



Revitalizing the Home Care Workforce: Innovative Strategies for Recruitment, Training, and Retention in Delaware



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Foreword

In 2022, the U.S. Administration for Community Living of the Department of Health and Human Services awarded a two-year grant to the Disabilities Law Program (DLP) of Community Legal Aid Society, Inc. (CLASI), which serves as Delaware's Protection and Advocacy system for people with disabilities, to support a project to bolster the public health workforce.

CLASI chose to develop a fellowship position for a recent public health program graduate to examine issues related to the public health workforce in Delaware. It was easy to choose the topic we hoped the new fellow would take a "deep dive" into, as it is one that we see as probably the most critical for many of our clients: the shortage of direct care workers to provide quality in-home personal care services.

At CLASI, one of our top priorities is supporting individuals with disabilities wishing to live independent, integrated lives in the community. Much of what we do is to try to push through barriers, whether through legal work, individual advocacy, or broader policy initiatives, to help our clients achieve these goals.

Perhaps the most significant recurrent barrier they encounter is that the healthcare system in Delaware is not meeting the demand for direct care workers in the state. For a myriad of reasons, individuals with disabilities are not able to access these services to the extent necessary, which places them at risk of losing their independence and being institutionalized against their wishes. Moreover, the failure of the healthcare system to meet individual needs leads to untold economic and personal stress for the individuals needing these services, as well as for their families and other caretakers.

We tasked our Public Health Fellow, Hadja Toure, with examining the state of direct care workers in Delaware coming out of the COVID-19 pandemic. After looking at the causes of the worker shortage, we asked her to examine strategies that have been successful in other jurisdictions to help address this shortfall, and to go a step further by coming up with some ideas of her own.

What follows is a culmination of her work, and we hope that Delaware's government agencies most directly involved with community-based services will give proper consideration to this report. We also hope that state legislators will translate some of the solutions, that have worked elsewhere, into legislative initiatives here.

We are well past the time where one-off budget line items, task forces, or years-long rate studies are going to meaningfully address this well-known problem. The time is now to create a multi-faceted approach to address workforce shortages in community health.

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Executive Summary

The following report, *Revitalizing the Home Care Workforce: Innovative Strategies for Recruitment, Training, and Retention in Delaware*, provides an in-depth analysis of pressing issues within Delaware's home care sector, focusing on the critical shortage of direct care workers. This shortage is driven by several factors, including significant demographic shifts, the state's aging population, economic challenges, and the impact of the COVID-19 pandemic. The demand for home care services is projected to increase 46% by 2030, necessitating the creation of approximately one million additional home care jobs nationwide, with Delaware needing to significantly expand its workforce to meet this demand.^{1, 2}

Current Challenges and Inefficiencies

- **Demographic Shifts:** The aging population, expected to double by 2050, will place unprecedented demands on home care services. This demographic shift requires immediate action to bolster the workforce to ensure quality care for the elderly and individuals with disabilities.³
- **Economic Challenges:** Direct care workers in Delaware face significant economic hardships, with median wages at \$13.52 per hour, and a substantial portion of the workforce living in low-income households. Wage stagnation is a critical issue, with only a marginal increase from \$12.61 in 2009 to \$12.80 in 2019.⁴ Additionally, 41% of workers struggle with affordable housing, and 6% remain uninsured.⁵
- **Systemic Inefficiencies:** The home care workforce is plagued by high turnover rates and limited career advancement opportunities. The turnover rate in long-term care remains alarmingly high, exacerbated by the lack of competitive wages and benefits.^{6, 7, 8}
- **Impact of COVID-19:** The pandemic has significantly disrupted the healthcare sector, leading to the loss of over 80,000 healthcare jobs since February 2020.⁹ This has further strained an already stressed system, highlighting the need for a resilient and adaptable workforce.
- **Marginalized Groups:** Women, people of color, and immigrants form the backbone of the direct care workforce, yet they face disproportionate barriers. These include lower wages, fewer benefits, and limited opportunities for career progression.^{10, 11}

Key Insights and Analysis

- **Training and Education:** The current training programs need enhancement to improve accessibility and effectiveness.¹² Expanding training for personal care aides and direct care workers and adopting flexible nurse delegation policies can significantly improve care quality and workforce satisfaction.^{2, 12}
- **Workforce Support and Development:** Support structures such as financial aid for training, comprehensive benefits, and career development programs are crucial for workforce retention and development.³

- **Wages and Benefits:** Increasing wages and providing comprehensive benefits are essential to attract and retain direct care workers. Legislative efforts, such as Delaware’s plan to raise the minimum wage to \$15 per hour by 2025, are steps in the right direction.⁵
- **Recruitment and Retention:** Innovative strategies, including recruitment campaigns, financial incentives, and public-private partnerships, are necessary to address the workforce shortage.²
- **Policy and Advocacy:** There is a need for robust policy reforms to support direct care workers. This includes integrating immigrant workers into the workforce, addressing wage stagnation, and improving career advancement opportunities.¹²

Proposed Solutions

The report examines successful initiatives and innovative strategies implemented in other states that can be adapted to Delaware’s context to bolster the direct care workforce. It also explores federal-level solutions and proposes an original concept to promote the integration of immigrant workers.

- **State-Level Solutions:** Other states have successfully implemented a variety of strategies which provide useful models as Delaware seeks to address its own direct care workforce challenges. These strategies focus on:
 1. Enhancing training standards
 2. Improving recruitment and retention
 3. Creating sustainable work environments
 4. Increasing wages and benefits for direct care workers
- **Federal-Level Solutions:** Federal strategies are also important, including those aimed at integrating immigrant workers into the direct care workforce, addressing national-level policy gaps, and leveraging the potential of immigrant labor to meet the growing demand for care services.
- **The Global Care Initiative:** Finally, the report proposes a new initiative designed to better integrate immigrant workers into the direct care workforce in Delaware.

Conclusion

The report emphasizes the importance of a multi-faceted approach to address the workforce crisis in Delaware’s home care sector.¹² By implementing comprehensive strategies focused on training, support, wages, recruitment, and policy reforms, Delaware can build a sustainable and resilient home care workforce. This approach will ensure the provision of quality care for individuals with disabilities, securing a better future for both caregivers and recipients of care.¹²

About the Author

Hadja Toure is a Public Health Fellow with the Disabilities Law Program of Community Legal Aid Society, Inc. She received a Master of Public Health in Epidemiology from the University of Delaware in 2022, and her Bachelor of Health Behavior Science with a Minor in Public Health from the University of Delaware in 2020. She has served as a fellow with the University of Delaware’s Partnership for Healthy Communities, where she helped to oversee Delaware’s State Health Improvement Planning (SHIP) process, providing planning, implementation, and evaluation support to SHIP stakeholders statewide.

Revitalizing the Home Care Workforce: Innovative Strategies for Recruitment, Training, and Retention in Delaware

Introduction

The United States is experiencing a severe shortage of direct care workers, exacerbated by demographic shifts and the COVID-19 pandemic.^{2, 4, 12} Delaware, with its rapidly aging population and increasing recognition of the needs of individuals with disabilities, is particularly affected by these challenges. The direct care workforce, which includes nursing assistants, home health aides, and personal care aides, plays a crucial role in providing essential care services to the elderly and individuals with disabilities.¹⁶

The importance of the direct care workforce cannot be overstated. These workers are the backbone of the healthcare system, providing daily care and support that enables individuals to live independently and with dignity. However, the sector faces significant challenges, including low wages, high turnover rates, limited career advancement opportunities, and systemic inefficiencies.¹² These issues are compounded by the economic hardships faced by many direct care workers, who often live in low-income households and struggle with affordable housing and lack of health insurance.^{4, 5, 18, 19, 21}

The objectives of this report are to analyze the current state of Delaware's direct care workforce, identify key challenges and inefficiencies, and propose comprehensive solutions to build a sustainable and resilient workforce. This includes examining the impact of demographic shifts, economic challenges, and the COVID-19 pandemic on the workforce. The report also highlights successful state-level initiatives and innovative strategies that can be adapted to Delaware's context.

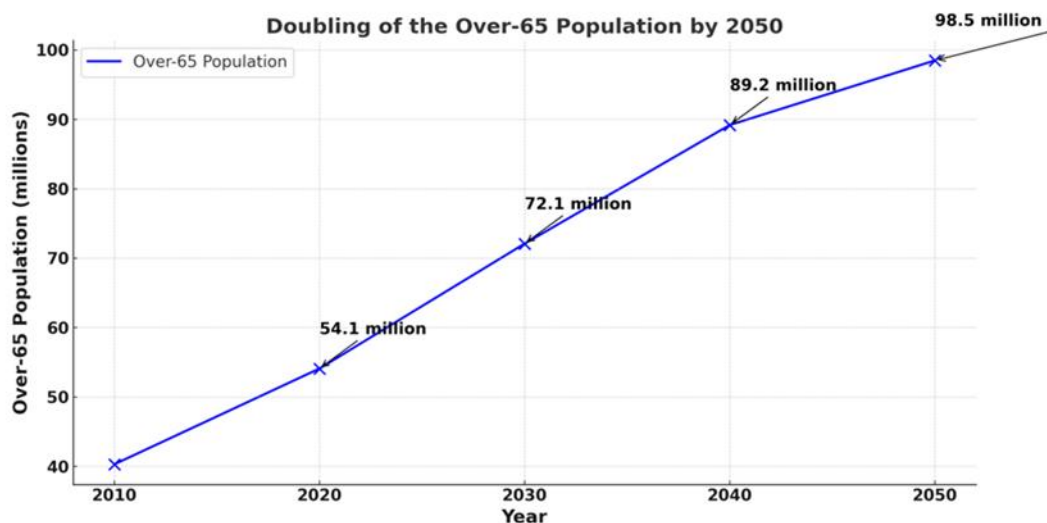
By addressing these challenges and implementing the proposed solutions, Delaware can ensure that its direct care workforce is adequately prepared to meet the growing demands of an aging population and those with disabilities. This will not only improve the quality of care for individuals but also enhance the economic well-being and job satisfaction of direct care workers. (For a glossary of terms used in this report, please see Appendix D.)

The Direct Care Workforce Crisis: A National Overview

The United States healthcare system is grappling with an escalating workforce crisis, particularly within its direct care sector. Direct care workers (DCWs), who provide essential personal care and supportive services to individuals, are at the heart of this crisis.^{4, 23} This situation, fueled by significant demographic shifts and exacerbated by the COVID-19 pandemic, centers not just on the aging U.S. population but significantly on the increasing recognition of the needs of individuals with disabilities, driving an unprecedented demand for home care services.

By 2030, the need for home care services, crucial for many with disabilities, is projected to rise by 46%, necessitating the creation of about one million additional home care jobs.^{1, 3} While the expected doubling of the over-65 population by 2050 adds to this demand, it is the imperative to provide robust

home-and community-based services (HCBS) for people with disabilities that is particularly challenging the healthcare system's capacity.³



This burgeoning demand intersects with a critical shortfall in the healthcare workforce, projected to be a gap of 7.9 million jobs by 2030.¹² This gap, highlighted by high turnover rates, especially among DCWs in long-term care,³ signals deeper systemic inefficiencies. The COVID-19 pandemic has further aggravated this shortage, leading to the loss of over 80,000 healthcare jobs since February 2020.⁹

Wage stagnation among DCWs is another significant concern, with only a marginal increase from \$12.61 per hour in 2009 to \$12.80 in 2019.⁴ This stagnation reflects broader labor market issues in the U.S., characterized by a discrepancy of 5 million more open jobs than available workers, significantly impacted by acute shortages in care economy jobs.²⁸

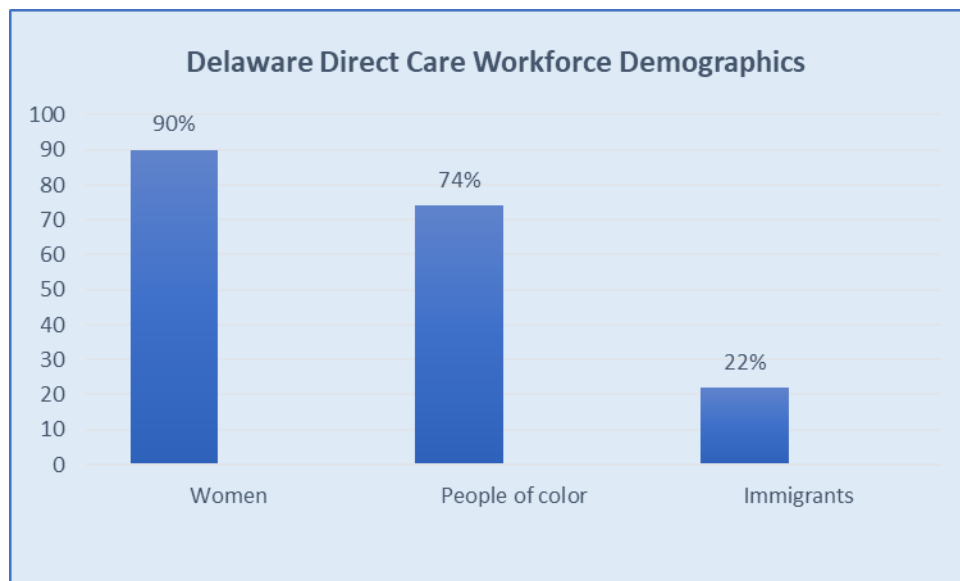
Compounding the crisis are systemic issues such as low wages, limited career advancement opportunities, and high turnover rates. These issues disproportionately affect marginalized groups, including women, people of color, and immigrants, who form a significant part of the direct care workforce.^{10, 11} Workforce challenges are not just economic hardships but also highlight gaps in workforce policy and practice. The reliance on immigrant workers, essential yet facing numerous barriers, and the impact of health policies, such as the Affordable Care Act, on health coverage for DCWs underscore the complexities of this crisis.^{31, 32}

The confluence of demographic pressures, economic challenges, and systemic disparities presents a daunting landscape for the U.S. healthcare system. It calls for urgent attention and comprehensive reforms aimed at addressing the impending workforce shortage. These reforms must tackle the root causes of wage stagnation, improve career advancement opportunities, and address high turnover rates, especially among marginalized groups. The goal is to ensure sustained quality care in an evolving healthcare landscape, marked by an aging population and heightened care needs.

