

**The Department of Social Services
Home and Community-Based
Provider Recruitment and Retention Survey**

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**Prepared by
Kathy Kellett, PhD
Deborah Migneault, MSW
Noreen Shugrue, MA, MBA, JD
Julie Robison, PhD**

**UConn Center on Aging
263 Farmington Avenue
Farmington, CT 06030-5215**

**UConn
HEALTH**

**CENTER
ON AGING**

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Executive Summary

Background

- The COVID-19 pandemic intensified existing challenges experienced by direct care workers including exposure to the virus without pandemic-specific training, lack of paid time off, and lack of compensation for working in hazardous conditions.
- The American Rescue Plan Act, signed on March 11, 2021, was designed to provide direct relief to Americans, contain the spread of COVID-19, and rescue the economy. This Act included stabilization funds for home and community-based services providers.

Home and Community-Based Provider Survey

- To better understand the recruitment and retention difficulties faced by home and community-based services providers, the Department of Social Services contracted with the University of Connecticut, Center on Aging, to conduct a survey. The survey asked questions about recruitment and retention, strategies utilized to retain direct care employees and recruit new direct care employees, and how providers used the American Rescue Plan Act stabilization funds.
- A total of 447 provider organizations participated in the survey [February 10, 2023 - April 25, 2023].

Key Findings

- During the pandemic, providers' recruitment and retention challenges were exacerbated and focused on direct care workers' low pay, lack of paid time off, and the intense demands of direct care.
- Ongoing challenges related to direct care workers leaving their positions during the pandemic included fear of catching COVID-19 and personal health concerns, low pay, and childcare or other family issues.
- Providers reported American Rescue Plan Act funds were effective in increasing some salaries, enhancing benefit packages, providing referral bonuses, better benefits, and improving overall work conditions.
- Providers also reported the use of ARPA funds to improve overall work conditions, such as flexible hours, allowing hybrid/remote work, and tuition or training reimbursements.
- Other types of compensation used to support recruitment and retention efforts included mileage reimbursement and meals.
- Providers that focused on word of mouth recruitment strategies and employee referrals reported higher effectiveness.
- The most effective retention strategies were tied to compensation.

Recommendations

Providers made recommendations regarding what Connecticut can do to enhance providers' ability to recruit and retain quality direct care workers. Many recommendations involve the revision of regulatory practices and are for the legislature to consider while others are aimed at DSS and the provider network.

- Revise regulations to make direct care work more appealing as a long-term career, increase the limit on hours to a minimum of 20 hours weekly, and reduce onboarding documentation requirements.
- Review educational and experience requirements for direct service work.
- Offer more training including subsidized training and the implementation of a tuition reimbursement program to students interested in home healthcare.
- Assist providers with benefit packages, particularly health insurance.
- Revise the unemployment government benefits policy so there is an incentive to work and remain employed.
- Promote marketing and provide resources to advertise direct care jobs.
- Provide transportation assistance and related expenses particularly to direct care workers in rural areas.
- Support technology utilization to improve the state registry of direct care workers seeking employment.
- Promote cross agency collaboration to address the issue of funding rates for direct care workers.
- Consider providing additional childcare assistance.

Conclusions

- While the one-time American Rescue Plan Act funds provided relief to some Connecticut providers during the pandemic, they are insufficient to stabilize the direct care workforce and sustain long-term home and community-based services growth.
- Nevertheless, lessons learned from the pandemic experience indicate that a combination of greater financial investment, technology, and regulatory changes can make direct care jobs more attractive and enhance providers' ability to recruit and retain a quality workforce.
- This post pandemic period is a "landmark opportunity" to make improvements in Medicaid home and community-based services by leading positive change for older adults and people with disabilities needing services and creating a better workplace for direct care workers both now and for the future (Sullivan, 2021, p. 5).

