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# Workforce Matters

The Direct Care Workforce and State-Based  
LTSS Social Insurance Programs



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GENERATIONS



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## Contents

- 2** Executive Summary
- 4** Introduction
- 6** Why the Direct Care Workforce?
- 7** Direct Care Workers at a Glance
- 9** Terminology
- 10** Framework: Strengthening the Direct Care Workforce through State-Based LTSS Social Insurance Programs
- 11** Recommendations
  - 1. Wages and Benefits
  - 2. Training
  - 3. Advanced Roles
  - 4. Supervision
  - 5. Recruitment and Retention
  - 6. Data Collection
  - 7. Decision-Making
  - 8. Family Caregivers
  - 9. Matching Service Registries
- 30** Conclusion
- 31** Notes
- 32** Appendix: Profile of Direct Care Workers in the U.S.

## Executive Summary

**The direct care workforce serves as the paid frontline of long-term services and supports (LTSS), yet direct care jobs are too often characterized by low compensation and minimal training, among other indicators of poor job quality (see Appendix). As a result, many workers leave these roles and the industry—or choose not to pursue direct care jobs at all. Due to workforce attrition as well as increasing demand, about **7.8 million jobs** in direct care will need to be filled **between 2016 and 2026.**<sup>1</sup>**

As states begin crafting social insurance solutions to the problems of LTSS affordability, accessibility, and sustainability, attention to the needs of the direct care workforce is essential. Through social insurance programs, states can strengthen the direct care workforce, incentivize improvements in direct care job quality, and stimulate job growth in this workforce, which will vitalize the economy.

To strengthen the direct care workforce through state-based LTSS social insurance programs, this report makes the following recommendations to state leaders:

- 1 Increase compensation for direct care workers by establishing a wage floor for this sector—with benefit and financial security safeguards
- 2 Enhance training requirements and strengthen the in-person and online training infrastructure for direct care workers
- 3 Develop advanced roles for direct care workers that allow them to progress in their careers and offer a higher level of support
- 4 Institute supervision training programs and requirements to successfully develop direct care supervisors
- 5 Establish an innovation fund and state-level advocate to improve recruitment and retention among the direct care workforce
- 6 Build a robust data collection system and produce new research to analyze the direct care workforce at the state and local levels
- 7 Create a long-term, state-sanctioned workgroup and leadership program to strengthen the contributions of direct care workers
- 8 Launch demonstration projects and a policy workgroup to maximize the relationship between family caregivers and home care workers
- 9 Construct a matching service registry that connects home care consumers and workers within the state

By addressing these recommendations, state-based social insurance programs provide a promising strategy for ensuring that consumers can access the support they require from a high-quality, properly supported workforce.

## Introduction

# As costs for long-term services and supports (LTSS) increase exponentially, what is the role of states in ensuring LTSS affordability and access?

One promising solution to this question is: a state-based social insurance program for LTSS. Most Americans cannot afford LTSS—costs are high (and difficult to predict), and consumers lack the necessary income, savings, or private insurance to cover these costs. A state-based social insurance program can expand access to LTSS for those who need it, reducing the individualized uncertainty and catastrophic financial consequences that are hallmarks of the current system.

A state-based social insurance program can:

- **Improve consumer access to home and community-based services**, where direct care workers serve as the paid front line, providing essential daily supports;
- **Ease the pressure on strained state Medicaid programs**, as such pressure often hinders efforts to enact job quality improvements for direct care workers; and
- **Stimulate job growth in the direct care sector** and in a state's economy.

However, a truly accessible state-based social insurance program will require a range of policy changes to proactively strengthen the direct care workforce—jobs in this sector are often poor in quality, spurring high turnover and limiting access for consumers. This report outlines nine policy areas where the direct care workforce can be adequately supported through state-based social insurance programs.

**By incorporating and financing these recommendations in a social insurance program, states can ensure that an affordable, sustainable long-term services and supports system is matched by a thriving direct care workforce prepared to deliver those services.**

# Social Insurance and 'Universal Family Care'



## Did you know?

Families around the country are struggling to afford long-term services and supports. With more than 10,000 older people turning 65 every day, the demand for long-term care continues to surge, straining its current infrastructure in this country. As this report illustrates, the growing demand for LTSS and the poor quality of direct care jobs are together compelling a shortage of direct care workers, while the rising costs for LTSS remain largely unaffordable. These factors place the majority of caregiving responsibilities on family members, many of whom are also caring for children and managing paid work. What is the best way to address these dynamics through public policy?

A new report from the National Academy for Social Insurance (NASI) proposes a possible solution to this question: a social insurance program that combines LTSS, childcare, and paid family and medical leave, described as universal family care (UFC). While UFC combines various care needs under one social insurance approach, a key aspect of this approach is to make LTSS more accessible and affordable to all consumers. Therefore, this report focuses on how a state-based social insurance program can bolster the direct care workforce in order to expand access to LTSS for those who need it, reducing the individualized uncertainty and catastrophic financial consequences that are hallmarks of the current system.

## Why the Direct Care Workforce?

Direct care workers are the paid frontline of long-term services and supports, delivering valuable daily support to millions of older people and people with disabilities while providing respite and supporting quality of life for a strained sector of family caregivers.

**About 4.3 million direct care workers support clients in their homes, residential settings, and nursing homes.<sup>2</sup>**

Largely due to the growing number of older Americans and increased longevity, the demand for direct care workers surges every year, making them essential to U.S. job growth and our economy. **Between 2016 and 2026, the direct care workforce will grow more than any single occupation in the country, and more than 7.8 million direct care job openings will need to be filled.<sup>3</sup>**