Comprehensive Overview of the Direct Care Workforce in Delaware

Created and led by the PHI National Direct Care Workforce Resource Center—the nation’s leading expert on direct care workers—the Direct Care Workforce State Index offers a data-driven picture of how states’ public policies support direct care workers and how these workers fare financially. This online interactive tool enables users to rank and compare states based on two composite measures: the range of policies states have enacted to support these and other low-income workers, and the economic status of direct care workers. Using this framework, we delve into the Delaware Comprehensive Overview of the Direct Care Workforce.⁵

In Delaware, the direct care workforce, pivotal to the state’s healthcare system, consisted of 12,740 workers as of 2021. Notably diverse, this workforce is predominantly women (90%), with significant representation from people of color (74%) and immigrants (22%). This diversity highlights the breadth within the sector and brings to light challenges and opportunities in cultural competence, training, and support. Projected growth suggests an increase of 4,060 workers from 2020 to 2030, culminating in approximately 22,500 job openings by the end of this period.⁵



Delaware ranks 19th in the overall Direct Care Workforce States Index, indicating a mid-range performance compared to other states in terms of the direct care workforce. The state ranks slightly better in worker supportive policies at 17th, suggesting that Delaware has relatively supportive policies for DCWs. However, it ranks 20th in economic aspects, pointing to potential improvement areas in economic benefits or compensation.⁵

The absence of a wage pass-through policy in Delaware, where increased funding or reimbursement rates are required to be passed directly to workers in the form of higher wages, rather than being absorbed into the general budget of the provider or facility (either in terms of a fixed dollar amount or

as a percentage), raises concerns regarding wage competitiveness. This lack of policy might impact the recruitment and retention of direct care workers, leading to potential transitions to more lucrative sectors.^{4, 5}

However, Delaware has taken significant steps in labor domain advancement. It has expanded Medicaid and instituted universal labor policies crucial for enhancing DCWs' conditions.⁵ These policies include provisions for paid family and medical leave, which is currently phasing in and not yet fully implemented, a refundable state Earned Income Tax Credit (EITC), and protections for LGBTQ+ workers.

The state's approach to the EITC, offering both refundable and non-refundable options, is particularly noteworthy. Taxpayers can receive a refundable EITC at 4.5% of the federal credit amount, providing crucial financial support to low-income families by enabling refunds even without owed taxes. In contrast, the non-refundable EITC at 20% of the federal credit can reduce owed taxes to zero but doesn't offer additional financial benefits. Recent legislative action, including the proposal of House Bill 89 in 2023 to increase the refundable state EITC from 4.5% to 7.5% of the federal rate, highlights ongoing efforts to enhance this support.³⁹

Yet, the omission of paid sick leave in Delaware, especially considering the health risks associated with the profession, poses significant challenges. Direct care workers often work closely with vulnerable populations, and without paid sick leave, they may be forced to work while ill, risking the spread of illness or facing financial hardship if they take unpaid leave. This could deter potential entrants and prompt current workers to seek alternative employment.^{5, 35}

Economically, Delaware's direct care workforce also faces significant challenges. As of 2021, the median wage was \$13.52 per hour, with a competitiveness disparity of -\$3.02, indicating lower earnings than counterparts in other occupations. Data from 2020 shows median personal earnings capped at \$25,200, with 40% of workers categorized as being in low-income households, and 41% struggling with affordable housing availability. Additionally, 6% remain uninsured. These economic hardships exacerbate recruitment and retention challenges.

In response to these challenges, Delaware has legislated statutory increases in the state minimum wage through Senate Bill 15, aiming to raise the wage to \$15.00 per hour by 2025.³⁶ This strategic move, beginning with an increase to \$13.25 per hour in 2024, signifies a substantial effort to alleviate the financial strain on low-income workers, including those in the direct care sector. While the phased increase in the state minimum wage through Senate Bill 15 represents a significant step towards improving the financial well-being of low-income workers, it is important to note that this may still not be sufficient. To truly address the recruitment and retention challenges in the direct care sector, wages need to be competitive beyond the minimum. Offering wages that reflect the skills, responsibilities, and the critical nature of direct care work is essential not only for retaining current employees, but also for attracting new talent to the field, ensuring that the sector can meet the increasing demand for care services.^{5, 12, 38}

Furthermore, enhancing Delaware's Earned Income Tax Credit (EITC) to better support low-income families by increasing the refundable portion of the federal credit and improving outreach and education efforts highlights the necessity for comprehensive policy improvements to aid this essential workforce. Delaware's Worker Supportive Policies Index score of 17 out of 51 nationally recognizes that some state initiatives are working, but also emphasizes the urgent need to prioritize the well-being and efficiency of these workers, considering the economic challenges they encounter.⁵

Having outlined the comprehensive challenges facing the healthcare workforce both nationally and specifically within Delaware, our focus pivots to addressing these issues. Now, we transition to the critical phase of identifying and implementing solutions.

Proposed Solutions for Revitalizing the Home Care Workforce in Delaware

The challenges faced by the direct care workforce require multifaceted solutions that span various levels of governance and innovative approaches. This section presents strategies that can be implemented at both the state and federal levels, as well as a novel intervention designed to address specific workforce shortages. By categorizing these solutions, we aim to provide a comprehensive framework for addressing the direct care workforce crisis.

State-Level Solutions: The first section outlines strategies that other states have implemented successfully, which provide useful models as Delaware seeks to address its own direct care workforce challenges. These strategies focus on:

1. Enhancing training standards
2. Improving recruitment and retention
3. Creating sustainable work environments
4. Increasing wages and benefits for direct care workers

Federal-Level Solutions: The next section discusses federal strategies aimed at integrating immigrant workers into the direct care workforce, addressing national-level policy gaps, and leveraging the potential of immigrant labor to meet the growing demand for care services.

Original Concept - The Global Care Initiative: The final section outlines an innovative approach designed to address the unique challenges faced by the direct care workforce through targeted interventions, offering a fresh perspective on potential solutions.

State-Level Solutions

1. Enhancing Training Standards for the Direct Care Workforce in Delaware

Overview

Enhancing the training standards for the direct care workforce (DCW) in Delaware is pivotal in addressing the critical challenges this vital segment of the long-term care sector faces. These challenges include a pervasive lack of standardized training and limited opportunities for career advancement, which exacerbate the workforce shortage. Notably, the implementation of standardized training programs, as underscored by researchers like Kreider and Werner (2023) and others, is crucial for addressing these issues. Such programs aim to equip workers with the necessary skills and provide certification pathways that lead to career advancement and higher wages, thus offering a direct solution to the persistent issue of high turnover rates among DCWs.^{32, 40}

Moreover, the significance of making these training programs flexible and accessible cannot be overstated. Drake et al. (2023) advocate for innovative strategies that include relocating training to more accessible venues and offering supports such as food and transportation subsidies to participants. This approach acknowledges the barriers that potential and existing DCWs face in accessing and completing training programs. By removing these barriers, Delaware can ensure that a larger number of individuals can enter and remain in the DCW field, thus directly impacting the quality of care provided to those in need.⁴¹

Additionally, integrating technology into training programs can further enhance learning outcomes and operational efficiency.⁴² Embracing digital platforms for training can offer DCWs the flexibility to complete their education at their own pace and in environments where they feel most comfortable. This modern approach to training also prepares DCWs for the increasing integration of technology in healthcare, equipping them with the digital literacy skills necessary for today’s healthcare environments.⁴³

Finally, the role of statewide licensure in ensuring proper training and maintaining the sector’s reputation, as discussed by Ashley, Butler, & Fishwick (2010), and Cook (2019), is vital for the sustainability and credibility of the home care industry.⁴⁴ Moreover, the integration of advanced technology into training programs, as advocated by PHI (Weaver et al., 2018), along with the creation of specialized positions to address specific needs such as dementia or heart disease, is crucial for enhancing professional development and workforce capability.⁴⁵

Model State Initiatives for Direct Care Workforce Training and Development

The table below highlights various state-led initiatives aimed at enhancing the training, education, and professional development of the direct care workforce. These examples illustrate successful strategies that have been implemented across different states to improve job satisfaction, career advancement opportunities, and workforce retention in the DCW sector, which Delaware policymakers should also consider.

State	Description	Outcomes	Sources
Tennessee	The Tennessee DSP Apprenticeship Program combines on-the-job training with formal education, offering participants wages during training and academic credentials upon completion. This program is part of an initiative by the QuILTSS Institute, in partnership with state agencies and employers, aimed at addressing the shortage of Direct Support Professionals (DSPs). Participants are awarded a wage increase of up to \$3.50 per hour by the end of the apprenticeship, along with a nationally recognized credential. This approach helps to professionalize the DSP role and provides a clear pathway for career advancement.	Higher wages, job satisfaction, financial benefits, educational advancement, partnerships with educational institutions	(Laws, 2019; Drake et al., 2023) Link: Apprentice – QuILTSS Institute

Washington	<p>The Washington DSP Apprenticeship Program, in collaboration with the Office of Superintendent of Public Instruction (OSPI), offers a 90-hour training curriculum specifically designed for high school students. This program not only prepares students for careers in caregiving but also provides certification opportunities. The curriculum is comprehensive and includes advanced certification in 13 languages, ensuring that participants are equipped to meet the diverse needs of patients across the state. Upon completion, students receive both academic credentials and enhanced employment opportunities within the caregiving sector.</p>	<p>Prepared students for direct care careers, equitable access to skill enhancement, career progression within the field</p>	<p>(Maki, 2021; Ward et al., 2021; MACPAC, 2021; Drake et al., 2023)</p> <p>Link: High School Home Care Aide Training Program DSHS (wa.gov)</p>
Indiana	<p>The Indiana CNA to LPN/RN Bridge Program is designed to help Certified Nursing Assistants (CNAs) transition into more advanced nursing roles, such as Licensed Practical Nurses (LPNs) or Registered Nurses (RNs). This program is offered through community colleges like Ivy Tech Community College, which provides clear pathways for CNAs to further their education and diversify their career opportunities in nursing. The program enables CNAs to apply their existing credits toward LPN or RN certification, reducing the time and cost of education. These bridge programs also prepare students for exams like the NCLEX, required for licensing.</p>	<p>Career progression from CNA to LPN/RN</p>	<p>(Laws, 2019)</p> <p>Link: CNA Bridge Programs (cnaprograms.org)</p>
Missouri	<p>Missouri Talent Pathways is an apprenticeship program that combines on-the-job mentoring with technical instruction, ultimately leading to participants receiving certification as Certified Direct Support Professionals (CDSPs). This program addresses the workforce shortage in healthcare, particularly for Direct Support Professionals working in Medicaid Home and Community-Based settings. It provides career pathways and professional development for individuals seeking to advance their careers in direct care.</p> <p>Participants in this program receive at least 2,000 hours of on-the-job training and 158 hours of coursework, and they are guaranteed a wage increase upon completion. The Missouri Department of Mental Health leads this</p>	<p>Skill enhancement, expansion of healthcare talent pool</p>	<p>(Laws, 2019)</p> <p>Link: Missouri Talent Pathways (MO TaP) – DSP Registered Apprenticeship dmh.mo.gov</p>

	initiative, supported by the U.S. Department of Labor , making it a key strategy for recruiting and retaining talent in the healthcare field.		
Wisconsin	The WisCaregiver Careers Program in Wisconsin provides free training and certification testing for individuals who wish to enter the caregiving field, specifically as Certified Nursing Assistants (CNAs). In addition to this, the program offers a \$500 retention bonus for those who remain employed in the profession for at least six months after certification. This initiative is part of the state’s effort to address the shortage of caregivers and make it easier for people to enter the healthcare workforce without upfront costs.	Recruitment and retention within the caregiving workforce	(Wisconsin Department of Health Services, 2018) Link: WisCaregiver Careers CNA Training & Careers in Wisconsin (wiscaregivercna.com)
California	The IHSS Career Pathways Program in California provides specialized training and career development opportunities for In-Home Supportive Services (IHSS) providers. This program offers free training courses that aim to enhance the skills of caregivers, improving the quality of care for recipients. Eligible providers can participate in these trainings and are compensated for the time spent completing them. The program also offers pathways for professional growth, enabling providers to advance their careers within the healthcare sector.	Improved care quality, worker satisfaction	(Drake et al., 2023) Link: IHSS Career Pathways Program

Analysis of Model State Initiatives for Direct Care Workforce Training and Development

The various state initiatives outlined in the above table demonstrate effective strategies to address the challenges faced by the direct care workforce. Common themes include:

- **Formal Education and Training:** Programs that combine on-the-job training with formal education, as seen in Tennessee, significantly improve job satisfaction and career advancement opportunities.⁴¹ These programs ensure that DCWs are well-prepared and possess the necessary skills for their roles.
- **Financial Incentives:** Offering financial benefits, such as wage increases and retention bonuses, helps attract and retain workers. For example, Wisconsin’s WisCaregiver Careers Program provides a \$500 retention bonus, which has proven effective in retaining caregivers.⁴⁶
- **Partnerships with Educational Institutions:** Collaborations with educational institutions, like Washington’s partnership with the Office of Superintendent of Public Instruction, facilitate the development of comprehensive training curricula and create pathways for career progression.⁴¹

- **Inclusivity and Accessibility:** Ensuring training programs are accessible to a diverse workforce, such as providing training in multiple languages, helps create an inclusive environment that supports skill enhancement for all workers.⁴¹
- **Advanced Certifications and Specializations:** Providing opportunities for advanced certifications, as seen in Washington, allows DCWs to gain specialized knowledge and skills, which improves the quality of care and creates pathways for career progression.⁴¹

By analyzing these successful initiatives, Delaware can adapt and implement similar strategies to enhance the training and retention of its direct care workforce. Incorporating formal education, financial incentives, and partnerships with educational institutions, along with ensuring inclusivity and offering advanced certifications, can help address the challenges faced by DCWs in Delaware. Additionally, Delaware should consider increasing investment in training and development programs and exploring innovative solutions such as state-funded scholarship programs to further support the professional development of DCWs.