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Acronyms

Acronym/Letter	Acronym or Letter Meaning
ARPA	American Rescue Plan Act
CMS	Centers for Medicare and Medicaid Services
CT	Connecticut
DDS	Department of Developmental Services
DSP	Direct Support Professional
DSS	Department of Social Services
FMAP	Federal medical assistance percentage
HIE	Health information exchange
HCBS	Home and community-based services
IT	Information Technology
REDCap	Research Electronic Data Capture
UConn CoA	University of Connecticut Center on Aging
VBP	Value-based payment

Background and Introduction

A growing population of older adults and people with disabilities has increased the demand for home and community-based services (HCBS) direct care workers; this trend is anticipated to continue (PHI, 2022). Despite past and projected growth in the HCBS sector, direct care worker pay and benefits remain exceptionally low and uncompetitive. Significant retention issues are being experienced by HCBS providers as a result of many existing and potential direct care workers seeking other careers in less emotionally and physically demanding positions (PHI, 2022). The COVID-19 pandemic intensified existing challenges experienced by direct care workers including exposure to the virus without pandemic-specific training, lack of paid time off, and lack of compensation for working in hazardous conditions. States including Connecticut (CT) have experienced a longstanding challenge in recruiting and retaining direct care workers due to low wages and the intense demands of direct care and are seeking long-term solutions to improve wage growth and career opportunities and ultimately improve the lives of these workers and the people they care for (National Governors Association, 2022).

The American Rescue Plan Act (ARPA), signed on March 11, 2021, was designed to provide direct relief to Americans, contain the spread of COVID-19, and rescue the economy. The Act offers states an opportunity to receive an increase in the federal share of HCBS Medicaid costs, specifically a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for specific Medicaid expenditures related to HCBS, and supports, expands, or improves person-centered HCBS (Sullivan, 2021). In CT, this funding is crucial to supporting stabilization of the HCBS workforce and to broadening and strengthening HCBS capacity to meet peoples' preference for HCBS over institutionalization.

In response to the ARPA requirement to utilize increased FMAP to supplement existing state Medicaid HCBS funds, CT submitted a spending plan and narrative detailing the implementation of ARPA and received full approval from the Centers for Medicare and Medicaid Services (CMS) on December 23, 2021 (Department of Social Services, 2021). CT's HCBS plan reflects the following:

- Alignment with CT's Strategic Rebalancing Plan
- Coordination and collaboration among the Office of Policy and Management (OPM - CT's budget office), DSS (CT's Medicaid agency), and the Departments of Developmental Services (DDS) and Mental Health and Addiction Services [DMHAS] on the following priorities:
 - o Stabilization and enhancement of capacity of the formal and informal long-term services and supports workforce
 - o Promotion and increased use of assistive technology
 - o Support for new models of care including value-based payments (VBPs) and provider training
 - o Capacity building for providers through technology improvements, and enhancements to the existing automated critical incident system

- Engagement with consumer-led stakeholder, provider, and advocate advisory groups

CT's HCBS funds related to the reinvestment of the supplemental 10% federal match enacted under Section 9817 of ARPA provide in part:

- A minimum wage increase of 6% in accord with PA 19-4 - home health aide and waiver services, including agency-based personal care assistants (PCAs), chore/homemaker, and companion services
- A one-time stabilization payment for HCBS waiver service providers estimated at 5% of total State Fiscal Year 2021 expenditures
- A 1.7% rate increase across-the-board funded by state General Fund dollars
- A supplemental rate funding above the 1.7% to increase waiver services to a 4.5% total rate increase, including a 3.5% base increase and a 1% VBP increase
- A VBP dependent on participation in race-equity training, connection to CT's health information exchange (HIE), and quality and financial data reports

Funded by ARPA, the DSS VBP seeks to create and sustain a value-based fee-for-service delivery model by providing whole-person care through incentive payments to HCBS providers based on clearly defined outcomes. In the initial payment periods, HCBS providers were expected to implement data sharing agreements with CT's HIE Connie, a secure way of sharing health information electronically among doctors' offices, hospitals, labs, radiology centers, and other healthcare organizations. By participating in DSS's VBP initiative each quarter, HCBS providers may receive a VBP equal to a 2% rate increase on specific prior period claims.

To achieve the 2% VBP benchmark payment, CT providers were expected to complete three performance metrics by April 21, 2023. These were to:

1. Complete a survey seeking feedback based on provider experiences and ongoing needs to inform continued investments in the HCBS workforce.
2. Complete a 1-hour Learning Collaborative related to Racial Health Equity.
3. Complete a 1-hour Learning Collaborative on Understanding the History of Aging and Disability Policy in the United States. For both collaboratives, agency designees were required to register, attend, and actively participate.

