-2C nonimmigrant classification for workers providing services to the aged and disabled.
- Support legislation including the Credit for Caring Act, Home Care for Seniors Act and the Elizabeth Dole Home and Community-Based Services that support family caregivers.
- Oppose CMS in imposing an 4% further Medicare rate cuts and include coordinated efforts to refute MedPAC's flawed recommendation to Congress of 7% home health rate cut in 2024.
- Advocate for the passage of the Better Care Better Jobs legislation that broadens accessibility of home care and improves DCWs wages.
- Support a home-based alternative to the Medicare skilled nursing facility benefit.
- Convene a broad coalition of individuals/organizations, including family and professional caregivers, with a vested interest in the supply and quality of the home care workforce to seek support in priority areas.
- Partner with local chapters and state associations on a tool kit to lobby for the state allocation of workforce development funds to recruit and train a new cohort of DCWs.
- Join forces with the American Hospital Association and other health care providers groups to support refiling, and passage of a redraft of the Health Care Workforce Resilience Act, which would create a path for immigrant nurses and physicians to access previously unused visas.
- Support a model of state home care licensure that balances professionalizing the workforce with defined competencies, care standards and reasonable oversight.
- Develop a document outlining the competency skills needed of a home care nurse and introduce home care into the conversation at the national level with nursing organizations (i.e., the **American Nursing Foundation**) that are rethinking the accepted definitions of competency skills of graduating nurses.
- Develop core competencies for DCWs and promote adoption by home care agencies across the country especially in states where there are no home care regulations.

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## References (partial)

**Job Design for Home-Based Care: Perspectives of Employers and Personal Care Aides** Leading Age LTSS Center at UMass, August 2022 [https://ltsscenter.org/reports/Job\\_Design\\_for\\_Home\\_Based\\_Care.pdf](https://ltsscenter.org/reports/Job_Design_for_Home_Based_Care.pdf)

**Caring for the Future: The Power and Potential of America's Direct Care Workforce** PHI, January 2021 <https://www.phinational.org/caringforthefuture/>

**State Policy Roadmap for Family Caregivers, Rationale for Strengthening the Direct Care Workforce** National Academy of State Health Policy <https://www.nashp.org/direct-care-workforce/>

**Placing a Greater Value on Direct Care Workers** The Commonwealth Fund <https://www.commonwealthfund.org/publications/2021/jul/placing-higher-value-direct-care-workers>

**Nursing Symposium Report, Nursing Call to Action: Building a Nursing Workforce to Deliver Complex Care at Home** Northeastern University School of Nursing; Home Care Alliance of Massachusetts [https://www.thinkhomecare.org/page/nurse\\_symposium](https://www.thinkhomecare.org/page/nurse_symposium)

**Home Health Nurse Pilot Project Opportunity through Hospice and Home Care Foundation of North Carolina** [https://www.ahhcnc.org/AHHCNCMember/AHHCNCMember/AboutAHHC/Pilot\\_Project\\_Resources.aspx](https://www.ahhcnc.org/AHHCNCMember/AHHCNCMember/AboutAHHC/Pilot_Project_Resources.aspx)

**Short on Staff: Some Hospices Ask New Patients to Wait** *New York Times*, 10/16/2022 <https://www.nytimes.com/2021/10/16/health/coronavirus-hospice-staff.html>

**End of Life Train Lacking** <https://www.opencaregiving.com/providers/hospice-workforce-shortage>

**To Keep Their Son Alive, The Sleep in Shifts and Hope a Nurse Shows Up** *New York Times*, 06/04/2021 <https://www.nytimes.com/2021/06/04/health/nursing-shortage-disabled-children.html>





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