For relevant case studies from state-led initiatives aimed at enhancing the training standards for the Direct Care Workforce, please refer to Appendix A: Case Studies from State-Level Initiatives.

2. Improving Recruitment and Retention of Direct Care Workers

Overview

Addressing workforce challenges in Home and Community-Based Services (HCBS) demands the implementation of diverse recruitment initiatives, some of which have already been significantly supported by the American Rescue Plan Act (ARPA). Delaware's strategic allocation of its \$925 million in ARPA funds exemplifies a proactive approach to these challenges, distributing resources across various sectors, including \$133 million for healthcare and \$50 million specifically earmarked for workforce development. These investments are part of a broader effort to enhance the state's infrastructure and support systems, with additional funding directed towards technology and broadband, housing, higher education, nonprofit and library projects, and direct COVID-19 response efforts. Noteworthy projects funded by ARPA in Delaware, such as the \$20 million investment in Community Education Center South and \$5.5 million for a new Food Bank location in Milford, underscore the state's commitment to expanding economic opportunities, improving community infrastructure, and assisting those impacted by the pandemic.³⁷

The broad investment in workforce development through ARPA funding marks a foundational step toward addressing the specific needs of the HCBS workforce. With the allocation of ARPA funds now fully utilized, the emphasis transitions to Medicare, Medicaid, and state funding as pivotal sources for sustaining and enhancing the initial efforts. These funding mechanisms are essential for providing ongoing support for recruitment and retention strategies for direct care workers (DCWs), including the enhancement of wages, benefits, and the provision of comprehensive training within the HCBS sector.¹¹ This strategic shift not only recognizes the critical role of caregivers but also embodies a holistic approach to rejuvenating the HCBS workforce. It ensures the continuance of high-quality care services across the state, leveraging the initial groundwork laid by ARPA investments and pushing forward with sustainable funding models to address the evolving needs of the HCBS ecosystem.^{36, 38, 39}

The imperative for Delaware—and indeed, all states—to dedicate funds towards enhancing HCBS is highlighted by the escalating demand for these services, fueled by an aging demographic and a growing preference for community over institutional care settings. Such funding is paramount not only for sustaining a stable and competent workforce adept at catering to the multifaceted needs of individuals seeking to live independently but also acts as a strategic investment in the overall quality of life for numerous individuals. This approach directly benefits the broader health system by potentially curtailing hospital readmissions and the necessity for long-term care placements.

Delaware’s commitment to this initiative is pivotal for a multitude of reasons. Primarily, it signifies a recognition of the indispensable role HCBS plays in fostering the health and well-being of its citizens, particularly the elderly and individuals with disabilities. Through workforce investment, Delaware ensures these vulnerable groups receive essential care and support within the familiarity and comfort of their homes and communities, thereby promoting independence and dignity. Additionally, fortifying the HCBS workforce is vital for the economic sustainability of the state. A robust HCBS sector not only engenders cost savings by diminishing the demand for more expensive institutional care but also catalyzes economic growth and stability by generating high-quality jobs within the community care sector.⁴

Innovative strategies previously funded by ARPA, including offering tax credits, educational incentives, and debt forgiveness, coupled with targeted recruitment campaigns and financial incentives for new hires, can continue to be bolstered by Medicare, Medicaid, and state funding. The significance of training and apprenticeship programs for drawing new entrants into the field has been well-documented,⁴⁰ as have the benefits of enhancing onboarding processes and presenting career advancement opportunities.⁴¹

Moreover, leveraging technology in recruitment efforts—from facilitating remote work to utilizing telehealth, offering online training for roles such as temporary nurse aides,⁴² and employing online data registries for a comprehensive analysis of the healthcare workforce—is crucial for the recruitment, retention, and credentialing processes, highlighting the dynamic strategies required to cultivate a resilient caregiving community in Delaware.

To complement these public funding sources and initiatives, incorporating investment or funding from the private sector, specifically from nursing homes and home health agencies, is highly advisable. These entities stand to benefit significantly from a strengthened workforce, equipped with the necessary skills and competencies to meet the growing demand for healthcare services. Engaging the private sector in financial backing and collaborative efforts could significantly enhance the reach and effectiveness of these programs, ensuring that they are not only sustainable but also aligned with the practical needs of the healthcare industry. This approach fosters a partnership model where private sector contributions can fill gaps left by public funding, creating a more integrated and robust system for workforce development in the healthcare sector.

These varied initiatives epitomize a comprehensive and dynamic strategy aimed at rejuvenating the Home and Community-Based Services (HCBS) workforce. By merging financial incentives with educational opportunities, integrating technology, and implementing specialized recruitment efforts, these measures collectively work towards establishing a robust caregiving community. The strategic use of Medicare, Medicaid, and state funds to support these initiatives is pivotal, ensuring not only the continuity and expansion of effective workforce development strategies but also addressing the pressing demand for high-quality, accessible care for individuals in home and community-based settings. This

multifaceted approach underscores the commitment to enhancing the HCBS workforce, ensuring that it can meet the growing needs of the community effectively.^{43, 44}

The Role of State and National Online Data Registries in Healthcare Workforce Planning and Recruitment

The implementation of state and national online data registries represents a pivotal advancement in workforce analysis and recruitment strategies within the healthcare sector. Noteworthy efforts also include harnessing online data registries for comprehensive workforce analysis in healthcare, a strategy increasingly adopted by states as pivotal for recruitment, retention, and credentialing. These registries, by aggregating comprehensive data on healthcare professionals, offer an invaluable resource for states in addressing the complex challenges of workforce planning and development.

For instance, the Massachusetts Department of Public Health's online registry, which compiles detailed information on the state's healthcare workforce, serves as a critical tool for both workforce analysis and policy development. This registry provides insights into workforce demographics, education levels, employment settings, and geographic distribution, facilitating targeted recruitment and retention strategies. Furthermore, the integration of licensure data enhances the registry's utility, enabling efficient verification processes and supporting regulatory compliance.⁴⁵

These innovative registries serve a dual purpose: they not only assist employers in efficiently connecting with potential new recruits, including those often overlooked in the "grey market," but also provide a wealth of data that is crucial for informed workforce planning and policy development.^{46, 47} The "grey market" in direct care refers to individuals who are engaged in caregiving roles but are not formally certified or licensed. This segment of the workforce, often invisible in traditional data collection, plays a significant role in providing care, especially in home and community-based settings.

Highlighting the critical function of these registries, the Centers for Medicare & Medicaid Services (CMS) Informational Bulletin from December 12, 2023, authored by Daniel Tsai, emphasizes their role in linking Medicaid HCBS recipients with qualified providers, thus addressing the workforce shortage exacerbated by the COVID-19 pandemic.⁴⁷ CMS has encouraged states to develop registries that would be available for providers but also for people who are hiring their own personal care workers through self-directed care.

The guidance from CMS on the development of Direct Care Worker Registries supports workforce retention, recruitment, and credentialing. These registries assist in worker recruitment, provide background checks, verify qualifications, facilitate access to health insurance, and connect workers to training. They are instrumental for both provider agencies and self-directed HCBS, underscoring the essential bridge they provide between individuals needing services and qualified providers.⁴⁷

It is crucial for states to allocate funds towards the development and maintenance of these registries. The investment not only aligns with CMS's encouragement but also capitalizes on the available Medicare and Medicaid funding opportunities. CMS highlights the potential for increased federal funding to support these registries, with up to 90% for development and 75% for maintenance, allowing states to utilize this financial support. This underscores the importance of registries in enhancing the efficiency and quality of healthcare delivery, particularly in home and community-based settings. By investing in these registries, states can ensure a more coordinated, effective approach to workforce management, ultimately leading to improved care outcomes for Medicaid HCBS recipients.⁴⁷

At the national level, the development of registries like the National Healthcare Workforce Commission and the National Center for Health Workforce Analysis under the Affordable Care Act underscores the federal commitment to addressing healthcare workforce challenges comprehensively. These entities are tasked with conducting and coordinating research on healthcare workforce trends, education and training requirements, and the effectiveness of various recruitment and retention strategies. By providing a centralized repository of workforce data, these national registries play a crucial role in informing policy decisions and ensuring the alignment of educational programs with market demands, thereby contributing to the strategic development of a resilient healthcare workforce.⁴⁸

The strategic use of state and national online data registries in workforce analysis and recruitment initiatives underscores a data-driven approach to addressing healthcare workforce challenges. By offering a detailed snapshot of workforce dynamics, these registries enable policymakers and healthcare organizations to develop targeted strategies that address specific needs, from geographic distribution disparities to skillset gaps. The integration of comprehensive data analysis with policy development and implementation highlights the critical role of information in crafting effective workforce solutions, ultimately contributing to the stability and sustainability of healthcare services nationwide.

Model State Recruitment and Retention Initiatives for the Direct Care Workforce

The table below highlights various state-led initiatives aimed at improving the recruitment and retention of Direct Care Workers (DCWs). These examples illustrate successful strategies implemented across different states to enhance workforce stability and care quality.

State	Description	Outcomes	Sources
Tennessee and Washington	<p>In Tennessee, the Direct Support Professional (DSP) Training Program offers a structured curriculum for high school and community college students to encourage early interest in caregiving careers. The program includes a combination of classroom instruction and on-the-job training, providing students with up to 18 college credits and valuable work experience. This initiative is aimed at expanding the DSP workforce and addressing long-term needs in the healthcare sector. It also includes financial support through scholarships and apprenticeship opportunities.</p> <p>In Washington, similar efforts are in place to integrate DSP training into high school and community college curriculums, with programs</p>	Early interest in caregiving careers, long-term workforce stability	<p>(MACPAC, 2022)</p> <p>Link: Direct Support Professionals Training Tennessee Board of Regents (tbr.edu)-Tennessee</p> <p>Link: Direct Service Provider (DSP) Pathway Program (nwsra.org)</p>

	designed to prepare students for caregiving roles. This includes opportunities for on-the-job training and certification in specialized areas of direct support.		
Massachusetts	The Massachusetts ConnectorCare Health Plans offer affordable health insurance to low- and moderate-income residents, including direct care workers and immigrant workers. These plans provide comprehensive coverage with low premiums, low copays, and no deductibles, ensuring that healthcare workers have access to essential services such as doctor visits, prescriptions, and hospital care. This initiative helps improve worker stability and satisfaction by removing financial barriers to health coverage.	Improved health coverage, worker stability and satisfaction	(Massachusetts Department of Public Health, 2020) Link: Massachusetts Health Connector – The Health Connector is the official website of Massachusetts's health insurance Marketplace (mahealthconnector.org)
Massachusetts	Massachusetts leveraged MassHealth to create a Long-Term Care Staffing Portal , designed to address healthcare workforce shortages by matching facilities with healthcare professionals. This initiative includes a \$1,000 signing bonus for individuals who register and work in nursing facilities for a certain amount of time. The portal and financial incentives aim to help resolve the staffing challenges in long-term care facilities, particularly during the COVID-19 pandemic.	Filled vacancies, immediate workforce augmentation, sustainable employment	(Scales et al., 2020) Link: Long-Term Care Staffing Portal Offers \$1,000 Sign on Bonus Mass Senior Care (maseniorcare.org)
North Carolina	North Carolina utilizes comprehensive online data registries to track key workforce metrics such as demographics, education levels, and geographic distribution. These registries, maintained by agencies like the Labor & Economic Analysis Division (LEAD) , provide valuable insights	Enhanced recruitment and retention strategies, improved workforce planning	(KFF, 2020) Link : Homepage NC Commerce

	for targeted recruitment and retention strategies. By leveraging this data, the state enhances its workforce planning, addressing long-term needs and ensuring a more stable and diverse healthcare workforce.		
Minnesota	The Minnesota Direct Support Connect is a statewide job board designed to help direct support professionals (such as Personal Care Assistants) and individuals in need of care find the best matches. Both workers and beneficiaries can create profiles to showcase their skills and needs, ensuring personalized and effective connections. This initiative helps address workforce shortages by simplifying the hiring process for healthcare roles.	Improved worker satisfaction and retention rates	(MACPAC, 2022) Link: DHS News Release - Website connects caregivers with people who need services - Lifeworks
Massachusetts	The Massachusetts Home Care Worker Registry was established to allow employers, consumers, and other stakeholders to verify the training and credentials of home care workers. This public registry, managed by the Executive Office of Elder Affairs , helps avoid the duplication of training efforts by providing a centralized platform where training and certification details are easily accessible. The initiative supports more efficient hiring processes while improving transparency and ensuring that only qualified individuals are hired for in-home care roles.	Efficient hiring process, verified worker credentials	(Massachusetts Department of Public Health, 2020) Link: Home Care Worker Registry Mass.gov
North Dakota	In North Dakota , "unlicensed assistive persons" (UAPs) are included in the state's direct care workforce registry, broadening the scope of available care providers in the healthcare sector. This registry, managed by the North Dakota	Broadened care provider scope, support for registered nurses	(Tsai, 2023) Link: Initial UAP Applications - ND Board of Nursing (ndbon.org)

