



January 9, 2017

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
ATTN: CMS-2404-NC
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Medicaid Program Request for Information: Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community Based Services (CMS-2404-NC)

Dear Acting Administrator Slavitt;

We write to you on behalf of the members of the Eldercare Workforce Alliance (EWA), a group of 31 national organizations – representing consumers, family caregivers, health care professionals, and direct care workers – joined together to address the immediate and future workforce crisis in caring for an aging America. We are writing to comment on the *Request for Information on Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community Based Services (CMS-2404-NC)*. The Alliance appreciates CMS's commitment to the provision of high-quality home- and community-based services (HCBS) for our nation's older adults and we thank you for the opportunity to provide insights on this critical issue.

Home- and Community-Based Services (HCBS) Workforce

Older adults should be able to receive high-quality care to help them live independently in their homes and communities. To meet this goal, an interdisciplinary team is key to providing the necessary medical, behavioral, and social supports needed for older adults to live well. Unfortunately, as detailed in two recent National Academies of Science, Engineering, and Medicine (NASEM) reports, interdisciplinary health care teams with special training in geriatrics and gerontology will likely be in critically short supply to meet the burgeoning demand, unless we take sufficient steps to prepare for immediate and future workforce needs. The lack of standardized geriatric training requirements for both health care professionals and the direct care workforce results, in part, from a lack of recognition that older adults have distinct health care needs. EWA encourages CMS to focus on recruitment, training, retention, and compensation of all members of health care teams serving older adults in home- and community-based settings, as well as ways to evaluate and support participation in interdisciplinary teams.

Specifically, the U.S. is already dealing with an acute shortage of direct-care workers; a shortage that will only worsen over the next 20 years as millions of Americans will need long-term health care. Direct care workers who provide in-home care, specifically home care aides and personal care aides, are projected to be the two of the fastest-growing occupations in the nation within the next decade. To ensure that direct-care workers are able to provide the highest-quality care to all long-term care consumers, these positions

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should offer comprehensive training, certification, appropriate supervision, and career advancement opportunities; livable, family-sustaining wages; affordable health insurance and other benefits; as well as balanced workloads and full-time hours if desired. Any proposals focused on expanding access to high-quality care in the home should recognize these realities and include components directed at ensuring we have the workforce necessary to meet patient need.

Included with this letter is a EWA Issue Brief that outlines an advanced direct care worker position. This is a role envisioned to improve the quality and efficiency of care provided to older adults while strengthening career ladders for home care workers. The Alliance believes that with the appropriate training, supervision, and support, some home care workers can play an enhanced role, with more responsibility for improving safety and quality of care for older adults and their family caregivers. We recommend fostering an Advanced Direct Care Worker role that both improves the quality of person- and family- centered care and addresses current and future demand for a high-functioning eldercare workforce. Developing such a role and deploying workers in this capacity can lead to better health, better care, and potential cost-savings. More information can be found in the attached Issue Brief.

Family and Unpaid Caregivers

No discussion of the HCBS workforce would be complete without an acknowledgement of the role of family and other unpaid caregivers. According to a recent NASEM report, *Families Caring for an Aging America*, nearly 18 million Americans provide unpaid care to an older adult. Due to smaller family sizes, the divorce rate, and geographic relocation – the next generation of older adults may be less able to rely on their families for caregiving. Providing support and training opportunities to family caregivers is essential, especially during a time when nationally:

- More than three-quarters of caregivers feel they need more help or information related to caregiving.
- Nearly one in five family caregivers who assisted with medication management and one in three who assisted with changing dressings or bandages received no instruction or training in performing these tasks.
- 46 percent of family caregivers performed medical/nursing tasks for care recipients with multiple chronic physical and cognitive conditions.

Family caregivers need more recognition, training, and support in order to provide high-quality care to their loved ones and maintain their own health and well-being. At the same time, the health workforce needs better training to identify, assess, and engage caregivers to improve the quality of care delivered. Only one in three family caregivers indicated that a health professional asked what support they need to care for their loved one.

Data Collection and Quality Measurement

The Alliance strongly believes that data collection is an important part of measuring and otherwise assessing the workforce's ability to care for older adults. To that end, we offer the following recommendations regarding HCBS quality measurement:

- Include measures that reveal whether care is person- and family-centered, as well as coordinated
- Include quality metrics for practitioners and providers that promote quality care and recognize the complexity of caring for older adults with multiple chronic conditions, including those who have cognitive impairment, and support the need to work collaboratively with family caregivers

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- Track and assess the geriatrics, gerontological, and eldercare training and education of the workforce
- Track and assess recruitment and retention practices and workforce data

The National Quality Forum released a report in 2016 on *Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement* that provides more insights on data collection and quality measurement.

On behalf of the members of the Eldercare Workforce Alliance, we thank you for this opportunity to submit comments on the *Request for Information on Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community Based Services (CMS-2404-NC)* and for your commitment to improving the lives of older Americans.

Sincerely,



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EWA Co-Convener



Michèle J. Saunders, DMD, MS, MPH
EWA Co-Convener

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