Payments processed at the beginning of May 2023 were based on successful completion of the three requirements and claims submitted from November 1, 2022 through February 28, 2023.

HCBS Provider Survey

While the entire long term services and support workforce experiences the same recruitment and retention issues in the direct care workforce, the HCBS provider survey was developed and implemented in response to the difficulty Medicaid provider agencies had in recruiting and retaining a quality workforce during the pandemic. DSS sought to identify strategies employed by providers to rebuild the infrastructure for recruiting and retaining quality staff during the pandemic years, the challenges that were faced, and emergent best practices. DSS plans to disseminate findings to others serving CT's HCBS population who face similar challenges and to help maintain a sustainable provider network with quality staff. To better understand the recruitment and retention difficulties face by HCBS providers, DSS contracted with the University of Connecticut, Center on Aging (UConn CoA), to conduct a survey. The survey asked questions about recruitment and retention, strategies utilized to retain direct care employees and recruit new direct care employees, and how providers used ARPA stabilization funds (see Appendix A for survey questions).

Methods and Analysis

Survey data were collected and managed using Research Electronic Data Capture (REDCap) tools hosted by UConn Health (Harris et al., 2009; Harris et al., 2019). REDCap is a secure, HIPAA compliant, web-based software platform designed to support data capture for research studies providing: 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources.

Initial survey invitations were sent to a list of CT providers supplied by DSS in February 2023 using REDCap Automated Invitations. The list included all Medicaid HCBS providers throughout the state including those that had signed up to participate in Connie. After the initial emails were sent, reminder emails were automatically sent daily for five additional days or until the survey was completed. A second mailing of the same survey was emailed in late March after DSS extended the cutoff date for the VBP requirements. Reminder emails were sent daily for two additional days or until the survey was completed. The second mailing of the survey was sent to providers who did not respond to the initial invitation, including nonrespondent Connie participants, and several new Connie enrollees.

Quantitative data were exported from REDCap into the Statistical Package for the Social Sciences (SPSS) version 28 and analyzed. Descriptive statistics were run on the following areas of interest: tracking direct care employee turnover rates and how turnover rates changed over the pandemic period, the three top reasons given by direct care employees who left their positions in a provider's organization during the pandemic, and strategies a provider organization used to retain existing direct care employees and recruit new direct care employees.

Qualitative data were exported from REDCap into SPSS, formatted as single transcripts per survey question in Word and imported into ATLAS.ti version 23 to systematically identify and organize themes. Following an initial reading of the data, deductive or directed content analysis was used to

develop a codebook as a guide for broad categories and subconstructs for more narrow categories (Crabtree and Miller, 2022; Mayring, 2000). Coding is an important strategy in qualitative methods that categorizes data and enables a research team to define and organize ideas (Friese et al., 2018). As themes emerged, they were organized under the relevant categories and revised by two researchers until no new themes emerged (McCracken, 1988). A cyclical, iterative approach to data coding and refining themes within categories continued until saturation was evident or no new themes emerged (Friese et al., 2018). During this process, agreement between researchers was important and established a strong degree of intercoder reliability (O'Brien et al., 2014). When disagreement in coding or assigning a theme to the data occurred, researchers discussed the text until there was consensus.

Results for quantitative and qualitative data are reported in the aggregate, with no personally identifiable information.

Part I

HCBS Provider Recruitment and Retention Survey Administration Process

There are approximately 600 HCBS providers enrolled in CT's Medicaid program. Provider contact lists received from DSS by UConn CoA researchers included contact information for different offices of a parent organization and numerous individual contacts for most of the provider organizations. After removing duplicates from the lists, 1,504 individuals from 560 provider organizations were emailed initial invitations in February 2023. Out of 1,504 initial email invitations, 362 completed surveys were returned. The list of 1,142 individuals who did not respond to the initial invitation was reviewed and individuals with duplicate tax ID information were deleted if a provider with the same tax ID completed a survey following the initial invitation (n=424). Five providers that enrolled in Connie after the initial email was sent were included in the second email invitation for a total of 723 individuals. As in the first email invitation, many of the invitations were sent to several different people in an organization. Eighty-five surveys were received following the second email invitation. The total number of completed surveys were 447. Of the 560 provider organizations invited to participate in the survey, 68.2% (n=382) completed at least one survey.