	<p>Board of Nursing, ensures that UAPs who perform delegated nursing interventions are properly registered and meet competency requirements. It helps facilities verify their qualifications, promoting higher standards of care within long-term and assisted living facilities.</p>		
Alaska	<p>The "Connect to Care" database in Alaska lists open healthcare positions, helping workers find roles that match their skills and specific job requirements. This platform connects job seekers with long-term service and support agencies, including licensed assisted living homes and skilled nursing facilities. It simplifies the hiring process and helps alleviate workforce shortages by offering a centralized job board for healthcare roles.</p>	Efficient job matching, improved recruitment	<p>(Tsai, 2023)</p> <p>Link: Connect To Care Jobs - prod</p>
Michigan	<p>The MI Care Career site is being developed in Michigan to help Direct Care Workers (DCWs), employers, and care recipients create profiles and match based on specific criteria. This platform is part of Michigan's broader initiative to address workforce shortages in the caregiving field. It aims to streamline the process of connecting care workers with those in need, using targeted matching algorithms that consider both qualifications and care requirements. This tool will help facilitate more efficient hiring and placement, improving overall care quality in the state.</p>	Improved recruitment process, efficient job matching	<p>(Drake, 2023)</p> <p>Link: https://www.directcareworkertraining.com/</p>

Analysis of Model State Recruitment and Retention Initiatives

The various state initiatives outlined in the table demonstrate effective strategies to address recruitment and retention challenges in the DCW sector. Common themes include:

- **Financial Incentives:** States like Massachusetts and North Carolina have implemented financial incentives, such as signing bonuses and wage enhancements, to attract and retain DCWs. These incentives have proven effective in filling vacancies and improving job satisfaction.^{49, 50}
- **Online Data Registries:** Utilizing online data registries for workforce analysis, recruitment, and retention, as seen in Massachusetts and North Carolina, enables targeted strategies and improves workforce planning. These registries provide valuable data on workforce demographics, education levels, and geographic distribution, facilitating efficient hiring and credential verification.^{45, 47}
- **Training and Apprenticeship Programs:** Implementing direct support professional training in high schools and community colleges, as done in Tennessee and Washington, fosters early interest in caregiving careers and addresses long-term workforce needs.¹⁰
- **Healthcare Coverage:** Providing low-cost health insurance through programs like Massachusetts' ConnectorCare Health Plans ensures comprehensive coverage for DCWs, improving worker stability and satisfaction.⁴⁵
- **Private Sector Engagement:** Encouraging investment from nursing homes and home health agencies enhances the sustainability and effectiveness of recruitment and retention initiatives, aligning with practical industry needs.

By analyzing these successful initiatives, other states like Delaware can adapt and implement similar strategies to enhance their DCW workforce. Combining financial incentives, data-driven approaches, comprehensive training, and private sector collaboration ensures a robust and resilient caregiving community.

For relevant case studies from state-led initiatives to improve recruitment and retention for the Direct Care Workforce, please refer to Appendix A: Case Studies from State-Level Initiatives.

3. Creating Sustainable Work Environments in Direct Care

Overview

In the realm of direct care, there is an escalating acknowledgment of the imperative for fostering supportive workplace conditions to mitigate the prevalent challenges such as stress, burnout, and elevated turnover rates among direct care workers (DCWs). Central to this approach is the provision of adequate respite and days off for caregivers. This strategy, as elucidated by Ashley, Butler, & Fishwick (2010), is crucial for allowing caregivers the necessary downtime to rejuvenate, thereby safeguarding their mental and physical health and ensuring the provision of continuous, high-quality care to individuals with disabilities.²⁹

Efforts to advocate for enhanced working conditions and supportive policies are being championed by initiatives such as PHI's "Workforce Data Center" and "#60CaregiverIssues."³ These initiatives are at the

forefront of driving systemic reforms aimed at bolstering the support for the direct care workforce, with a particular focus on those serving individuals with disabilities.

The integration of family caregivers into the healthcare team is another progressive step towards recognizing their indispensable role not just in eldercare, but in the broader spectrum of disability care. This move aids in fortifying the caregiving ecosystem, ensuring a more holistic approach to care.^{9, 18}

Improving communication channels, particularly through the enhancement of data collection and reporting mechanisms among home care agencies and Managed Long-Term Care (MLTC) plans, is critical for fostering effective support and coordination.²⁹ Furthermore, implementing strategies to boost job satisfaction and mitigate on-the-job injuries are vital for retaining home health aides and guaranteeing the quality of patient care within the disability community.⁶ The challenges posed by the isolating nature of home care work and the unpredictability of work hours are significant, as highlighted by Kreider & Werner (2023), necessitating a concerted effort to ameliorate work conditions.²⁴

The Biden administration's blueprint for a 21st-Century Caregiving and Education Workforce is aimed at enhancing the attractiveness and rewards associated with caregiving professions. This plan aligns with broader strategies that highlight the need for equitable compensation, safe working environments, and ample opportunities for professional development and progression.²² The adoption of workforce management software for optimized scheduling,^{18, 19} the provision of funded training programs for nursing assistants, and the offering of stipends and bonuses are pragmatic steps towards improving workforce stability.

Recognizing the critical role of family caregivers, who often navigate intricate healthcare systems and serve as surrogate decision-makers for individuals with disabilities, is paramount. Their inclusion and acknowledgment in healthcare delivery processes underscore a comprehensive support strategy for disability care.⁹

Collectively, these measures embody a holistic approach to cultivating a supportive and resilient workplace environment within the direct care sector. Such initiatives are crucial in attracting and retaining competent caregivers, thereby ensuring their welfare, which is fundamental for the delivery of exemplary care to individuals with disabilities.

Model State Initiatives for Creating Sustainable Work Environments

The table below highlights various state-led initiatives aimed at creating sustainable work environments for Direct Care Workers (DCWs). They provide examples of successful state-level strategies that have improved workplace conditions for DCWs and provide helpful models for Delaware policymakers.

State	Description	Outcomes	Sources
Virginia	Virginia enacted a paid sick leave law for direct care workers under Medicaid's consumer-directed services. The law, passed in 2021, allows workers to accrue up to 40 hours of paid sick leave annually . Workers earn one hour of paid sick leave for every 30 hours worked, up to the 40-hour limit. This law aims to reduce caregiver burnout and turnover by providing essential	Reduced caregiver burnout and turnover	(Article 2.1 Paid Sick Leave, 2021) Link: Home Virginia Medicaid

	health workers with greater job security and flexibility.		
New York, New Jersey, and Massachusetts	<p>In New York, New Jersey, and Massachusetts, laws have been implemented to enforce "direct care ratios" in nursing homes. These regulations require a certain percentage of revenue to be directed toward direct care services, ensuring that more resources go to patient care rather than administrative expenses or profits.</p> <ul style="list-style-type: none"> • New York mandates that at least 70% of revenue be spent on resident care, with 40% allocated to staff involved in direct care. Profits are capped at 5%. • Massachusetts requires nursing homes to spend at least 75% of their revenue on patient care. • New Jersey has the strictest regulation, mandating that 90% of Medicaid payments be used for resident care, with profits limited to 5%. 	Enhanced care quality, benefiting residents and caregivers	<p>(KFF, 2021)</p> <p>Link: 3 States Limit Nursing Home Profits in Bid to Improve Care - KFF Health News</p>
Maine	<p>The Maine Direct Care Worker Coalition (DCWC) promotes policies and practices aimed at valuing and respecting direct care workers, addressing key challenges in recruitment and retention. This initiative supports the long-term stability of the direct care workforce by advocating for better wages, working conditions, and professional development for direct care workers across the state.</p>	Sustained quality care, improved recruitment and retention	<p>(Ashley, Butler, & Fishwick, 2010)</p> <p>Link: Ombudsman Program Maine, Patient Advocacy, Long-Term Care, Home- Care, Hospice, Located in Augusta, Maine (maineombudsman.org)</p>

Analysis of Model State Initiatives for Creating Sustainable Work Environments

The various state initiatives outlined in the table above demonstrate effective strategies to improve the workplace environment for DCWs. Common themes include:

- **Paid Sick Leave:** Virginia's policy of allowing up to 40 hours of paid sick leave annually for DCWs under Medicaid's consumer-directed services addresses caregiver burnout and turnover. This policy ensures that caregivers can take necessary time off without financial stress, promoting a healthier and more stable workforce.
- **Direct Care Ratios:** States like New York, New Jersey, and Massachusetts have implemented "direct care ratios" to ensure a larger share of resources is directed towards care quality rather than profits. This strategy improves both the working conditions for caregivers and the quality of

care for residents, addressing the critical issue of understaffing and resource allocation.

- **Legislative Advocacy and Coalition Building:** The Direct Care Worker Coalition (DCWC) in Maine showcases the importance of legislative advocacy and coalition building in addressing workforce challenges. By promoting policies that value and respect DCWs, the coalition helps to sustain quality care and improve recruitment and retention.

These state-specific initiatives represent a proactive approach to tackling longstanding workforce challenges in the direct care sector. By addressing staffing shortages, tying financial incentives to quality standards, and regulating profit margins, these states are setting examples for others to follow in improving the conditions and quality of care in direct care settings.

For relevant case studies from state-led initiatives aimed at creating sustainable work environments for DCWs, please refer to Appendix A: Case Studies from State-Level Initiatives.

4. Increasing Wages and Benefits for Direct Care Workers

Overview

Wage issues within the direct care workforce are a critical concern that directly impacts recruitment and retention. Many caregivers, despite their long hours and essential roles, earn wages comparable to those in the fast-food industry, typically ranging between \$13 to \$15 per hour. This rate often places them below the federal poverty line, highlighting a wage shortage that exacerbates the overall worker shortage in this sector.⁵² Addressing this issue requires a comprehensive approach that encompasses various strategies.

Medicare and Medicaid funding options offer a significant opportunity to enhance wages and benefits for Home and Community-Based Services (HCBS) workers, reflecting a broader acknowledgment of their contributions. Payment reforms, such as adjusting structures to incentivize workforce initiatives, offer a pathway to indirectly improve working conditions and training. These could involve linking payment rates to desired workforce outcomes or providing additional funds to providers that meet specific workforce standards.

Raising wages to at least a living wage is an essential strategy to acknowledge the demanding nature of direct care work and address the immediate need for a stable workforce. According to the MIT Living Wage calculator, a single adult working full time in Delaware needs to earn \$17.36 an hour to support themselves, with variations across counties: Sussex County at \$15.85, Kent County at \$17.33, New Castle County at \$17.99, and the Dover metro area at \$17.17. With one child, the Delaware Living Wage increases to \$35.73, highlighting the stark disparity between current wages and the minimum required for a decent living standard.^{18, 53} Implementing wage pass-through programs and ensuring access to essential benefits like health insurance and paid leave are steps towards establishing fair compensation. Additionally, adopting wage and overtime protections are crucial for improving job satisfaction and retention.^{3, 4, 6, 8, 10, 18, 19, 53}

Enhancing recruitment strategies includes offering competitive wages, comprehensive training programs, and benefits such as sign-on bonuses and loan forgiveness. These measures not only attract new workers but also contribute to retaining existing staff, thereby fostering a more robust and committed workforce.^{11, 15, 18} Furthermore, establishing a wage policy that reflects the skills, experience,

and regional cost of living for DCWs, coupled with measures to ensure consistent work schedules and comprehensive employment-based benefits, is crucial for reshaping the sector into a viable and sustainable career option.

A combination of improved wage structures, enhanced Medicaid reimbursement, living wage policies, and strengthened working conditions and benefits is vital for transforming the direct care sector. These strategies aim to make the sector more attractive and sustainable, ultimately leading to better quality care services and a more stable direct care workforce.