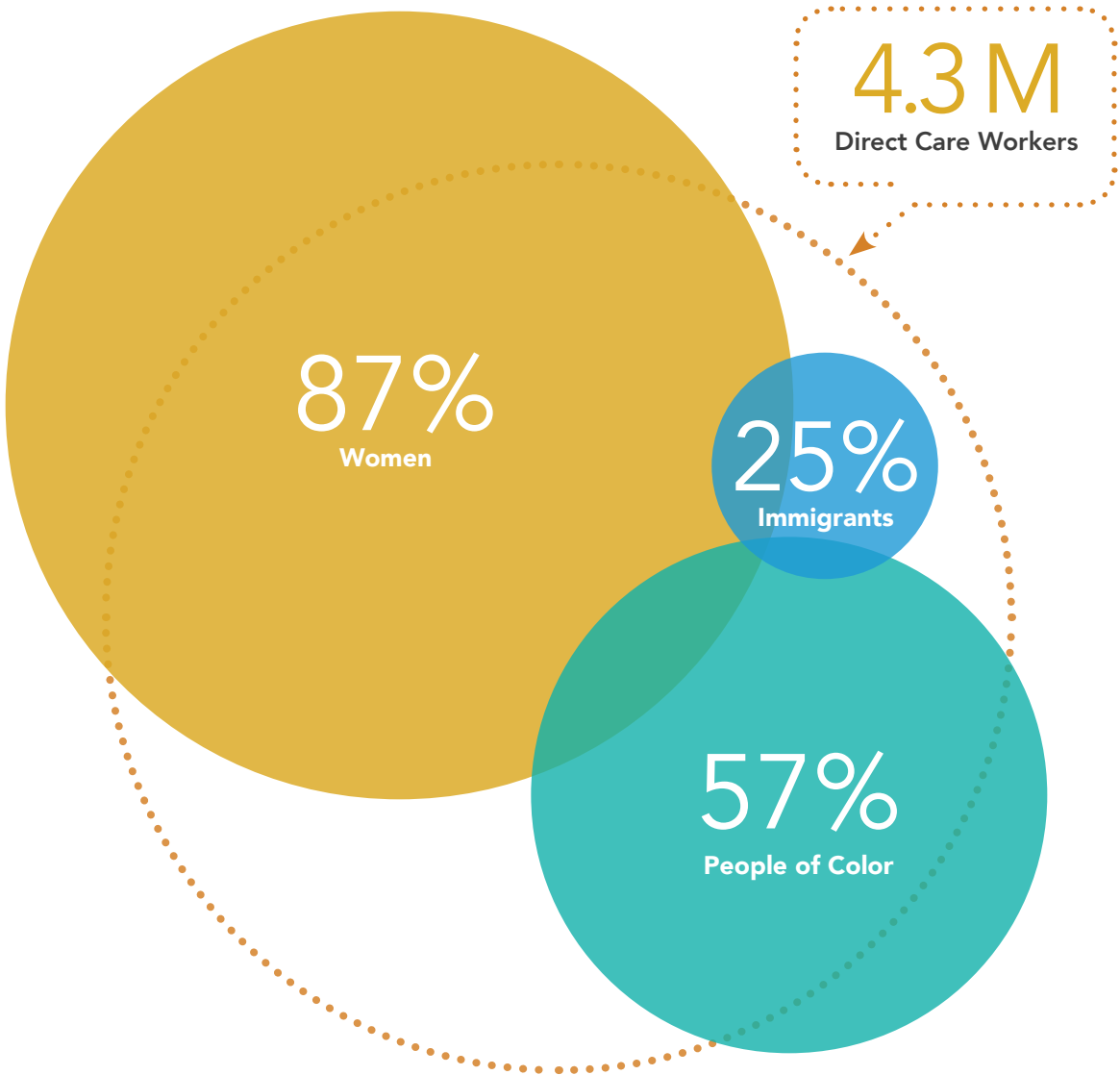
Unfortunately, because these jobs are often poor in quality—as evidenced by low compensation, insufficient training, and limited advancement opportunities, among other indicators—turnover in this sector remains unsustainably high. **Across the country, states report workforce shortages in which LTSS employers are left without enough staff,** which negatively impacts the ability of consumers to access the care they need.

Investing in direct care jobs through state-level financing reforms—as described in this report’s recommendations—would ensure that long-term services and supports remain both affordable and accessible to people who need it. **These workforce-related reforms would reduce turnover and improve recruitment in this sector, boost the economy, and strengthen caregiving supports for millions of Americans.**



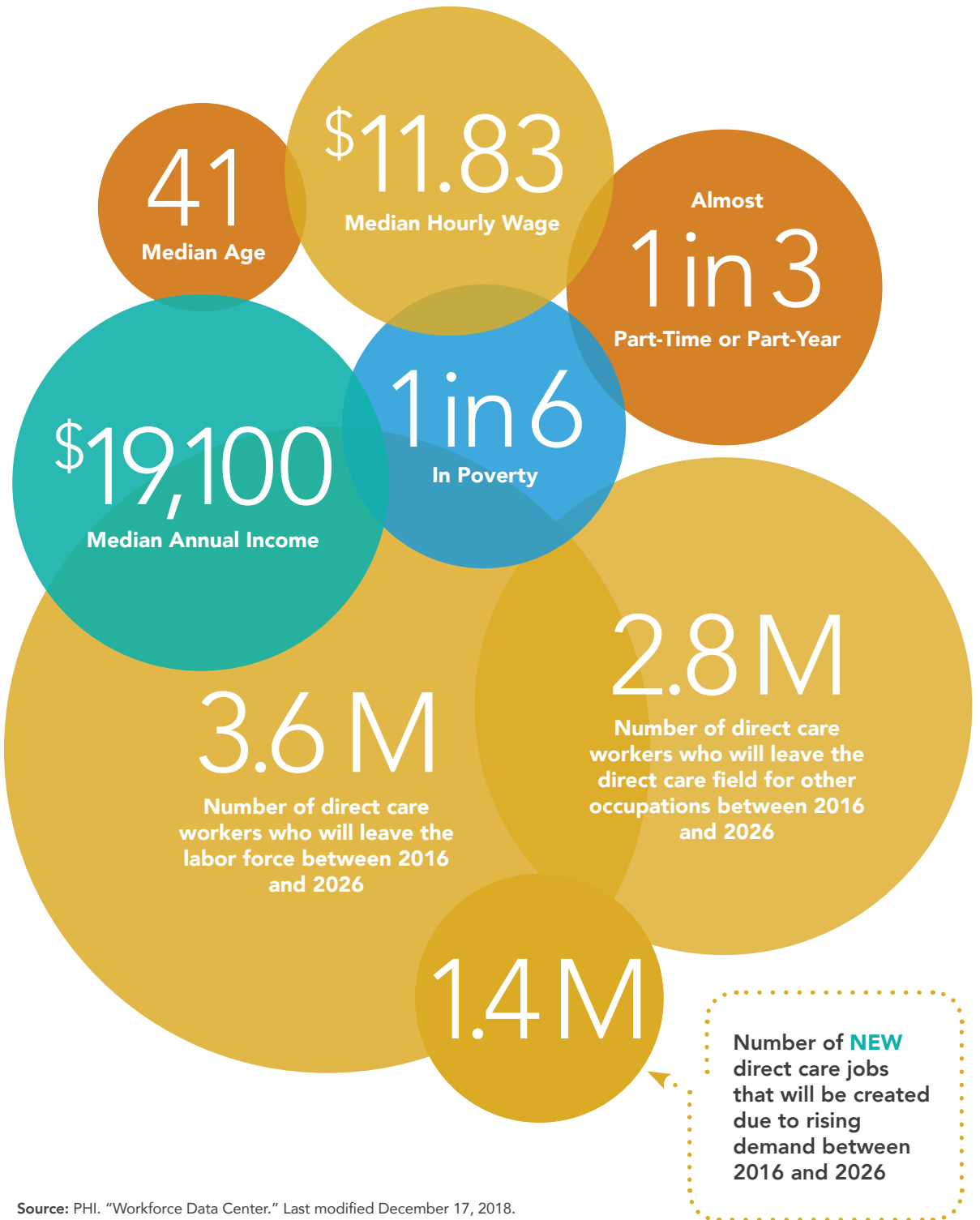
## Direct Care Workers at a Glance

The direct care workforce is expanding rapidly, reflecting the increased demand spurred by the growing number of older people and complicated by high turnover in this sector, among other major factors. Nonetheless, direct care jobs continue to be poor in quality—a reality that mostly affects women, people of color, and immigrants.