DSS reported that of 212 Connie provider organizations, 193 completed the HCBS Provider Recruitment and Retention Survey. The remainder of provider organizations completing the survey (n=189) were not currently participating in Connie. According to DSS, 56 provider organizations, or 23%, of the total number of organizations enrolled in Connie met all three requirements and qualified for the VBP that was awarded in May 2023.

Part II

HCBS Provider Recruitment and Retention Challenges

Provider challenges included a description of the challenges faced in recruiting and retaining direct care staff particularly during the pandemic. Providers were also asked if their organization regularly

tracks direct care employee turnover rates and if so, how the turnover rate has changed during the pandemic. Additionally, providers were asked to list the top three reasons direct care employees left their positions during the pandemic. Finally, providers were asked which of the top three challenges they listed continue to cause challenges and in what ways.

Provider Challenges in Recruiting and Retaining Direct Care Staff During the Pandemic

Providers' answers to an open-ended question seeking a description of challenges faced in recruiting and retaining direct care staff during the pandemic elicited numerous and often impassioned responses. Unsurprisingly COVID safety concerns, such as workers' and clients' fear of the virus, apprehension of going to clients' homes, reluctance to receive required vaccinations, and time off for exposure and recovery, was the top challenge, and figured prominently in the responses.

The acuity of the clients that we serve along with poor health and limited access to health care professionals lead many direct care staff to be fearful of direct engagement during the pandemic. Families for our in-home services program were also fearful of our staff coming into their homes and therefore canceled over 50% of services. This led to staffing shortages with limited hours increasing staff turnover.

Many were too afraid to work, gave their notice and never returned. About 40% left.

Turnover was high due to staff fears of contracting COVID. Staff pool was decreased due to hiring only vaccinated staff. Quarantines for COVID exposure kept staff out for 10-14 days which caused additional fill-in staff to be hired as temporary replacements.

Other interrelated responses reflect the exacerbation of pre-COVID recruiting and retention challenges. Numerous providers stated that an increase in poor worker quality hindered their recruitment and retention efforts, particularly lack of professionalism.

Additionally, the quality of applicants [has] decreased. We are seeing more applicants without driver's licenses or extensive criminal backgrounds. When we are able to recruit quality caregivers they quickly leave for jobs that pay more or do not have transportation with no reimbursement... It is truly heartbreaking how we are daily turning away families in need of care because we don't have quality staff.

The most serious problems we are facing is no willingness to work by newly hired employees. Work ethics change. Call outs are no longer exceptions, they became rule. It seems like work is by far is not important or valuable for employees. Everything else in life comes first. After they do everything else (their appointments, personal issues, etc.) if there is time left for work, they might attend. Quality of applicants also significantly decreased. People are applying for positions far exceeding their qualifications. At the same time nobody wants to increase their qualifications, even if the employer is willing to pay for that.

Low wages for direct care workers, often tied to Medicaid reimbursement rates, were also frequently noted.

The Medicaid service rates are too low and not attractive in general but during the pandemic was a catastrophe!!!! Poor elderly people who haven't received the home care timely and waited their turn.

There was also a limit on the pay increase that could be allotted due to the reimbursement rate paid by Medicaid. Medicaid just simply does not reimburse the agencies enough to pay employees even \$18.00 per hour to retain good, dedicated caregivers when we are competing with Walmart, McDonald's and Burger King.

One frequent response traceable to COVID-era federal and state policy decisions was that existing and potential employees left the workforce entirely, deeming it in their own self-interest. Unemployment at that time was preferable to and more remunerative than working at low-wage jobs, particularly when coupled with the opportunity to avoid COVID exposure and remain home with children at a time of forced home schooling. Enhanced unemployment and other benefits made recruitment and retention of direct care workers far more difficult for many providers.

Our biggest issue has been the State working against us. Connecticut made it possible for people to NOT have to work with all the unemployment that was handed out and all the extra income people received and the extra SNAP benefits. We have had numerous people tell us they make more money staying home.

A lot of people we reached out to said that they have the time and experience and can work, but if they take the job then they won't get unemployment and extra assistance. They said that they are making more money staying home. A LOT of people said this.