Model State Initiatives to Increase Wages and Benefits

The table below highlights various successful state-led initiatives aimed at addressing wage and benefit challenges for Direct Care Workers (DCWs):

State	Description	Outcomes	Sources
Minnesota	In Minnesota , personal care assistance (PCA) provider agencies are required by law to allocate at least 72.5% of their Medicaid reimbursement directly toward the wages and benefits of aides who care for people with disabilities. This policy is designed to ensure that a substantial portion of Medicaid funds go directly to supporting the workforce that provides critical care services, improving worker retention and satisfaction.	Ensures majority of funds improve financial compensation for workers.	(Hostetter, 2021) Link: Home and Community Based Waivers/Alternative Care Program 101-Building a Strong Foundation of Knowledge (mn.gov)
New Jersey	In New Jersey , the minimum hourly reimbursement rate for personal care assistant (PCA) services under Medicaid managed care was increased to \$23 per hour as of January 2022. This rate applies to services provided on an individual basis, and is part of the state's	Sets a baseline for fair compensation.	(Hostetter, 2021) Link: Rate Change for Personal Care Assistant (PCA) Providers - Horizon NJ Health

	efforts to ensure that personal care aides are fairly compensated for their work in supporting individuals with disabilities.		
Wisconsin	In Wisconsin , the state implemented incremental hourly rate increases for personal care services, raising the rate from \$16.73 to \$17.24 over two years. This adjustment was part of the biennial budget aimed at improving compensation for workers providing essential care services, supporting retention and recruitment efforts in the healthcare sector.	Gradual improvement in wages for personal care workers.	(National Conference of State Legislatures, 2023) Link: Wisconsin - May 2023 OEWS State Occupational Employment and Wage Estimates (bls.gov)
Indiana	In Indiana , a 14% rate increase for direct support professionals' wages was enacted through HB 1001 in 2021. This legislation aims to address the shortage of direct support professionals by increasing their wages to be closer to a statewide average of \$15 per hour . The increase applies to services provided under the Community Integration and Habilitation (CIH) Waiver and the Family Supports Waiver (FSW) , ensuring that 95% of the rate increase is passed on directly to wages and benefits for the DSP workforce.	Aimed to elevate the average wage to \$15 an hour.	(National Conference of State Legislatures, 2023) 14% rate increase for direct support professionals through HB 1001 (2021) : Link: Provider rate increase implementation plan FAQs

New Jersey	New Jersey has implemented legislation that mandates nursing homes spend at least 90% of Medicaid revenue on direct care for residents. This regulation aims to ensure that the bulk of Medicaid funding goes toward improving the quality of care provided in nursing homes, rather than administrative costs or profits. This legislation is part of broader reforms to improve conditions in long-term care facilities and to ensure better transparency and accountability in the use of public funds.	Ensures transparency and accountability in funds utilization.	(Moe, 2022) Link: New Jersey Adopts Significant Nursing Home Legislative Reforms - Manatt, Phelps & Phillips, LLP
Wisconsin	Wisconsin continues to support its Direct Care Workforce Funding initiative alongside a Medicaid Fee-for-Service rate increase , which aims to improve wages for direct care workers and address long-term care workforce shortages. As part of the state's broader efforts, Governor Tony Evers announced an investment of over \$250 million to bolster home and community-based services (HCBS) and healthcare workforce development. This initiative also includes a minimum fee schedule for certain long-term care services, ensuring	Addresses recruitment and retention challenges.	(2020 Workforce Report) Link: Medicaid: Direct Care Workforce Funding Initiative Information and FAQs Wisconsin Department of Health Services

	providers receive adequate reimbursement rates		
New York, New Jersey, Massachusetts	<p>New York, New Jersey, and Massachusetts have implemented "direct care ratios" to ensure that nursing homes allocate a significant portion of their revenue toward direct care services, limiting the amount that can go toward profits and administrative costs. These regulations are designed to improve the quality of care by ensuring that more funds are used directly for resident care.</p> <ul style="list-style-type: none"> • In New York, at least 70% of nursing home revenue must be spent on resident care, with at least 40% going to staff involved in direct care, while profits are capped at 5%. • New Jersey requires that 90% of Medicaid revenue be spent on resident care, similarly capping profits at 5%. • Massachusetts mandates that 75% of revenue go toward patient care, with specific 	Ensures a larger share of revenues are channeled into improving care quality and increasing staff wages.	(KFF, 2022) Link: 3 States Limit Nursing Home Profits in Bid to Improve Care - KFF Health News

	<p>guidelines to ensure resources are directed where they are needed most.</p>		
California	<p>California's Direct Care Workforce initiative includes wage increases for bilingual direct care workers (DCWs) and those who complete equity training. This program is part of a broader effort to enhance the quality of care and professional development within the state's home and community-based services. The initiative, known as California GROWS, provides financial incentives and training pathways to improve the workforce while ensuring equitable care across diverse communities.</p>	<p>Acknowledges additional skills and contributions.</p>	<p>(Stulick, 2022)</p> <p>Link: https://www.aging.ca.gov/Providers_and_Partners/Cal_Grows/</p>
Massachusetts	<p>The ConnectorCare Health Plans in Massachusetts offer affordable health insurance options with low monthly premiums, no deductibles, and minimal out-of-pocket costs. These plans are designed to support low- to moderate-income residents, including direct care workers (DCWs), by providing comprehensive healthcare coverage, making healthcare more</p>	<p>Enhances overall well-being and job satisfaction.</p>	<p>(Stulick, 2022)</p> <p>Link: Massachusetts Health Connector – The Health Connector is the official website of Massachusetts's health insurance Marketplace (mahealthconnector.org)</p>

	accessible and reducing financial burdens.		
California	In California, Medicaid Managed Care plans offer health insurance to Direct Care Workers (DCWs) who provide at least 45 hours of care per month . This initiative ensures that caregivers working a substantial amount of hours receive comprehensive health coverage, improving worker stability and health outcomes.	Provides comprehensive health coverage.	(Stulick, 2022) Link: California Department of Health Care Services .
Ohio	In Ohio , self-directed workers, such as those providing home care services, are permitted to work up to 60 hours per week , which includes 20 hours of overtime . This flexibility allows for better coverage in home care settings and helps address workforce shortages by allowing workers to take on more hours while being fairly compensated for overtime.	Ensures fair compensation for overtime work.	(Disability Rights Ohio, 2022) Link: Section 4111.03 - Ohio Revised Code Ohio Laws
Connecticut	In Connecticut, collective bargaining for Personal Care Assistants (PCAs) resulted in benefits such as paid sick leave, access to training funds, and other enhancements aimed at improving working conditions. These efforts were facilitated by the PCA Workforce Council , which advocates for better compensation	Improves workforce conditions and benefits.	(Stulick, 2022) Link: Personal Care Attendant Workforce Council PCA (ct.gov)

	and benefits for PCAs under Medicaid consumer-directed services.		
Washington	<p>In Washington, collective bargaining has led to significant wage increases and a comprehensive compensation package for home care workers. As part of the 2023-2025 contract negotiated by SEIU 775, experienced caregivers can now earn more than \$25 per hour, and starting wages for others will exceed \$21 per hour by the end of the contract. Additionally, the package includes:</p> <ul style="list-style-type: none"> • Affordable healthcare options with caregiver coverage for as little as \$25 per month. • Paid time off (PTO) increases and enhancements to retirement benefits. • Paid holidays and mileage pay for caregivers. 	Attracts and retains a skilled and stable workforce.	(Stulick, 2022) Link: 2023-2023 IP Consumer Direct of Washington Contract - SEIU775

Analysis of State Initiatives to Increase Wages and Benefits

The state initiatives outlined in the table above demonstrate effective strategies to address wage and benefit challenges in the DCW sector. Common themes include:

- **Medicaid Reimbursement Requirements:** Minnesota's requirement for personal care assistance provider agencies to allocate a significant portion of Medicaid reimbursement towards wages and benefits ensures that the funds directly improve financial compensation for workers.⁵³ This approach ensures that the majority of allocated funds are used to enhance the wages and benefits of DCWs, promoting financial stability and job satisfaction.
- **Minimum Hourly Reimbursement Rates:** New Jersey's establishment of a minimum hourly reimbursement rate for personal care services under Medicaid managed care sets a baseline for fair compensation. This strategy ensures that caregivers receive a fair wage for their services, addressing the wage disparity and contributing to improved recruitment and retention.⁵³
- **Incremental Wage Increases:** Wisconsin's approach of implementing incremental hourly rate increases for personal care services represents a deliberate effort to enhance wages gradually. This strategy provides a structured pathway to improve financial compensation, ensuring that wages keep pace with inflation and cost of living adjustments.⁵⁴
- **Substantial Wage Increases:** Indiana's enactment of a 14% rate increase for direct support professionals' wages through HB 1001 (2021) reflects a substantial commitment to improving the earning potential and livelihood of DCWs. This significant increase aims to elevate the average wage to \$15 per hour, demonstrating the state's dedication to addressing wage shortages and improving job satisfaction.⁵⁴

These state-specific initiatives represent a proactive approach to tackling wage and benefit challenges in the direct care sector. By setting minimum reimbursement rates, implementing incremental wage increases, and ensuring a significant portion of Medicaid funds are allocated towards worker compensation, these states are actively working to improve the financial well-being of DCWs. Such measures are crucial for enhancing the appeal of direct care jobs, leading to better recruitment and retention outcomes and ultimately improving the quality of care provided to older adults and people with disabilities.

For relevant case studies related to enhancing wages and benefits for the Direct Care Workforce, please refer to Appendix A: Case Studies from State-Level Initiatives.

Federal-Level Solutions

Federal policies and strategies are essential in addressing workforce challenges that transcend state borders. The following federal-level solutions focus on integrating immigrant workers into the direct care workforce, which is critical for meeting the growing demand for care services across the country.

Overview

In discussing the potential of immigrant workers to address the direct care workforce shortage, it's crucial to connect these discussions to broader considerations of disability populations and community-based services. The reliance on immigrant workers to fill roles in home care, elder care, and nursing homes is not only a matter of addressing labor shortages, but also a step toward creating a more inclusive and diverse caregiving workforce that can meet the varied needs of the broader disability community. By tapping into the potential of immigrant workers, the healthcare sector can ensure a

more culturally competent and responsive care delivery system that recognizes and addresses the unique needs of individuals with disabilities, whether they reside in nursing homes or receive services in community-based settings.^{52, 60, 61}

The implementation of policies facilitating the legal entry, training, and integration of immigrant workers into the healthcare system is pivotal. These policies must extend beyond traditional eldercare roles to include support for those with disabilities, ensuring that immigrant workers are equipped with the skills and knowledge to provide high-quality care across a spectrum of needs. This includes language courses and cultural competency training, which are essential for effective communication and understanding between immigrant workers and the diverse populations they serve, including those with disabilities.^{11, 56}

Moreover, broad immigration reform, including the creation of new visa categories for low-skilled caregiving roles and policies that improve job conditions and wages for immigrant workers, directly addresses workforce shortages in a way that benefits the broader disability population. By improving the stability and attractiveness of these roles, the healthcare sector can attract and retain a workforce capable of providing the necessary support for both the elderly and individuals with disabilities, ensuring a continuum of care that spans from institutional settings like nursing homes to home-based and community-based services.^{8, 52, 56, 60, 62, 63, 64}

Recommended Federal Strategies

1. Creation of New Visa Categories for Caregivers

- **Objective:** To address the critical shortage of direct care workers, the federal government can introduce new visa categories, or expand existing ones like the H-2B visa and EB-3 visa, specifically for caregiving roles.
- **Potential Benefits:**
 - Increases the pool of available caregivers.
 - Provides legal pathways for immigrants to enter the caregiving workforce.
 - Enhances cultural competence and diversity in care settings.
- **Challenges:**
 - Requires legislative action and political support.
 - Needs effective integration and support systems for new immigrants.
- **Example:** The tech industry benefits from temporary visas for workers while they are awaiting green cards. Similar flexibility in the caregiving industry could be a game changer in addressing staffing shortages.⁵²

2. Passage of the Citizenship for Essential Workers Act

- **Objective:** The Citizenship for Essential Workers Act (H.R. 3043), introduced by Representative Pramila Jayapal (D-WA) on May 2, 2023, provides a pathway to citizenship for undocumented individuals who have been serving in essential roles,

including direct care.

- **Potential Benefits:**
 - Offers legal status and job security to undocumented workers.
 - Addresses immediate and long-term staffing shortages.
 - Recognizes and rewards the contributions of essential workers.
- **Challenges:**
 - Potential political resistance and legislative hurdles.
 - Requires comprehensive implementation and oversight.
- **Example:** It is estimated there are about 16.8 million unauthorized immigrants in the U.S. as of June 2023. Legalizing their status could greatly enhance the caregiving workforce.⁶⁰

3. Broad Immigration Reform

- **Objective:** Broad immigration reform, including policies that improve job conditions and wages for immigrant workers, can directly address workforce shortages.
- **Potential Benefits:**
 - Enhances the stability and attractiveness of caregiving roles.
 - Ensures a continuum of care across various settings.
 - Promotes a diverse and competent caregiving workforce.
- **Challenges:**
 - Requires bipartisan support and legislative action.
 - Needs robust implementation frameworks.
- **Example:** The bipartisan Eliminating Backlogs Act of 2023 (H.R. 1535), introduced by Representative Larry Bucshon (R-IN) and Representative Raja Krishnamoorthi (D-IL), aims to reclaim unused employment-based green cards and exempt them from the per-country cap, potentially easing the recruitment of essential foreign talent.⁵²

In summary, leveraging the potential of immigrant workers in the healthcare sector is a holistic approach that not only addresses the pressing issue of care worker shortages but also contributes to a more inclusive, diverse, and competent caregiving workforce. This strategy supports the delivery of high-quality care to the elderly and broadens its reach to include the larger disability community, ensuring that all individuals, regardless of their care setting, receive the support and services they need.