Source: PHI. "Workforce Data Center." Last modified December 17, 2018.  
<https://phinational.org/policy-research/workforce-data-center/>

## Direct Care Workers at a Glance (continued from pg. 7)



Source: PHI. "Workforce Data Center." Last modified December 17, 2018.  
<https://phinational.org/policy-research/workforce-data-center/>

# Terminology

**Consumer direction** – In publicly funded consumer direction programs, consumers or their designated representatives hold primary responsibility for hiring, scheduling, supervising, and dismissing their own direct care workers.

**Consumers, clients** – For the purposes of this report, “consumers” and “clients” are used interchangeably to describe people who receive LTSS, largely older people and people with disabilities.

**Direct care worker** – Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating. Direct care workers include personal care aides, home health aides, and nursing assistants.

**Home health aide** – Home health aides assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating, while also performing clinical tasks, such as blood pressure readings and assistance with range-of-motion exercises.

**Long-term services and supports (LTSS)** – Long-term services and supports (LTSS) include a range of health and social services that are provided to individuals who require assistance with activities of daily living (e.g., bathing, dressing, and eating) and/or instrumental activities of daily living (e.g., preparing meals, housekeeping, and attending appointments).

**Matching service registry** – Matching service registries are online platforms designed to connect home care workers with consumers by gathering detailed information about the consumer’s needs and preferences and the worker’s availability, skills, and preferences. There are 15 nonprofit registries currently operational in 11 states.<sup>4</sup>

**Nursing assistant** – Nursing assistants deliver assistance with daily activities and clinical support to older people and people with disabilities, largely in nursing homes.

**Personal care aide** – Personal care aides assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating, while also helping their clients with housekeeping, errands, appointments, and social engagements outside of the home, among other responsibilities. Personal care aides are the largest-growing segment of the direct care workforce.

**Social insurance** – As defined by the National Academy of Social Insurance, social insurance programs are universal public insurance programs available to all residents. Examples in the United States include Social Security, Medicare Part A, unemployment insurance, and existing state-level paid family and medical leave programs. Social insurance programs differ from social assistance programs such as Medicaid, food stamps, and housing vouchers, where entitlement is needs-based.<sup>5</sup>

# PHI Framework

## Strengthening the Direct Care Workforce through State-Based LTSS Social Insurance Programs



- WAGES AND BENEFITS
- TRAINING
- ADVANCED ROLES
- SUPERVISION

- RECRUITMENT, RETENTION AND EMPLOYMENT SUPPORTS
- DATA COLLECTION

- DECISION-MAKING
- FAMILY CAREGIVERS
- MATCHING SERVICE REGISTRY



# Recommendations

A healthy and transformed direct care workforce is essential to the success of state-based LTSS social insurance programs.

At a pivotal moment when providers are increasingly grappling with severe recruitment and retention challenges, and individuals are struggling to find and afford paid support, a strong direct care workforce—rooted in an affordable and accessible LTSS system—will ensure that everyone receives the care they require.

The purpose of this report is to delineate a diverse range of workforce-related recommendations, opportunities, and considerations that a state should contemplate when designing an LTSS social insurance program. For this reason, this report should not be read as a detailed blueprint for states, but rather as a set of broad policy areas and key ideas that merit careful consideration.

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## A Note on Funding Needs and Program Integration

The recommendations outlined in this report assume that states will need to include a significant investment in the direct care workforce in their LTSS social insurance programs to achieve a truly accessible and sustainable LTSS system. Increasing access to affordable care without ensuring an adequate supply of workers would leave consumers and their families without paid support.

Unfortunately, job improvements in the direct care sector are profoundly hindered by limited government funding and inadequate reimbursement rates under Medicaid and other payers, including managed care plans. In response to this financial and political reality, we have outlined concrete “funding needs” for each recommendation, acknowledging that specific funding sources and levels will depend on program design and other factors.

Additionally, these recommendations assume that states will align their LTSS programs, including workforce components, with existing programs such as Medicaid and others. Since the unique configuration of programs varies by state, we have not made detailed recommendations about program alignment. Finally, the opportunities and considerations in this report will require adaptation to address both consumer-directed and agency-directed LTSS models.

# Increase compensation for direct care workers by establishing a wage floor for this sector—with benefit and financial security safeguards

## Why This Matters

Wages and benefits for direct care workers have remained persistently low for decades, a dire fact that forces many workers into poverty. These low wages are a primary reason cited by direct care workers for leaving these roles—particularly in economically stable times, when candidates for direct care jobs might instead choose to pursue less arduous, better-paying jobs in other industries. Investments in direct care wages are needed to make these jobs more competitive and improve the financial security of workers.

## Key Opportunities and Considerations

- Require that LTSS employers meet a state-mandated, state-financed “wage floor” for direct care workers that aligns with their skills and experience, with the option of meeting this floor through wages alone or through a combination of wages and benefits (such as employer-provided health insurance, paid time off, and retirement contributions, among others).
- Account for the phenomena of “benefit cliffs” and “benefit plateaus” among low-wage workers when crafting

strategies that increase wages for direct care workers. These cliffs and plateaus occur when, as low-wage workers’ wages and hours increase, their total compensation drops or remains the same due to a corresponding decrease in public benefits.<sup>6</sup>

- Offer financial literacy and counseling programs to direct care workers to help them understand complex job-related benefits and supports (including health insurance options), navigate difficult financial situations, and plan for their short- and long-term financial futures.

