

Bernard Sanders
Chair, Senate HELP Committee
332 Dirksen Building
Washington, D.C. 205-4503

Bill Cassidy
Ranking Member, Senate HELP Committee
520 Hart Building
Washington, DC 20510-1804

RE: Health Care Workforce Shortages Request for Information

Dear Chair Sanders and Ranking Member Cassidy:

The National MLTSS Health Plan Association (MLTSS Association) appreciates the opportunity to provide input on your request for information on the drivers of health care workforce shortages and potential solutions.¹

The MLTSS Association represents managed care organizations (MCOs) that have Medicaid managed care contracts with one or more states and take risk for long-term services and supports (LTSS) provided under Medicaid.² Our members assist states in delivering high-quality LTSS at the same or lower cost as the fee-for-service system with a particular focus on ensuring beneficiaries' quality of life and ability to live as independently as possible. We cover a significant number of enrollees in MLTSS plans and integrated plans for dually eligible individuals, including national plans and regional and community-based plans.

We appreciate the committee's ongoing commitment to supporting the strength and stability of our nation's healthcare workforce, including the recent hearing examining current healthcare workforce shortages. However, notably missing from the discussion were the critical workforce challenges facing direct care providers for individuals with disabilities and older adults. In 2020, 7.7 million Medicaid beneficiaries received direct care services to assist with activities of daily living (ADLs) like bathing, dressing, and feeding in their homes, in their communities and other congregate settings.³ By addressing these needs, the direct care workforce helps individuals with functional limitations maintain their quality of life, welfare, and health on a daily basis. Our member organizations rely on direct care workers, including Personal Care Attendants (PCAs), Direct Support Professionals (DSPs) and other homecare professionals as a critical component of the home and community-based services (HCBS) workforce.

Direct care services provided in home and community-based settings help older adults and individuals with disabilities maintain their independence and reduces reliance on more costly nursing facilities. Direct care workers can also help monitor changes in the health of the individuals they serve, facilitating earlier interventions and avoiding costly hospitalizations, and reducing burden on acute and primary care

¹ https://www.help.senate.gov/imo/media/doc/rfi_workforce.pdf

² Members include Aetna, AmeriHealth Caritas, CareSource, Commonwealth Care Alliance, Elevance Health, Inclusa, LA Care Health Plan, Molina Healthcare, UPMC Community HealthChoices, and VNS Health.

³ <https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/>

providers. Alternatively, gaps in care and rapid turnover in direct care workers increases risk of injuries, emergency department visits and hospitalizations for the people they serve.⁴

Direct care workers play an essential role in serving some of the most vulnerable members of our communities. However, ongoing shortages, exacerbated by the COVID-19 pandemic, translate into reduced access to HCBS and the ability for individuals to live within the community and receive the services they need. A 2022 survey of HCBS providers showed that over 80% had turned away patient referrals, over 60% of providers were discontinuing programs, and over 90% reported they were struggling to meet quality standards due to staffing shortages.⁵ As a result, individuals with disabilities are waiting longer, receiving lower quality services, and relying on informal caregivers for support. Access to a robust direct care workforce is critical to ensure enrollees with disabilities, frailty, and other serious health conditions receive the care that they need in the community.

The availability of a qualified, competent, and stable direct care workforce plays a critical role in supporting people with disabilities to accomplish their goals and have equitable access to their communities. By 2030, the direct care workforce is expected add more than 1.2 million jobs, to keep pace with the growing populations of older adults and individuals with disabilities.⁶ It is critical that direct care workers have the confidence, ethical decision-making skills, empowerment, guidance, and latitude necessary to provide quality support, receive compensation that is commensurate with job responsibilities and have access to a career path aligned with ongoing professional development.

The MLTSS Association recommends the committee ensure that any strategies to address healthcare workforce shortages incorporate specific actions to bolster the direct care workforce. Below, we detail a few strategies that the committee could pursue in coordination with the Centers for Medicare and Medicaid Services (CMS). More information on these recommendations can be found in our discussions on [HCBS Network Adequacy](#) and [Disability Policies in the 21st Century](#).

1. Ensure direct care workers and front-line supervisors have opportunities for needed training, mentoring, and professional development.
2. Provide credentialing opportunities, career pathways, and ongoing competency-based training and mentoring to create incentives for direct care worker participation. Encourage the development of statewide career advancement pathways for direct care workers based on the completion and demonstration of CMS' core competencies, with career lattices (with corresponding increased wages) for individuals who have been deemed by a neutral third-party as proficient in demonstrating competency areas.

⁴ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00021>

⁵ <https://www.ancor.org/wp-content/uploads/2022/10/The-State-of-Americas-Direct-Support-Workforce-Crisis-2022.pdf>

⁶ <https://www.phinational.org/policy-research/key-facts-faq/>

National
MLTSS
Health Plan Association

3. Ensure direct care works reflect the racial and ethnic diversity of the beneficiaries that they serve.
4. Gather and analyze county or zip-code level data to identify areas where Medicaid HCBS and Medicare home health providers are unable to provide adequate staffing to serve their communities.

We have formed a new Direct Care Workforce workgroup with our members to continue developing new solutions to the ongoing workforce shortages. We appreciate the opportunity to comment on these issues, and welcome opportunities to discuss these comments and recommendations with you further.

Sincerely,



Mary Kaschak
Chief Executive Officer