It was very difficult to find staff during the pandemic as most staff voluntarily quit their job with Agency to get additional unemployment benefit funded by the DOL. Unemployment notice[s] tripled.

In addition to fighting the "competition" of unemployment benefits, providers noted increased competition for employees from other organizations providing greater wages and benefits. Nurses were particularly difficult to find due to competition from hospital incentives and traveling nurse organizations. Other caregivers were quickly hired by private agencies offering higher hourly rates.

As clinicians left the workforce, the push to hire increased, with for-profit and wealthier organizations (such as hospitals) offering large incentives to join their workforce, essentially knocking non-profits out of the running.

The pool agencies are taking all the available staff and then selling them back to us at outrageous prices...ESPECIALLY NURSES.

As a small organization we struggle with larger organizations that can compensate staff with higher bonuses and incentives. We have staff leaving for higher compensated positions like traveling agencies and with larger system hospitals.

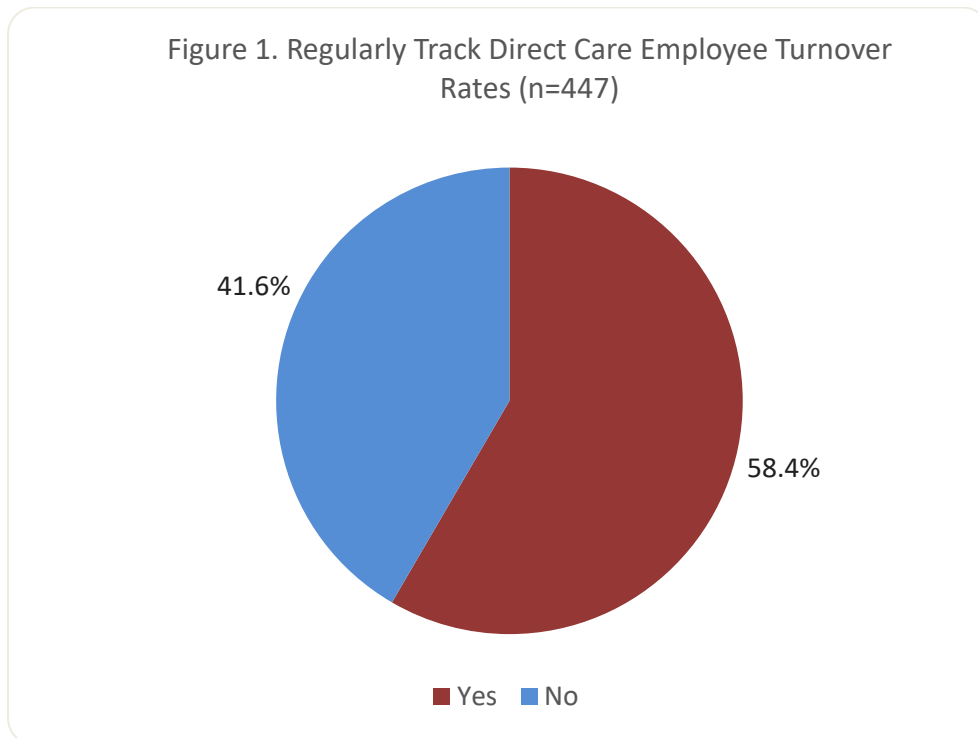
[W]hen we did find candidates, they refused the salary offers stating that they were offered higher paying wages elsewhere. For the home health aide role, potential candidates were offered higher hourly rates by non-healthcare employers such as grocery stores, fast food chains, Amazon warehouses, etc.