## Funding Needs

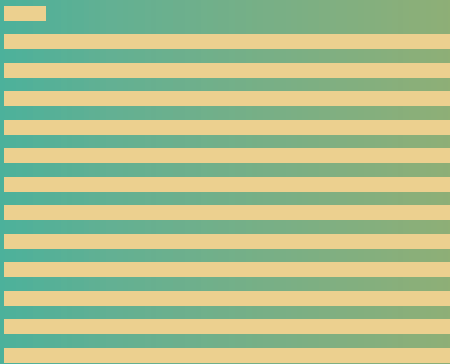
- Funding to adequately cover the costs of compensation through the program’s payment and reimbursement rates, using a wage rate methodology that accounts for cost of living, inflation, benefit cliffs and plateaus, and other considerations
- Funding to strengthen existing financial literacy and counseling programs for low-income people, including staffing and other program costs

Did you know?

Hourly wages for direct care workers have remained virtually **stagnant** over the last decade.

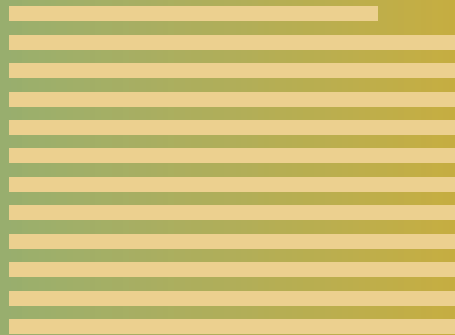
2007

\$12.08



2017

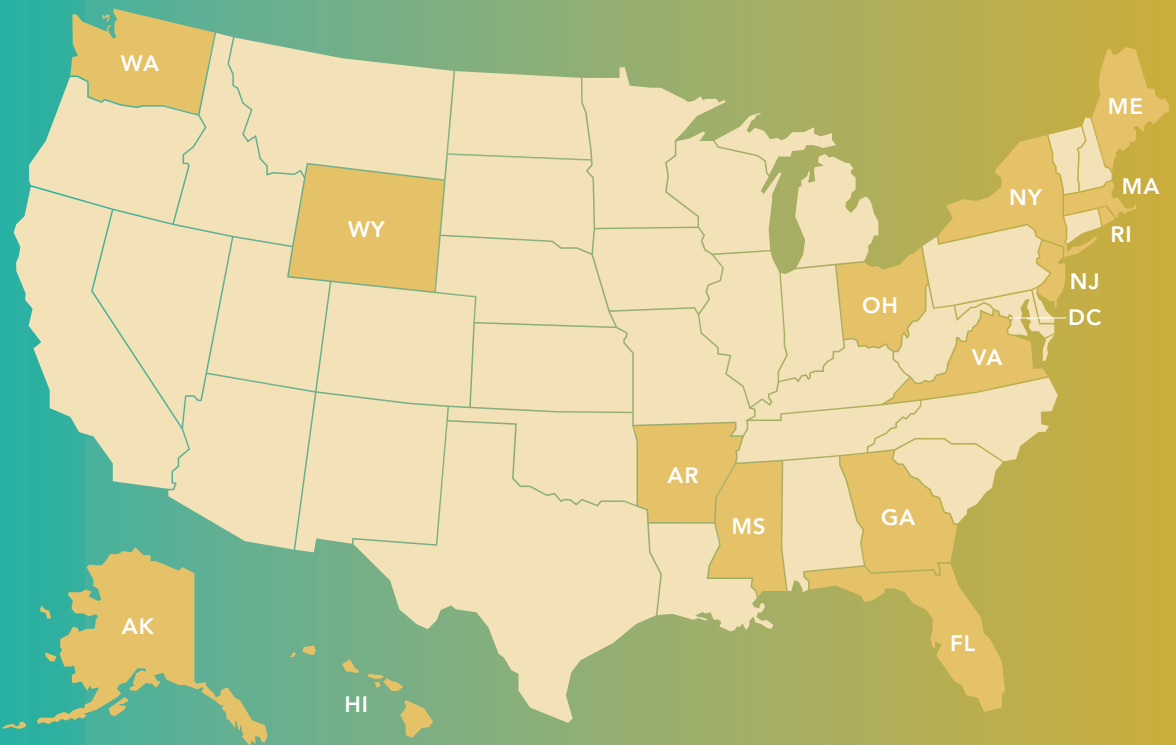
\$11.83



Source: PHI. 2018. *U.S. Home Care Workers: Key Facts (2018)*. Bronx, NY: PHI.  
<https://phinational.org/resource/u-s-home-care-workers-key-facts-2018/>

Did you know?

Only 15 states and the District of Columbia require at least 40 hours of training for PCAs in at least one set of training requirements.



Source: PHI. 2019. "Personal Care Aide Training Requirements."  
<https://phinational.org/advocacy/personal-care-aide-training-requirements/>



# Enhance training requirements and boost the in-person and online training infrastructure for direct care workers

## Why This Matters

A well-prepared direct care workforce will ensure that workers have the skills, knowledge, and confidence to succeed in their roles—and that older people and people with disabilities receive high-quality supports. However, training requirements for this workforce are inconsistent and often insufficient across and within states. Likewise, the direct care training infrastructure—personnel, training materials, and testing and certification systems—remains underfunded and underdeveloped; even where requirements are stronger, on-the-ground training programs often lack enough resources to be effective. Finally, technology-based training approaches for this sector show promise but haven't been sufficiently evaluated or widely disseminated.

## Key Opportunities and Considerations

- Standardize training for direct care workers through state-sponsored model curricula and competency requirements.
- Strengthen training quality by setting and funding minimum standards for

training programs, including instructor qualifications, student-teacher ratios, and training space and equipment.

- Support and widely disseminate effective technology-based and e-learning models to help train the direct care workforce and deliver cost savings.

## Funding Needs

- Funding to support new and existing training entities throughout the state, to cover training costs such as personnel, training materials, and testing and certification systems, among others
- Funding for auditing programs, including on-site verification, to ensure that training programs meet requirements
- Funding to enhance the technological capacity of training entities to deliver online training, as well as dedicated funding to support innovative and effective e-learning approaches
- Funding to ensure that training and certification is free or low-cost to direct care workers

# Develop advanced roles for direct care workers that allow them to progress in their careers and offer a higher level of support

## Why This Matters

Career advancement opportunities in direct care enable workers to take on more expansive and satisfying roles, which can reduce turnover and make the job more competitive with other comparable industries. Additionally, a variety of interventions have demonstrated that when direct care workers take on advanced roles, they improve care for clients, reduce unnecessary emergency room visits, and potentially save health care costs.<sup>7</sup> Advanced roles can be created to: aide clients with care coordination and transitions; support clients with complex chronic conditions; assist with clinical observation and reporting; educate clients on health promotion and medication adherence; mentor newly hired aides; and help with entry-level training—among other possibilities. Advanced home care roles that support people living with common and costly chronic conditions are especially needed.