Original Concept: “The Global Care Initiative” as a Potential Intervention for the Direct Care Workforce Shortage

In addition to the state and federal strategies explored above, there is a need for other innovative approaches that can directly address the workforce shortage in the direct care sector. The following intervention is a novel concept designed by this author to offer a targeted solution to the unique

challenges faced by the direct care workforce. This approach aims to bridge gaps left by traditional strategies and provide a fresh perspective on solving workforce shortages, with a focus on immigrant workers.

The Global Care Initiative Model Intervention

In an era marked by significant challenges in healthcare staffing, particularly within the direct care workforce, innovative strategies are essential to ensure the delivery of quality care to an aging population and individuals with disabilities. Recognizing the crucial role that immigrant workers can play in mitigating these challenges, the proposed Global Care Initiative emerges as a unique and effective solution.

Designed to seamlessly integrate immigrant workers into the direct care workforce, this hypothetical program aims to address the nuanced hurdles of training, recruitment, and retention that are particularly pertinent to this demographic. Through a strategic focus on cultural competency, language skills enhancement, and professional development, the initiative seeks not only to bolster the workforce numbers but also to enrich the quality and inclusivity of care provided.

The following section outlines the core components of the program, a comprehensive approach to leverage the untapped potential of immigrant workers and reshape the future of direct care.

1. Training Component

- **Objective:** Enhance cultural competency and language skills of immigrant workers.
- **Action Steps:**
 - Develop specialized modules to improve communication abilities and cultural understanding.
 - Offer certification and skills development opportunities tailored for the direct care sector.
 - Implement a mentorship program pairing new immigrant workers with experienced professionals for knowledge exchange and support.

2. Targeted Recruitment Strategies

- **Objective:** Attract immigrant workers to the direct care workforce.
- **Action Steps:**
 - Establish partnerships with immigrant communities to facilitate outreach.
 - Launch multilingual marketing campaigns to increase awareness of direct care opportunities.
 - Simplify application procedures and recognize international credentials to ease the entry of immigrant workers into the workforce.

3. Retention Strategies

- **Objective:** Ensure the long-term sustainability of the immigrant workforce in direct care.

- **Action Steps:**
 - Provide career advancement opportunities within the direct care sector for immigrant workers.
 - Offer a supportive work environment to address challenges like cultural adaptation and work-life balance.
 - Introduce competitive compensation packages and health benefits as retention incentives.

4. Evaluation and Adaptation

- **Objective:** Continuously improve the initiative based on feedback and outcomes.
- **Action Steps:**
 - Conduct regular evaluations of the training, recruitment, and retention strategies.
 - Adapt the program based on direct feedback from participants and changes in workforce needs.

5. Stakeholder Engagement

- **Objective:** Garner support and collaboration from relevant stakeholders.
- **Action Steps:**
 - Engage healthcare providers, policymakers, and immigrant advocacy groups in the design and implementation phases.
 - Foster community engagement to build trust and ensure the initiative meets the needs of both immigrant workers and the healthcare system.

By articulating these actionable steps, The Global Care Initiative is a structured proposal that not only aims to alleviate the workforce shortage in the healthcare system, but also enhances the quality of care through a culturally diverse workforce. This initiative serves as a model for addressing the pressing challenges in the direct care sector, highlighting the importance of targeted interventions to support immigrant workers' integration and success in the healthcare industry.

For an additional original concept proposal, the Community Nursing Workforce Development Initiative Scholarship Program, please see Appendix B.

Conclusion

The direct care workforce crisis in the United States, particularly in Delaware, presents complex challenges that demand multifaceted solutions.^{2, 11} These challenges stem from demographic shifts, systemic inefficiencies, and the aftermath of the COVID-19 pandemic. Addressing these issues requires a combination of immediate and long-term strategies, at the state and federal levels.

Short-term solutions focus on improving wages, enhancing training, and tackling high turnover rates, providing immediate relief and stabilization. Long-term strategies involve systemic reforms, policy changes (including changes to nurse delegation rules), and investments in workforce development, anticipating the evolving needs of an aging population and the changing healthcare landscape, which sees many more people living and aging in place in the community.

Innovative recruitment strategies, including immigration policy reforms, targeted training programs, and technology integration, are vital. States like Tennessee and Washington provide exemplary models for workforce development. Programs proposed here such as the Global Care Initiative illustrate potential interventions to integrate immigrant workers into the direct care workforce.

The integration of direct care workers into the healthcare system, recognizing their essential role, is paramount. By addressing wage disparities, training gaps, and providing supportive work environments, we can ensure a resilient, robust healthcare workforce capable of meeting current demands and future challenges. This comprehensive approach, blending practical steps with strategic planning, is crucial for ensuring the sustained provision of high-quality healthcare services to Delawareans with disabilities as well as seniors, benefiting patients, healthcare professionals, and the broader system.

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Appendices

Appendix A: Case Studies from State-Level Initiatives

The Care Connections Project

The Care Connections Project in New York State, funded by the New York State Department of Health and highlighted by Working Nation in 2020, exemplifies the transformative power of specialized training programs in the healthcare sector. This innovative initiative introduced the role of Care Connections Senior Aides (CCSAs), who are instrumental in reducing preventable re-hospitalizations. By collaborating closely with home care workers, CCSAs are trained to identify early signs of health decline in patients. The rigorous three-month training program for Senior Aides not only enhances their skills and confidence but also leads to a substantial wage increase, with an average annual boost of about \$11,000 more than the typical direct care worker. This strategy aligns with the findings of Spetz, Stone, Chapman, and Bryant (2020), which affirm the effectiveness of targeted training in improving the skill sets and economic status of DCWs, addressing staffing shortages, and contributing to long-term improvements in healthcare quality and worker satisfaction.^{64 24 25 29}

Marisol's Story

A compelling example of the impact of such training is Marisol Rivera's story, as reported by Working Nation in 2020. Marisol, a participant in the Care Connections Project, underwent 200 hours of training to become a Senior Aide. Her newfound role involves teaching fellow healthcare workers to use telehealth tablets, a technology that enables caregivers to observe, record, and report changes in clients' conditions. This immediate reporting system is pivotal in alerting nurses to provide timely treatment, potentially averting hospitalizations. The training and subsequent responsibilities have endowed Marisol with a renewed sense of appreciation and respect in her profession. Encouraged by her enhanced role and the skills she acquired, Marisol is now contemplating further education in the healthcare field, exemplifying the profound personal and professional impact that such targeted training programs can have on DCWs.²⁵

The Personal and Home Care Aide State Training (PHCAST) Program

The Personal and Home Care Aide State Training (PHCAST) Program, established as part of the 2010 Patient Protection and Affordable Care Act, showcases a significant stride in bolstering the capabilities of direct care workers (DCWs). Funded through grants by the Affordable Care Act from the U.S. Department of Health and Human Services (HHS), PHCAST assisted six states—California, Iowa, Maine, Massachusetts, Michigan, and North Carolina—in the adaptation and expansion of competency-based personal care aide training. The program drew inspiration from the Institute of Medicine's 2008 "Retooling the Workforce for an Aging America Act," which advocated for enhanced training and the incorporation of geriatric competencies across the spectrum of practitioners, including direct care workers.¹⁷

The training curricula, deeply rooted in PHI's 10-part Competencies for DCWs, ranged from 50 to 120 hours in length and were tailored to be relevant across various Long-Term Support Services (LTSS) settings, not just home care.^{25 65} Over a span of three years, PHCAST successfully trained more than 4,500 new and incumbent DCWs. Program evaluations revealed that trainees reported high levels of satisfaction and substantial gains in knowledge from the training. A pivotal element of PHCAST's effectiveness was its integration of digital learning components, offering flexibility in training schedules

and improving learning outcomes. This initiative not only aimed to enhance the quality of care provided by DCWs but also to empower these workers with the skills and knowledge necessary to excel in their roles, thereby addressing workforce shortages and improving the overall standards of care within the participating states.⁶⁴

WisCaregiver Careers Program: A Public-Private Partnership Model

The WisCaregiver Careers Program in Wisconsin represents a successful public-private partnership model that addresses recruitment and retention challenges in the direct care workforce. This program offers free training and a \$500 retention bonus for caregivers who stay employed for six months. Funded through state resources and private support, the program has significantly improved recruitment and retention rates in the state.⁶⁶ This case study highlights the effectiveness of collaborative efforts between public and private entities in creating sustainable solutions for workforce development.

Appendix B: Proposed Community Nursing Workforce Development Initiative Scholarship Program

Overview: Community Nursing Workforce Development Initiative Scholarship Program

Another important initiative to address the critical direct care worker shortage in Delaware, particularly in underserved and high-need areas, would be the creation of a scholarship program. The report author proposes a “Community Nursing Workforce Development Initiative” (CNDWI) scholarship program as a possible model, which would provide important support to the Global Care Initiative proposed in the report.

By providing financial support and a clear career pathway, the proposed program aims to attract and retain dedicated individuals in the nursing profession. Prioritizing candidates from diverse backgrounds will help build a culturally competent workforce capable of effectively serving Delaware’s diverse population.

Additionally, offering full financial support will alleviate the economic burden on students, allowing them to focus on their education and training. Graduates of the program will contribute to the local economy by providing essential healthcare services and reducing the economic impact of healthcare shortages.

Proposed Program Details

Eligibility Criteria

The CNWDI Scholarship Program is targeted at students who are passionate about community service and nursing. Priority will be given to those from underserved communities with acute nursing shortages. The program will also emphasize diversity by giving preference to women, people of color, and immigrants to enhance cultural competence in the workforce. Applicants must demonstrate strong academic performance and a commitment to community service through volunteer work, internships, or other relevant experiences.

Scholarship Benefits

The CNWDI Scholarship Program will provide comprehensive financial support to its recipients, including:

- Full tuition coverage for nursing programs at accredited institutions
- Allowances for boarding, books, essential training materials, and other necessary expenses
- Monthly living stipend to support students' living expenses, ensuring they can focus on their studies without financial stress.

Application Process

The application process for the CNWDI Scholarship Program will be rigorous to ensure the selection of the most committed and capable candidates. Applicants will be required to submit:

- Academic transcripts to assess their academic performance and readiness for nursing education.
- Personal essay detailing their commitment to community service and nursing, highlighting their motivations and future goals.
- Letters of recommendation from teachers, community leaders, or healthcare professionals who can attest to the applicant's dedication and potential.

The selection process will include interviews to understand the applicant's passion for community nursing and their long-term vision.

Binding Contract

To ensure commitment to community service, scholarship recipients will be required to sign a binding contract. For every year of scholarship received, the student will commit to one year of service as a community nurse in identified high-need areas. Placements will be in community health centers, home health settings, rural clinics, or as part of community outreach teams. A dedicated body within the state's health department will monitor compliance with the service commitment and provide ongoing support to nurses during their contract period.

Support Structure for Community Nurses

The CNWDI Scholarship Program will provide a robust support structure for community nurses, including:

- Comprehensive orientation and training programs focusing on community dynamics, cultural sensitivity, and localized health challenges.
- Mentorship program pairing new community nurses with experienced professionals for guidance, feedback, and emotional support.
- Continuing education opportunities and career development initiatives to facilitate professional growth and long-term retention in the community nursing sector

Outreach and Awareness

The program will implement public campaigns to promote the significance of community nursing in schools, colleges, and public platforms. Collaborations with community leaders, local influencers, and non-profits will be established to highlight the impact of community nursing and encourage local support. Additionally, educational initiatives will be implemented in high schools and community

colleges to introduce students to the field of community nursing early on, fostering interest and readiness for future careers.

Partnerships and Funding

To ensure the sustainability of the CNWDI Scholarship Program, partnerships with private corporations, local businesses, and philanthropists will be pursued to co-fund scholarships and other initiatives. The program will seek federal and state grants dedicated to healthcare workforce development, emphasizing the need for community nurses. Lobbying for increased state budget allocation to support CNWDI and address nursing education bottlenecks will also be a key strategy.

Feedback Loop

The program will establish a feedback loop to continuously refine and improve its components. Annual surveys will be conducted to collect feedback from scholarship recipients, community members, and healthcare providers. This feedback will be used to make adjustments and enhancements to the program, ensuring it meets the evolving needs of the healthcare system and community.

Anticipated Outcomes

The CNWDI Scholarship Program is expected to produce a steady pipeline of well-trained community nurses entering the workforce, significantly reducing nursing shortages in high-need areas and improving access to healthcare services. By building a culturally competent and well-supported nursing workforce, the program will enhance the quality of care and improve health outcomes for underserved and diverse communities. Economically, the program will contribute to local growth through the creation of stable, well-paying jobs in the healthcare sector, reducing healthcare costs associated with workforce shortages and turnover. Long-term, the program aims to establish a model for addressing workforce shortages that can be replicated in other states and regions, ensuring continuous improvement and adaptation based on feedback and evolving healthcare needs.