Smaller numbers of providers noted additional recruiting and retention challenges:

- Childcare concerns, including cost and availability, especially with pandemic-era forced home schooling
- The desire for remote work, more flexibility, or longer hours
- Burnout from increased workloads and overtime due to the inability to fill positions
- Limited training and career advancement opportunities
- Transportation difficulties to home care job sites
- Employers' increased time and expenses to advertise open positions
- A general lack of interest in direct care work

Tracking Direct Care Employee Turnover Rates

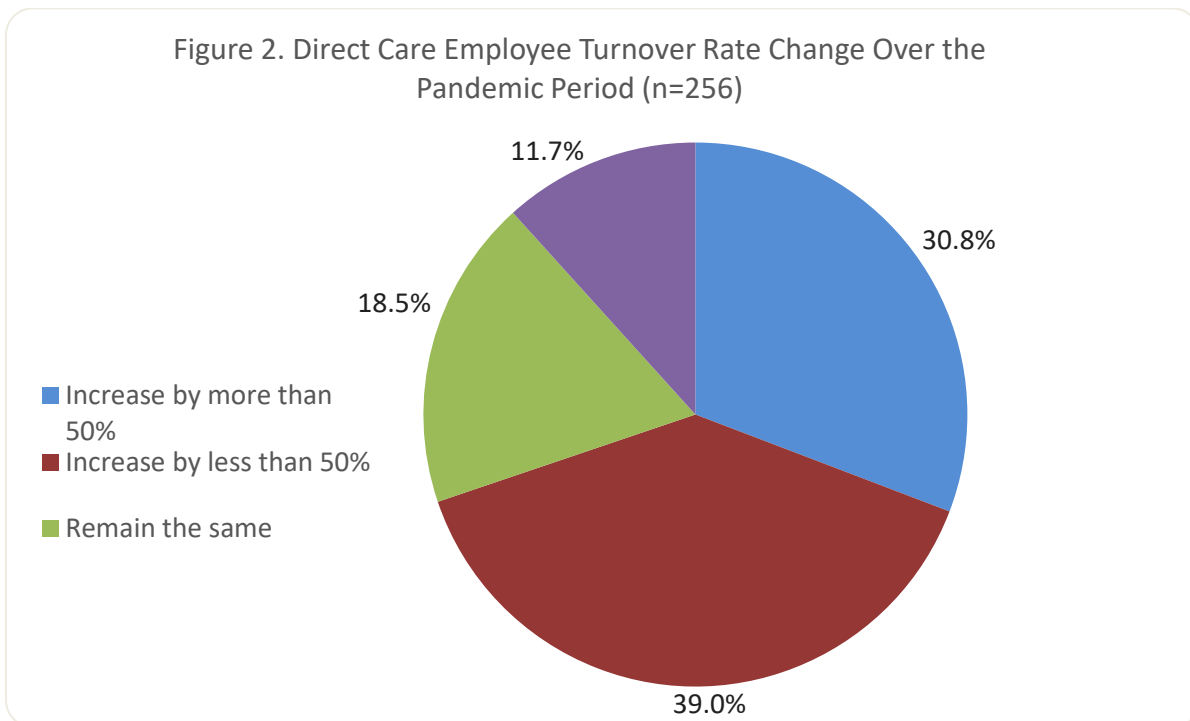
Providers were asked if their organization regularly tracks direct care employee turnover rates. Most reported that they do, while less than half do not (Figure 1).



Direct Care Employee Turnover Rates During the Pandemic

Providers who regularly tracked direct care employee turnover rates were asked how their turnover rate changed during the pandemic period compared to the year prior to March 2020. Of the 58.4%