## Key Opportunities and Considerations

- Evaluate the value and impact of advanced roles in direct care, testing their potential to improve care transitions,

reduce emergency room usage and preventable hospitalizations, and boost job satisfaction, among other benefits.

- Implement an array of advanced roles in direct care—and align these roles with proper training, certification, and compensation levels—to enable trained direct care workers to fulfill additional responsibilities, depending on setting.
- While many advanced roles for direct care workers can be implemented within existing professional practice laws and regulations, in some cases amendments may be required to enable these workers to fulfill a wider set of responsibilities, promoting the effective and efficient use of the state’s health workforce.<sup>8</sup>

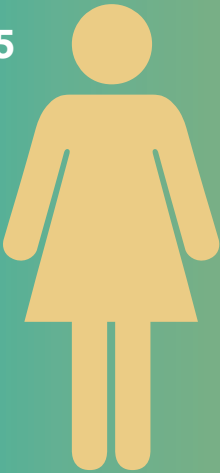
## Funding Needs

- Funding for developing, implementing, and evaluating advanced role demonstration projects
- Funding for the training infrastructure associated with advanced roles, including personnel, training materials, and testing and certification systems, among others
- Funding for increased compensation tied to advanced roles

Did you know?

The six-month retention rate for newly hired home care workers increased by **73 percent** for a New York-based home care provider that introduced advanced roles into its workforce, among other interventions.

2005



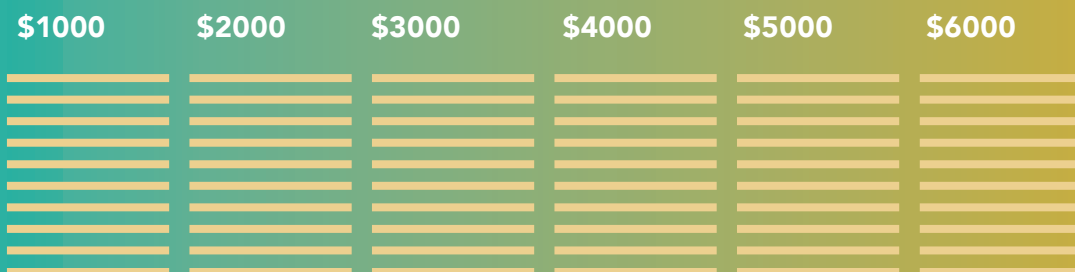
2010



Source: Escandón, Inés and Marcia Mayfield. 2010. *Loretto's PACE Central New York: Proactively Tackling Retention*. Bronx, NY: PHI.

**Did you know?**

A 2006-2010 PHI-led intervention that reached more than **2,000 supervisors** led to enhanced problem solving and efficiency on the job, saving an estimated **\$6,000 per supervisor** (among those reporting time efficiencies due to the training).



Source: PHI. 2017. *Success Across Settings: Six Best Practices in Promoting QCQJ*. Bronx, NY: PHI.  
<https://phinational.org/resource/success-across-settings-six-best-practices-in-promoting-quality-care-through-quality-jobs/>



# Institute supervision training programs and requirements to successfully develop direct care supervisors

## Why This Matters

In long-term services and supports, employees are often hired and promoted into supervisory roles without proper training or support. Research has also found that poor supervision is a major reason why direct care workers leave their jobs.<sup>9</sup> In particular, traditional supervision practices tend to emphasize top-down, punitive approaches—whereas supportive supervision practices (i.e. those that emphasize communication and problem solving) have been shown to increase job satisfaction and create stronger workplace cultures in LTSS.<sup>10</sup>

## Key Opportunities and Considerations

- Establish and evaluate a competency-based, adult learner-centered training curriculum and program to enhance supervision within direct care organizations. This training approach should be tested and implemented across in-person and online formats, as well as across LTSS settings.

- Develop and strengthen evidence-based training requirements for supervisors in direct care, rooted in lessons learned from training evaluations.
- Ensure that consumers in consumer-directed LTSS programs can also access tailored supervisory training that supports them as employers.

## Funding Needs

- Funding for developing, implementing, and evaluating supervisory training curricula and program
- Funding for the training infrastructure associated with supervisory training, including personnel, training materials, and testing and certification systems, among others

# Establish an innovation fund and state-level advocate to improve recruitment and retention among the direct care workforce

## Why This Matters

Across the country, individual LTSS employers and a range of state and community actors are developing innovative strategies to boost recruitment and reduce turnover among the direct care workforce. If these types of innovations were evaluated and widely disseminated, the sector would benefit from shared knowledge about how to find and keep these workers, including those who have been historically marginalized and who face unique hardships in employment. Direct care workers could also benefit from a state-level public advocate—a person or government division—charged with ensuring that this workforce understands their rights and benefits and that their employers understand their legal responsibilities, among other related issues.<sup>11</sup>

## Key Opportunities and Considerations

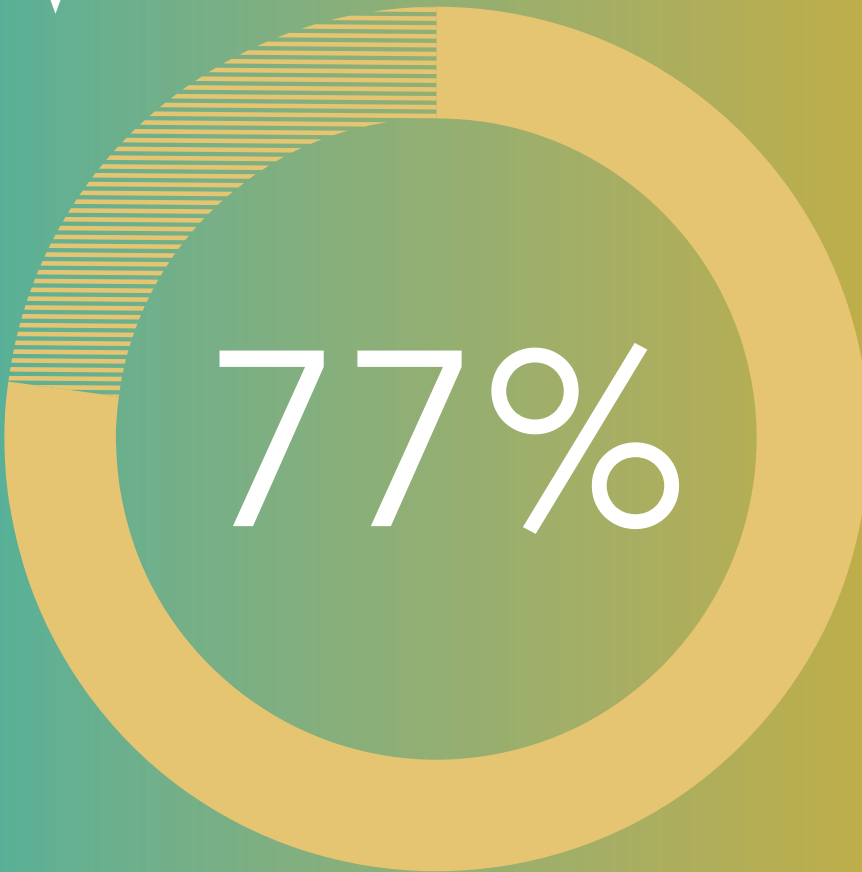
- Commission a statewide study to identify and understand the various factors driving recruitment and retention challenges among direct care workers.