Conclusion

The CNWDI Scholarship Program is designed to comprehensively address the nursing shortage in Delaware by providing financial support, professional development, and a clear career pathway for aspiring community nurses. By prioritizing diversity and cultural competence, the program aims to build a workforce capable of effectively serving Delaware's diverse population. The anticipated outcomes include increased workforce numbers, enhanced quality of care, economic benefits, and long-term sustainability. Stakeholders are encouraged to support and participate in the initiative to ensure its success and impact on public health and community-based care.

Appendix C: Data Sources and Methodology

Data Sources

The data and insights presented in this report are derived from a variety of reputable sources, including government publications, academic studies, industry reports, and organizational databases. Key sources include:

1. The Direct Care Workforce State Index (2023) – Comprehensive data on state policies, workforce demographics, and economic conditions for direct care workers.

2. U.S. Department of Health and Human Services (HHS) – Data on healthcare workforce trends, training programs, and policy impacts.
3. American Hospital Association (2021) – Insights into the impact of COVID-19 on the healthcare workforce.
4. Delaware Healthcare Workforce Report (2022) – Specific information on Delaware's healthcare workforce, challenges, and initiatives.
5. PHCAST Program (2023) – Data and evaluations from the Personal and Home Care Aide State Training (PHCAST) Program.

Methodology

Rapid Review Methods

To meet the needs of the Community Legal Aid Society, Inc. (CLASI) in formulating recommendations, a rapid review of the relevant literature was conducted.

Study Inclusion and Exclusion Criteria

Direct Care Workers: Defined as individuals who provide personal care and supportive services to individuals, particularly people with disabilities, in community settings.

Timing: The review included literature published or produced from 2013 to 2023.

Setting: No geographical restrictions were applied.

Study Design

The review initially focused on locating and summarizing information from relevant and high-quality systematic reviews, meta-analyses, policy briefs, online pages, and/or relevant interventional studies or practice guidelines pertaining to direct care worker shortages and addressing these challenges. Additionally, the review investigated what other states of similar size or adjacent states, such as New Jersey, Maryland, Washington, DC, and Pennsylvania have done to address this issue and whether they have been successful.

Reports were included regardless of publication status, but only full-text reports were considered. For practical considerations, only studies written in English were included.

Evidence Identification and Retrieval

Search Methods

The following databases were used:

- **Ovid MEDLINE:** A comprehensive source of medical research information.
- **Scopus:** Covers a wide range of disciplines including health sciences.
- **Google Scholar:** Provides a broad search for scholarly literature.
- **CINAHL:** Indexes nursing and allied health literature, including publications from the National League for Nursing and the American Nurses Association.

This review followed the reporting checklist of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Liberati et al., 2009). The review aimed to:

- Identify factors contributing to the direct care worker shortage in Delaware and assess their influence on access to care for people with disabilities.
- Develop recommended strategies to address identified problems and the means for implementing them.

Only full-text reports available electronically to the review team were retrieved.

Study Screening and Selection

Screening for inclusion occurred in two phases:

1. **Title Screening:** Relevant titles from the search were identified.
2. **Abstract Screening:** Abstracts of relevant titles were screened. Irrelevant abstracts were excluded, and full-text articles were reviewed. Relevant information was extracted to address the research questions.

Data Extraction

A data extraction table was used to gather relevant information from each full-text study meeting all inclusion criteria. Each study was reviewed, and the following details were extracted:

- Authors' names
- Publication year
- Study design
- Intervention components
- Outcomes
- Summary of main findings

Quality Assessment of the Body of Evidence for Each Outcome

The GRADE framework was considered when assessing the quality of evidence for outcomes deemed important and critical to decision-making. GRADE is a transparent framework for developing and presenting summaries of evidence and for formulating clinical practice recommendations.

Appendix D: Glossary of Terms

Glossary

Direct Care Sector: The segment of the healthcare system that provides essential care services directly to individuals, especially in home or community settings. This includes professions like home care aides, nursing assistants, and other caregivers.

Demographic Shifts: Changes in the composition of a population over time, such as aging or changes in ethnic composition, which can impact various societal sectors including healthcare demand.

COVID-19 Pandemic: A global health crisis caused by the novel coronavirus SARS-CoV-2, first identified in late 2019, leading to widespread illness, death, and significant disruptions to economies and healthcare systems.

Home Care Services: Care provided in a patient's home to assist with daily activities and medical needs. It includes both medical care by healthcare professionals and non-medical care, such as bathing and dressing.

Home-and Community-Based Services (HCBS): A range of services provided in home or community settings to individuals who need assistance due to age, disability, or chronic conditions, aimed at enabling them to live independently.

Turnover Rates: The rate at which employees leave a workforce and are replaced. High turnover rates in healthcare can indicate job dissatisfaction or systemic issues within the sector.

Long-Term Care: Services provided to individuals who need assistance with daily activities or health care over an extended period, typically due to aging, chronic illness, or disabilities.

Wage Stagnation: The situation where wages remain flat over time, without significant increases to keep up with inflation or cost of living, affecting workers' purchasing power and quality of life.

Direct Care Workers (DCWs): Professionals who provide care services directly to patients, especially in home and community-based settings, including personal care aides, home health aides, and nursing assistants.

Labor Market: The supply of available workers in relation to available employment. It encompasses the interaction between employers and employees over wages, conditions of employment, and levels of employment and unemployment.

Care Economy Jobs: Employment opportunities within sectors focused on providing care services, such as healthcare, child care, and elder care, crucial for societal well-being.

Career Advancement Opportunities: Prospects for professional growth and advancement in one's career, including higher positions, increased responsibilities, and better compensation.

Marginalized Groups: Populations that are excluded or disadvantaged due to various factors like race, gender, economic status, or ethnicity, often facing barriers to equal opportunities and resources.

Immigrant Workers: Individuals who have moved from their country of origin to another country to seek employment. They often play a critical role in many economies, including the healthcare sector.

Affordable Care Act: A comprehensive health care reform law enacted in March 2010 (also known as ACA or Obamacare) aimed at expanding health insurance coverage, reducing healthcare costs, and improving healthcare system efficiency.

Health Coverage: Insurance that typically pays for medical, surgical, prescription drug, and sometimes dental expenses incurred by the insured. Health coverage can protect individuals from high healthcare costs and provide access to necessary healthcare services.

PHI: An organization known as the leading expert on direct care workers, focusing on improving the lives of people who need home or residential care by improving the lives of the workers providing that care.

Direct Care Workforce State Index: An online interactive tool created by PHI that provides a data-driven picture of how state public policies support direct care workers and their financial status, allowing for comparison and ranking of states.

Cultural Competence: The ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

Worker Supportive Policies: Public policies designed to improve the working conditions and benefits for workers, including direct care workers.

Wage Pass-Through Policy: A policy mechanism designed to ensure that increases in funding for health care services are directly translated into higher wages for direct care workers.

Medicaid Expansion: A provision under the Affordable Care Act that allows states to provide Medicaid coverage to a broader range of people, including low-income adults without children.

Universal Labor Policies: Broad-based policies that aim to improve labor conditions across all sectors, such as minimum wage increases, paid leave policies, and labor protections.

Paid Family and Medical Leave: Policies that allow workers to take time off from work, with pay, for family or medical reasons, such as the birth of a child or a serious health condition.

Refundable State Earned Income Tax Credit (EITC): A tax credit that reduces the amount of tax owed by low- to moderate-income workers and may result in a refund if the amount of the credit exceeds the amount of tax owed.

LGBTQ+ Protections: Legal and policy measures designed to protect individuals from discrimination based on sexual orientation and gender identity.

Competitiveness Disparity: The difference in wages or earnings compared to workers in other occupations, which can impact the attractiveness of a profession.

Low-Income Households: Families or individuals whose income falls below a certain threshold, often defined in relation to median income levels, making them eligible for certain benefits or support.

Affordable Housing Availability: The availability of housing options that are financially accessible to people with lower or moderate incomes.

Non-Refundable State Earned Income Tax Credit: A tax credit that reduces the amount of tax owed by low- to moderate-income workers but does not result in a refund if the credit exceeds the amount of tax owed.

Legislative Framework Governing Nursing Practice: The set of laws and regulations that define the scope of practice, standards, and requirements for nurses and nursing practice within a state.

HCBS Workforce Solutions: Initiatives aimed at addressing workforce challenges in Home and Community-Based Services through diverse recruitment and retention strategies, supported by legislation such as the American Rescue Plan Act.

American Rescue Plan Act (ARPA): A 2021 federal law providing emergency funding and support to address the impacts of the COVID-19 pandemic, including support for healthcare workforce initiatives.

Tax Credits: Financial incentives provided to individuals or businesses, reducing the amount of tax owed to the government, used here as a strategy to encourage recruitment and retention in the healthcare sector.

Educational Incentives: Programs or benefits that promote further education or training, such as tuition reimbursement or scholarships, aimed at attracting individuals to the direct care field.

Debt Forgiveness: A program that relieves individuals of their obligation to repay part or all of their educational loans, used as an incentive for recruitment in healthcare professions.

Targeted Recruitment Campaigns: Specific marketing efforts designed to attract individuals to job openings in the direct care sector, often focusing on particular demographics or communities.

Financial Incentives for New Hires: Monetary bonuses or other rewards offered to individuals upon accepting a position, aiming to enhance recruitment efforts.

Loan Forgiveness: The cancellation of a borrower's obligation to repay a student loan under certain conditions, used as an incentive to attract workers to the direct care profession.

Non-Wage Benefits: Compensation provided to employees in forms other than direct wages, such as health insurance, paid time off, or retirement savings plans, important for recruitment and retention.

Apprenticeship Programs: Work-based training programs that combine on-the-job learning with classroom instruction, aimed at preparing individuals for specific careers.

Referral Bonuses: Financial rewards given to current employees for referring successful new hires, used as a strategy to encourage recruitment through existing workforce networks.

Section 1915(c) Waivers: Provisions under the Social Security Act that allow states to offer a variety of home and community-based services to Medicaid beneficiaries as an alternative to institutional care.

Telehealth: The use of digital information and communication technologies, such as computers and mobile devices, to access healthcare services remotely and manage healthcare needs.

Grey Market: Informal sector of the economy where individuals offer services without formal certification or licensure, often used in the context of caregiving and direct care services.

Online Data Registries: Digital platforms that collect and store data on healthcare workers, including credentials, availability, and other relevant information, used for recruitment and comprehensive workforce analysis.

Direct Support Connect: A statewide job board in Minnesota that facilitates matching between workers and beneficiaries in the direct care sector, aiming to improve satisfaction and retention.

Public Registry for Home Care Workers: A system that records the qualifications and training of home care workers, allowing for easier verification by employers and reducing redundancy in training.

Standardized Training Programs: Structured educational and training programs developed to unify the quality and scope of training for professionals, ensuring that all receive the same foundational knowledge and skills.

Certification Pathways: Educational and training routes that lead to formal certification, acknowledging a certain level of expertise and knowledge in a specific area.

Nationwide Licensure: A regulatory system that provides a standardized license for professionals across the entire nation, ensuring uniform standards of practice and knowledge.

Advanced Technology in Training: The incorporation of modern technological tools and platforms, such as virtual reality or online learning modules, to enhance the educational experience of trainees.

Continuous Learning: Ongoing educational efforts to ensure that professionals stay updated with the latest knowledge, skills, and practices in their field.

Advanced Direct Care Roles: Specialized positions within the direct care sector that require additional training and expertise, focusing on specific areas such as dementia care or chronic disease management.

Financial Support for Students: Assistance provided to learners, such as scholarships or subsidies, to help cover the costs of education and training programs.

Flexible Policies: Regulations or guidelines designed to be adaptable to various circumstances, making it easier for individuals to comply with or benefit from them.

Direct Support Professionals (DSPs): Workers who provide direct support services to individuals with intellectual and developmental disabilities, helping them with daily activities and community engagement.

Medication Administration Training Program: A training program that equips healthcare workers with the knowledge and skills required to safely administer medications to patients.

Intellectual and Developmental Disabilities (I/DD): Disabilities that are characterized by intellectual limitations and difficulties in adaptive behavior, emerging before the age of 18.

Direct Support Professionals (DSP) Apprenticeship Program: A work-based learning program that combines on-the-job training with related instruction, leading to a recognized credential and wage increases.

Home Care Aide to Nursing Assistant to Licensed Practical Nurse (HCA-NA-LPN) Pathway: A career advancement pathway that allows home care aides to progress through additional training and certification to become nursing assistants and then licensed practical nurses.

Personal and Home Care Aide State Training (PHCAST) Program: A federal initiative aimed at enhancing the skills and competencies of personal and home care aides through state-specific training programs.

Core Competencies for DCWs: Fundamental skills, knowledge, and behaviors that are essential for direct care workers to provide quality care and support.

WisCaregiver Careers Program: A state initiative offering free training and a retention bonus to attract and retain caregivers in the workforce.