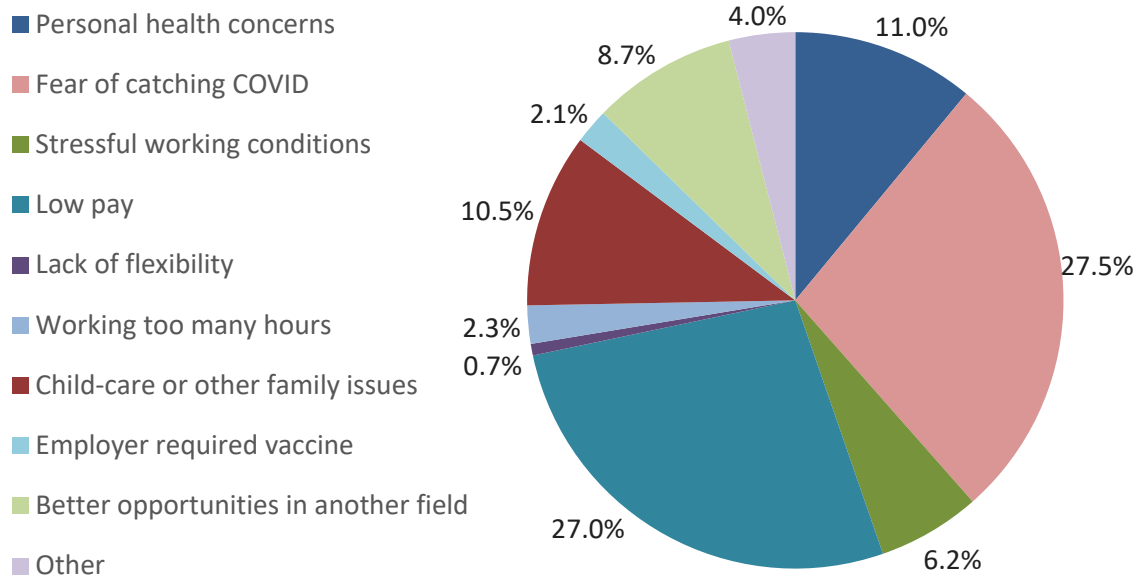
(n=261) who reported tracking turnover rates, 30.8% reported an increase in turnover rates by more than 50%; 39.0% reported an increase by less than 50%; 18.3% reported turnover rates remained the same; 11.7% reported a decrease in employee turnover rates (Figure 2).



Top Reason Direct Care Employees Left Their Positions During the Pandemic

Providers most often reported that the top reason employees left their positions in organizations during the pandemic was due to the fear of catching COVID-19 (27.3%). This was followed by 27.0% who indicated employees left their positions because of low pay. Another 11.0% of providers reported that the most common reason employees left their positions was for personal health concerns. Slightly more than 10% reported their employees most often left their positions because of child-care or other family issues, and 4% listed “Other” reasons (Figure 3).

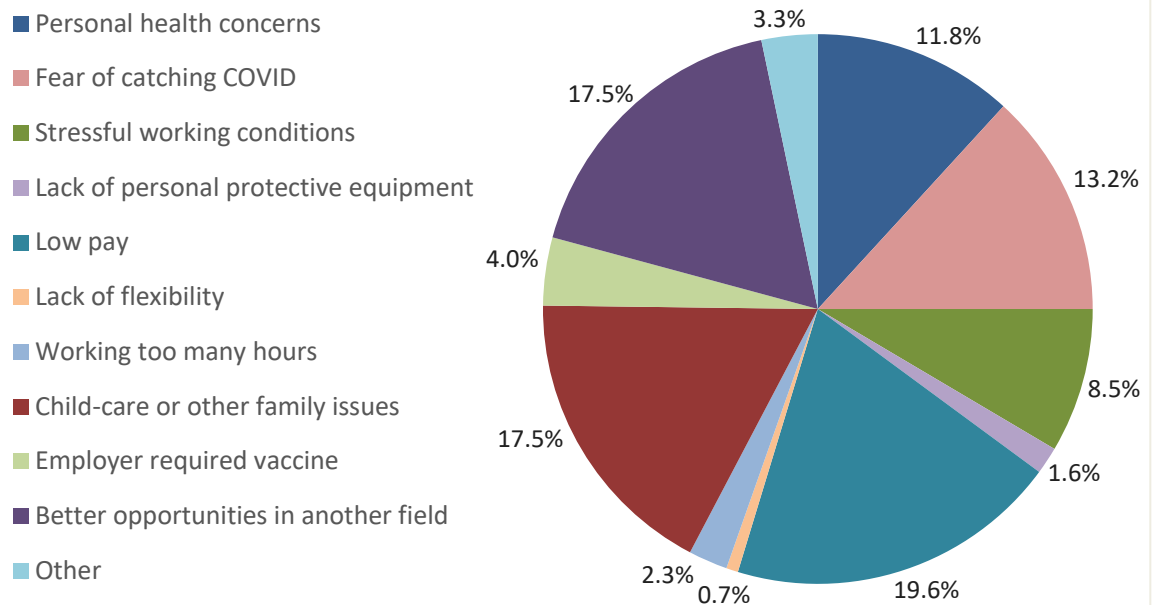
Figure 3. Top Reason Direct Care Employees Left Their Positions During the Pandemic (n=447)



Second Most Common Reason Direct Care Employees Left Their Positions During the Pandemic

Providers most often indicated that the second most common reason direct care employees left their positions at organizations during the pandemic was: low pay, followed by child-care or other family issues and better opportunities in another field (Figure 4).