- Create a recruitment and retention innovation fund to support a range of strategies for effectively recruiting and retaining direct care workers, including culturally and linguistically competent strategies, among others.
- Establish a state-level direct care advocate to provide outreach and support to direct care workers statewide, while ensuring that workers and their employers understand their rights and responsibilities under evolving wage and labor laws (among other responsibilities).

## Funding Needs

- Funding for a statewide recruitment and retention study, allowing for robust data collection and analysis and proper dissemination of the study's findings
- Funding for the recruitment and retention innovation fund, including grants and administrative costs
- Funding to establish a direct care advocate, including personnel and operational costs, among others

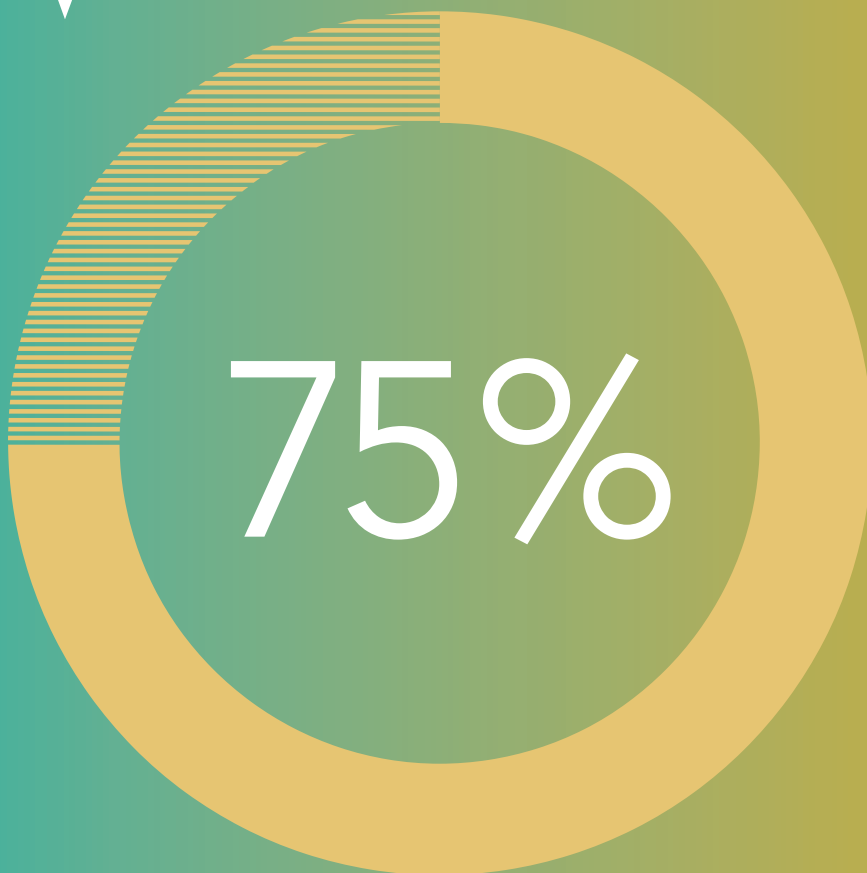
Did you know?



of home care providers name  
“**caregiver shortages**” as a top  
threat facing their agencies.

Source: Home Care Pulse. 2017. *Home Care Benchmarking Study 2017*. Rexburg, ID: Home Care Pulse.

Did you know?



of states do not maintain a **central registry of personal care aide training records**, which can be used to track workforce capacity.

# Build a robust data collection system and produce new research to analyze the direct care workforce at the state and local levels

## Why This Matters

A growing staffing crisis in the direct care workforce around the country has brought an acute awareness to the need for better data on this workforce. Without reliable data on direct care workers, state leaders and other stakeholders are unable to determine where shortages are most critical—or systematically track other workforce-related characteristics and trends. States often lack the formal systems—technology, protocols, staffing, and more—to properly collect, measure, and report data on this workforce, and where modest systems exist, they typically do not assess the areas that merit the most attention, including workforce volume, stability, compensation, training, and other dimensions of job quality, among other areas.<sup>12</sup>

## Key Opportunities and Considerations

- Establish the necessary infrastructure to systematically collect employer-level data on the direct care workforce statewide and ensure consistent analysis and public reporting of that data. Data collection should include, at a minimum: workforce volume, stability, compensation, and training/credentials, accounting for

workers employed through both agencies and consumer-directed programs.

Data could also capture consumers' experiences with direct care workers.

- Centralize training and certification records of direct care workers in a state database made available to key stakeholders, such as current and potential employers, with safeguards to protect the privacy of workers.
- Fund original studies on the direct care workforce, including studies that measure workforce size and composition, and workers' experiences, needs, and aspirations, among other workforce indicators. Surveys of consumers' experiences with direct care workers would also be valuable.

## Funding Needs

- Funding to develop a statewide data collection, analysis, and reporting infrastructure, including a planning process, personnel, technology systems, and general administration and maintenance costs
- Funding for new studies on the direct care workforce, allowing for robust data collection and analysis and proper dissemination of the study's findings

# Create a long-term, state-sanctioned workgroup and leadership program to strengthen the contributions of direct care workers

## Why This Matters

States are increasingly establishing formal work groups to respond to the myriad of challenges facing direct care workers and the broader caregiving sector. These workgroups—along with legislative hearings, policy briefings, and ad hoc convenings—bring critical attention to this field while engaging a diversity of stakeholders on policy changes in their states. Workgroups have been instrumental in developing research and policy proposals on issues such as compensation and training standards, among others.

## Key Opportunities and Considerations

- Create a long-term, government-sanctioned workgroup responsible for responding to the needs and interests of the direct care workforce, positioning direct care workers and their advocates within the workgroup's formal leadership structure.