Direct Support Connect: A state-run job board in Minnesota that facilitates the matching of direct care workers with clients, improving job satisfaction and retention rates.

Respite and Days Off: Planned or emergency temporary care provided to caregivers of a child or adult, offering them a necessary break from caregiving duties.

Workforce Data Center: An initiative by PHI aimed at collecting, analyzing, and disseminating data on the direct care workforce to inform policy and practice.

#60CaregiverIssues Campaign: A PHI advocacy initiative focusing on identifying and addressing 60 critical issues facing caregivers, aimed at improving working conditions and policy support.

Family Caregivers: Individuals who provide care to family members with health-related needs or disabilities, often without professional training or compensation.

MLTC Plans (Managed Long-Term Care Plans): Insurance plans that provide long-term care services, including health and social services, to individuals who wish to stay in their homes and communities but require chronic care support.

Direct Care Ratios: Policies setting minimum percentages of revenue that must be spent directly on patient care, often implemented in nursing homes to ensure funds are primarily used for care rather than administrative costs or profit.

Paid Sick Leave: Employment benefit allowing workers to take time off with pay when they are ill or need to care for sick family members, helping to ensure workers do not have to choose between health and income.

Medicaid Reimbursement Rate Increases: Adjustments to the rates at which Medicaid compensates providers, which can impact the wages and resources available for direct care services.

Minimum Staffing Requirements: Regulations setting the minimum number of staff members that must be present in a healthcare facility, such as a nursing home, to ensure adequate care for patients.

Collective Bargaining: The process of negotiation between employers and a group of employees aimed at reaching agreements to regulate working conditions, including wages, work hours, and benefits.

Direct Care Loss Ratio Legislation: Laws requiring a specified percentage of revenue to be allocated to direct care services, often used to ensure that a significant portion of healthcare or nursing home revenue is spent on patient care rather than administrative expenses or profits.

Wage Pass-Through Programs: Initiatives where increased funding or reimbursement rates are required to be passed directly to workers in the form of higher wages, rather than being absorbed into the general budget of the provider or facility.

Living Wage: The minimum income necessary for a worker to meet their basic needs, including housing, food, healthcare, and other essentials, without government assistance.

Medicaid Rate Increases for HCBS: Enhancements to the rates at which Medicaid reimburses providers of Home and Community-Based Services, intended to improve compensation for caregivers and access to services for beneficiaries.

ConnectorCare Health Plans: Massachusetts-specific health insurance plans offering low-cost coverage to individuals and families with incomes too high for Medicaid but below certain thresholds, featuring low premiums and out-of-pocket costs.

Health Insurance Innovations for DCWs: State-led efforts to provide affordable health insurance options to direct care workers, often through subsidies or Medicaid expansions, to address gaps in coverage for this workforce.

Full-Time Employment Guarantees: Policies or initiatives ensuring direct care workers are offered full-time positions or stable part-time hours, aiming to provide job security and consistent income.

Overtime Compensation: Additional pay for hours worked beyond the standard workweek, as a strategy to fairly compensate direct care workers for extended work hours and to attract and retain staff.

Collective Bargaining Rights: The legally recognized right for workers to negotiate wages, hours, and other conditions of employment through representatives of their choosing.

Medicaid Reimbursement Enhancements: Adjustments or increases in the rates at which Medicaid reimburses care providers, intended to directly improve wages and working conditions for direct care staff.

Direct Care Worker Coalition (DCWC): Groups or alliances formed to advocate for the interests and rights of direct care workers, focusing on policy changes, awareness raising, and improvements in working conditions.

Legislative Advocacy: Efforts to influence public policy and legislation in favor of direct care workers, including advocating for higher wages, better working conditions, and recognition of their roles.

Wage Pass-Through Law: Legislation requiring that a certain percentage of any increase in Medicaid reimbursement rates or other funding sources be passed directly to workers as wage increases or benefits enhancements.

Paid Sick Leave Legislation: Laws mandating that employers provide paid sick leave to employees, including direct care workers, to ensure they do not have to choose between their health and their paycheck.

Direct Care Loss Ratio: A requirement that a certain percentage of revenue (often from Medicaid reimbursements) be spent on direct patient care, including wages for direct care workers, to ensure funds are used to enhance care quality and worker compensation.

State-Sponsored Health Insurance Plans: Health insurance programs offered or facilitated by state governments, designed to provide affordable coverage options to direct care workers and other low-income populations.

Guaranteed Hours Legislation: Policies requiring employers to offer a minimum number of work hours to direct care workers, aiming to provide stability and reduce the need for multiple jobs.

Collective Bargaining Agreements: Contracts between employers and workers' representatives (often unions) that set wages, hours, benefits, and other working conditions, following negotiation.

Medicaid Rate Increases for Home and Community-Based Services (HCBS): Specific increases in Medicaid reimbursement rates for HCBS providers, aimed at improving wages and conditions for direct care workers within these services.

Bilingual Wage Increase: Additional compensation provided to direct care workers who are bilingual, recognizing the added value of being able to communicate effectively with non-English-speaking clients.

Consumer-Directed Services: A model of care that allows consumers or their families to directly hire, manage, and pay their caregivers, often funded through Medicaid. This approach gives consumers more control over their care.

In-Home Support Services (IHSS): Publicly funded programs that provide assistance to eligible individuals to pay for services that allow them to remain safely in their own homes rather than moving to a facility.

Living Wage Policies: Legislation or policies that set minimum wage rates based on the cost of living in a specific area, ensuring that workers earn enough to meet basic needs for themselves and their families.

Wage Equity: Efforts to ensure fair compensation across different sectors, roles, and demographics, addressing wage gaps and disparities.

Workforce Development Programs: Initiatives aimed at improving the skills, competencies, and abilities of the workforce, including training, education, and professional development opportunities for direct care workers.

Long-Term Support Services (LTSS): A range of services and supports needed by individuals who have a chronic illness or disability, covering both healthcare and non-healthcare needs to help them perform everyday activities.

1115 Waiver: A provision under the Social Security Act that allows states to experiment with or pilot innovative Medicaid and Children’s Health Insurance Program (CHIP) projects that differ from federal standards, aimed at improving care, increasing efficiency, or reducing costs.

Managed Care Plan: A healthcare delivery system organized to manage cost, utilization, and quality, where Medicaid recipients receive most or all of their care from an assigned network of providers.

Equity Training: Programs designed to increase awareness and understanding of diversity, equity, and inclusion (DEI) within the workforce, focusing on reducing biases and fostering an inclusive work environment.

Professional Development: Continuous learning opportunities provided to employees to enhance their skills and knowledge, contributing to career advancement and personal growth.

Immigrant Workforce Integration: The process of incorporating immigrant workers into the labor market, including facilitating their access to legal status, employment opportunities, and necessary training for sectors facing labor shortages, such as direct care.

Employment-Based Visas: Visas granted based on an individual's employment prospects, typically categorized by skill level, which allow workers from other countries to legally work in the host country.

High-Skilled Professions: Occupations that require advanced knowledge and skills, often acquired through prolonged education or specialized training, such as in technology, engineering, or healthcare.

Low-Skilled Employment-Based Visas: Proposed visa categories for jobs that require less formal education and training, aimed at sectors like direct care, which are essential but not traditionally considered high-skilled.

Demographic Landscape: The composition of a population, including its age distribution, which impacts workforce availability and the demand for services such as elder care.

Legal Pathways for Immigrants: Policies and programs that provide immigrants with avenues to obtain legal residency or citizenship, often tied to employment opportunities in sectors with labor shortages.

Integration Assistance: Support services designed to help immigrants adjust to life in a new country, including language training, cultural competency education, and assistance in navigating the healthcare system.

Cultural Competency Training: Educational programs that equip workers with the knowledge and skills to effectively interact with people from diverse cultural backgrounds, crucial for healthcare workers serving a multicultural population.

Broad Immigration Reform: Comprehensive changes to immigration policies aimed at addressing systemic issues, including the creation of new visa categories for sectors experiencing labor shortages.

Green Card Processing: The procedure through which immigrants apply for and receive permanent residency in the United States, enabling them to live and work in the country indefinitely.

International Recruitment: The practice of sourcing workers from other countries to fill job vacancies in sectors with labor shortages, such as healthcare.

Refugee and Asylee Programs: Initiatives that offer protection and resettlement options for individuals fleeing persecution or violence in their home countries, which can also serve as a workforce development strategy by providing eligible individuals with opportunities for employment.

Low-Skilled Employment-Based Visas: Proposed visa categories designed to allow immigrants to legally work in the U.S. in roles that do not require high levels of formal education or specialized training, particularly in sectors experiencing labor shortages, like caregiving.

Green Card Oversubscription: A situation where the demand for green cards, which grant permanent residency in the U.S., exceeds the available supply, leading to processing halts and long waits for applicants.

Temporary Visas: Visas that allow individuals from other countries to live and work in the U.S. for a fixed period. Different from green cards, these visas are often used by sectors like technology to hire foreign talent while waiting for permanent residency approvals.

Bipartisan Eliminating Backlogs Act of 2023: A legislative proposal aimed at addressing the backlog of green card applications by reclaiming and redistributing unused green cards from previous years, and proposing exemptions to per-country caps for certain professions, like nursing.

7% Per-Country Cap: A regulation that limits the number of people who can immigrate to the U.S. from any single country to 7% of the total number of people immigrating to the U.S. in a year, which can contribute to long waits for applicants from countries with high demand.

Staffing Shortages in Nursing Homes: The critical lack of sufficient staff to meet the care needs of residents in nursing homes, exacerbated by factors such as the immigration system's limitations on hiring foreign talent.

American Health Care Association: An organization representing long-term and post-acute care providers, which conducts surveys and research to highlight issues like staffing shortages in the healthcare sector.

Foreign Talent in Healthcare: Professionals from other countries who have the skills and qualifications to work in the U.S. healthcare system but may face barriers to employment due to immigration policies.

Policy Changes in Immigration for Healthcare: Proposed or enacted modifications to immigration laws and regulations intended to make it easier for healthcare institutions to hire foreign workers, particularly in roles facing significant labor shortages.

Citizenship for Essential Workers Act: Proposed legislation that seeks to provide a pathway to citizenship for undocumented immigrants working in essential jobs, including direct care roles, recognizing their contributions and addressing workforce shortages in critical sectors.

Caregiver Visa: A proposed specialized visa category designed to facilitate the legal entry and employment of immigrants in the caregiving profession, directly addressing the sector's staffing needs.

Undocumented Individuals: People residing in a country without legal authorization or documentation. This term often refers to immigrants who have entered a country without proper visas or who have overstayed their visas.

Sponsored Work Permits: Legal authorizations that allow immigrants to work in a specific country, typically sponsored by an employer or a government program, as part of initiatives to fill labor shortages in certain industries.

Systematic Review Process: A proposed mechanism within immigration reform policies that evaluates undocumented workers' contributions and compliance, potentially leading to permanent legal status based on their role in essential sectors.

Legal Status: The condition of having legal authorization to live and work in a country, which can range from temporary work permits to permanent residency (green card) and citizenship.

FAIR (Federation for American Immigration Reform): An organization that researches and advocates on immigration issues in the United States, including estimates of the undocumented population.

Recruitment Needs of the Direct Care Industry: The demand for additional workers in the direct care sector to address current and future shortages, ensuring adequate care for aging populations and individuals with health needs.

Healthcare System's Capacity: The ability of the healthcare infrastructure and workforce to meet the demand for medical and caregiving services, which is influenced by staffing levels, resources, and policy support.

Aging Population: The demographic trend of an increasing proportion of a country's population being elderly, typically leading to greater demand for healthcare and caregiving services.

Global Care Initiative: A hypothetical comprehensive program designed to integrate immigrant workers into the direct care workforce by addressing training, recruitment, and retention challenges.

Cultural Competency: The ability of healthcare providers to understand and respond effectively to the cultural and language needs of patients from diverse backgrounds, enhancing patient care.

Language Skills Development: Training modules aimed at improving the language proficiency of immigrant workers, crucial for effective communication in caregiving roles.

Certification and Skills Development: Programs that provide the necessary knowledge and practical skills required for immigrant workers to qualify and excel in direct care roles.

Mentorship Program: A support system that pairs new immigrant workers with experienced professionals to facilitate knowledge exchange and a supportive learning environment.

Targeted Recruitment Strategies: Specific approaches to reach and attract potential candidates from immigrant communities, including multilingual marketing campaigns and streamlined application procedures.

Credential Recognition: The process of validating and accepting professional qualifications obtained in other countries, making it easier for immigrants to join the workforce.

Retention Strategies: Measures aimed at ensuring the long-term sustainability of the workforce, including career advancement opportunities, competitive compensation packages, and health benefits.

Career Advancement Opportunities: Paths within the direct care sector that allow immigrant workers to progress to higher certifications and leadership roles, enhancing job satisfaction and retention.

Supportive Work Environment: Creating a workplace culture that recognizes and addresses the unique challenges immigrant workers may face, such as cultural adaptation and work-life balance.

Competitive Compensation Packages: Offering salary and benefits that are attractive to potential and current employees, crucial for recruiting and retaining skilled workers in the direct care sector.

Health Benefits: Insurance and other health-related benefits provided to workers, essential for ensuring their well-being and job satisfaction.

Appendix E: Additional Resources

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