- Hold regular convenings, hearings, and briefings on urgent direct care workforce matters, allowing for public input and involvement.
- Design a leadership program for direct care workers to build their leadership and advocacy capacities, while connecting this program to leadership positions in government and the community.

## Funding Needs

- Funding to hold regular gatherings of the workgroup and public events, including personnel and other administrative costs, stipends, and meeting and event logistics
- Funding to launch and maintain a leadership program, including personnel, operating costs, travel, stipends, and evaluation

Did you know?

In 2012, a state-sponsored workgroup in Washington State helped lengthen required personal care aide training duration from 28 hours to 75 hours.

75

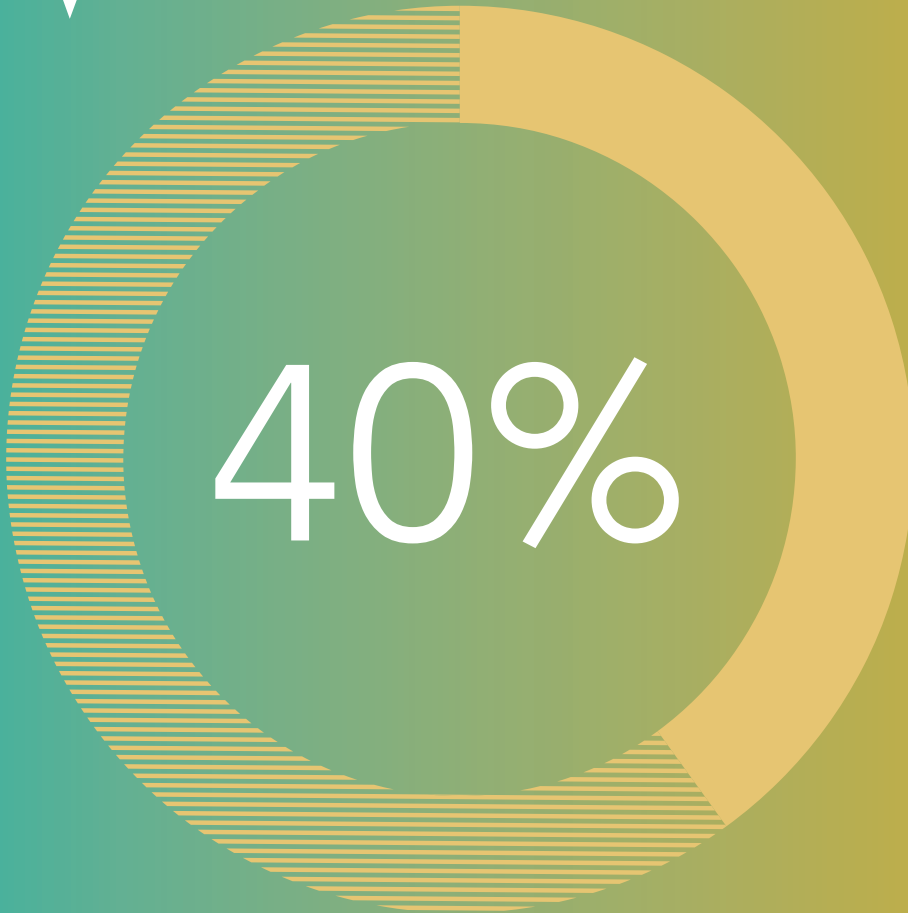
28

0

Source: PHI. 2017. *Training Standards for Personal Care Aides: Spotlight on Washington*. Bronx, NY: PHI. <https://phinational.org/resource/training-standards-for-personal-care-aides-spotlight-on-washington/>



Did you know?



According to a 2017 national survey, **four in ten** caregivers say they were not prepared to take on the role of family caregiver.

Source: Skufca, Laura. 2017. "AARP Family Caregiving Survey: Caregivers' Reflections on Changing Roles." AARP Research. November 2017. <https://www.aarp.org/research/topics/care/info-2017/family-caregiving-changing-roles.html>

# Launch demonstration projects and a policy workgroup to maximize the relationship between family caregivers and direct care workers

## Why This Matters

About 40 million family caregivers nationwide provide daily assistance to family members—an experience that leaves many caregivers physically, emotionally, and financially strained. Direct care workers are poised to provide support and respite to family caregivers, working with them to ensure that clients receive optimal care. However, research and evidence are limited about how best to support family caregivers and direct care workers in their joint work. In this context, a statewide policy agenda for strengthening the relationship between family caregivers and direct care workers would maximize their roles and improve care for clients.

## Key Opportunities and Considerations

- Establish a workgroup of policy experts, direct care workers, and family caregivers (among others) to create a research and policy agenda for strengthening the relationship between home care workers and family caregivers.

- Commission a statewide study on home care workers and their experiences with family caregivers, identifying mutual needs and interests.
- Fund demonstration projects to understand how home care workers and family caregivers can best be integrated to improve care and quality of life outcomes.

## Funding Needs

- Funding for developing, implementing, and evaluating family caregiver-direct care worker demonstration projects
- Funding to manage and convene a workgroup, including personnel and other administrative costs, meeting logistics, and others
- Funding for a statewide study on home care workers and family caregivers, allowing for robust data collection and analysis and proper dissemination of the study's findings

# Construct a matching service registry that connects home care consumers and workers within a state

## Why This Matters

Matching service registries are gaining traction around the country as an online solution to recruitment challenges in consumer-directed LTSS, by effectively pairing consumers with home care workers based on their mutual needs, preferences, and availability. Some of these registries have been created from scratch, while other registries utilize existing online platforms. Matching service registries may also be leveraged to fulfill other workforce-related priorities, such as recruitment and outreach, data collection, screening and orientation, and training. However, for a matching service registry to succeed, innovators in this area are finding that the program must be designed with input from consumers and workers alike, and it must include marketing and technical assistance supports (such as hotlines for people who lack internet access or computer literacy).

## Key Opportunities and Considerations

- Commission a feasibility study to assess the strengths, risks, logistics, and costs of launching a statewide matching service registry.

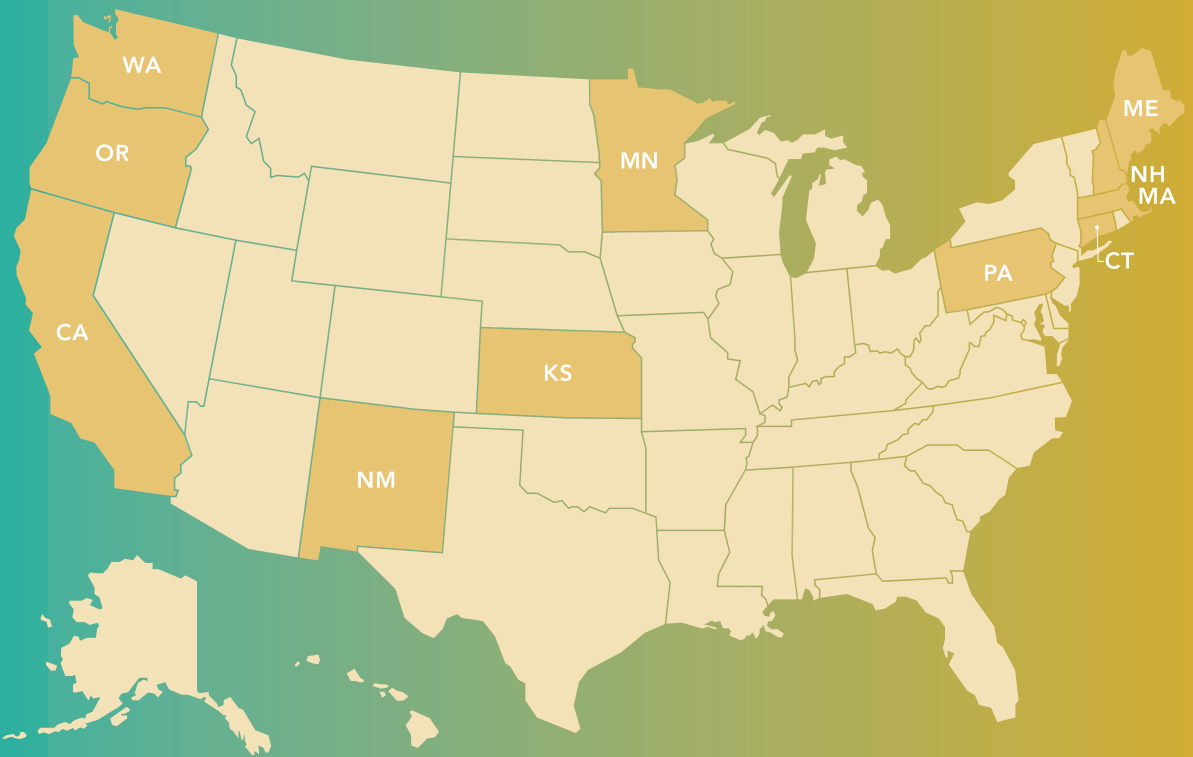
- Build marketing and technical assistance supports into the matching service registry program design to ensure success.
- Engage consumers and workers in the design of the matching service registry to ensure their needs as users are being met.

## Funding Needs

- Funding for a matching service registry feasibility study
- Funding for developing and maintaining the matching service registry, including personnel and administrative costs, technology, marketing and outreach, technical support such as hotlines, and user-centered development and testing to incorporate the needs of consumers and workers

Did you know?

Nationwide, there are **15 nonprofit registries** in **11 states**, operating primarily on public funds.



Source: PHI. 2019. "PHI Matching Services Project." <https://phinational.org/advocacy/phi-matching-services-project/>

## Conclusion

State-based social insurance programs are gaining traction around the country as a solution for ensuring that everyone can afford long-term services and supports.

However, for these programs to be truly accessible to consumers, the direct care workforce must also be transformed and financed. A universal family care approach in particular offers promise for alleviating the combined costs of LTSS, childcare, and paid family and medical leave—needs that are pronounced among the direct care workforce and other low-wage workers.

This report outlines nine broad policy areas where state-based LTSS social insurance programs must strengthen the direct care workforce. The workforce needs higher compensation levels, stronger training requirements and programs, and career advancement opportunities to maximize the roles of direct care workers in LTSS. Supervision in LTSS also should be strengthened, as should the array of strategies being employed by LTSS providers to promote recruitment and retention among this workforce. Finally, states should root their LTSS social insurance programs in systemic solutions that fortify the direct care workforce, including robust data collection systems, state-sanctioned workgroups and public advocates, family caregiver-direct care worker demonstration projects, and matching service registries. By implementing these recommendations, we can co-create an LTSS system that supports all consumers and workers.

## Notes

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# Appendix

## Profile of Direct Care Workers in the U.S.

	Home Care	Nursing Homes	All Direct Care Workers
<b>Gender</b>			
Male	13%	9%	13%
Female	87%	91%	87%
<b>Age</b>			
16-24	10%	21%	15%
25-34	18%	24%	21%
35-44	18%	20%	19%
45-54	23%	18%	20%
55-64	23%	14%	18%
65+	9%	3%	6%
Median Age	47	37	41
<b>Race and Ethnicity</b>			
White	40%	45%	43%
Black or African American	27%	37%	30%
Hispanic or Latino (Any Race)	22%	11%	17%
Asian or Pacific Islander	7%	4%	6%
Other	3%	3%	3%
<b>Citizenship Status</b>			
U.S. Citizen by Birth	71%	80%	75%
U.S. Citizen by Naturalization	16%	13%	15%
Not a Citizen of the U.S.	14%	7%	10%
<b>Educational Attainment</b>			
Less than High School	17%	12%	13%
High School Graduate	35%	40%	35%
Some College, No Degree	29%	36%	33%
Associate's Degree or Higher	19%	12%	19%
<b>Employment Status</b>			
Full-Time	60%	76%	68%
Part-Time, Non-Economic Reasons	32%	21%	26%
Part-Time, Economic Reasons	8%	3%	6%
<b>Annual Earnings</b>			
Median Personal Earnings	\$15,100	\$21,200	\$19,100
Median Family Income	\$47,400	\$49,900	\$51,800
<b>Federal Poverty Level</b>			
Less than 100%	19%	15%	16%
Less than 138%	31%	25%	26%
Less than 200%	49%	45%	45%
<b>Public Assistance</b>			
Any Public Assistance	51%	37%	42%
Food and Nutrition Assistance	30%	26%	26%
Medicaid	30%	21%	25%
Cash Assistance	3%	2%	2%
<b>Health Insurance Status</b>			
Any Health Insurance	82%	87%	86%
Health Insurance through Employer/Union	37%	60%	51%
Medicaid, Medicare, or Other Public Coverage	39%	24%	31%
Health Insurance Purchased Directly	14%	10%	12%



## About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

## About Caring Across Generations

Caring Across Generations is a national movement of families, caregivers, people with disabilities and aging Americans working to transform the way we care in this country. By harnessing the power of online and grassroots organizing and culture change work, we are shifting how our nation values caregiving and calling for policy solutions that enable all of us to live well and age with dignity. For more information, please visit [caringacross.org](http://caringacross.org).

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