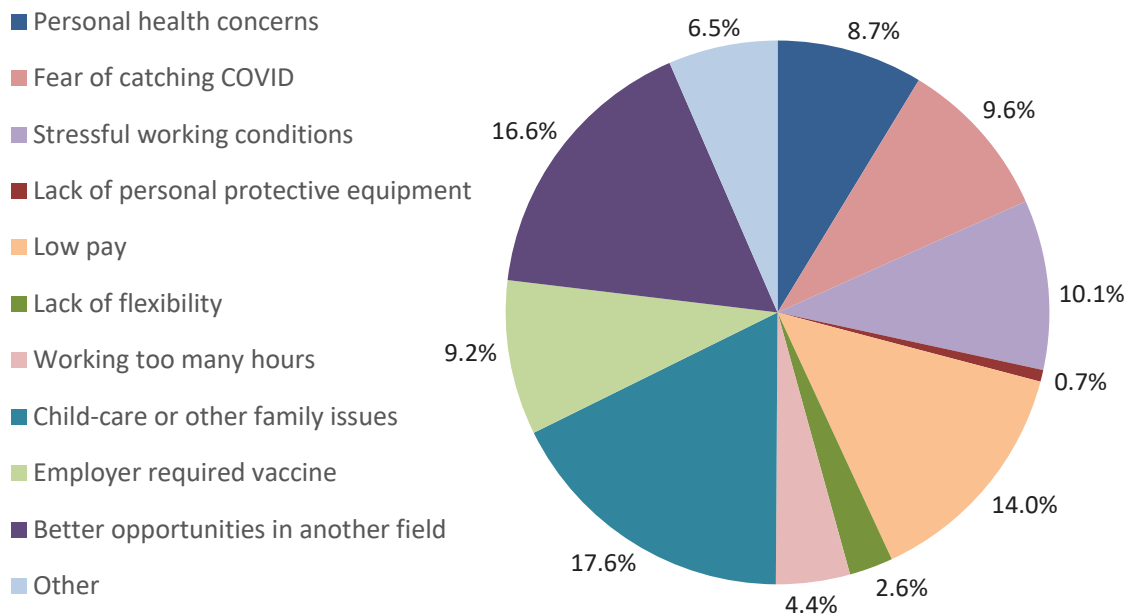
Figure 4. Second Reason Direct Care Employees Left Their Positions During the Pandemic (n=447)



Third Most Common Reason Direct Care Employees Left Their Positions During the Pandemic (Figure 5)

Nearly 17.6% of providers reported child-care or other family issues as the third most common reason for leaving their positions at organizations during the pandemic, followed by opportunities in another field and low pay (Figure 5).

Figure 5. Third Reason Direct Care Employees Left Their Positions During the Pandemic (n=447)



Other Reasons Direct Care Employees Left Their Positions During the Pandemic

In addition to the survey checklist of possible reasons for direct care employees leaving their positions during the pandemic (summarized above), an open-ended question probed for any additional reasons not already specified. Consistent with the responses received concerning top challenges in recruiting and retaining employees, by far the most common additional reason mentioned for direct care employees leaving their positions was that unemployment was preferable to working.

The reason people did not want to work in my agency during the COVID-19 2020 year was because the government was paying them \$600 extra per week to stay out of work and on unemployment. Approximately 75% of my staff quit working for my agency so they could draw unemployment.

Staff found out they could make more money going on unemployment because the State gave \$300/per week additional stimulus payment for 9 months. So they took advantage of it even though we had work for them causing an enormous decrease in revenue.

Other work-related reasons included lack of work/too few hours, rejection of shift or weekend work, poor job performance, transportation difficulties, and competition from other employers.

The part-time nature of the in-home services for the Autism waiver and other programs, does not provide the most reliable, qualified and experienced staff with enough hours.

We let them go for being unreliable, late, no call/no show, etc.

We've lost staff to the state specifically and cannot compete with the salaries being offered.

Ongoing Challenges Related to Reasons Direct Care Employees Left Their Positions During the Pandemic

Providers were also asked whether any of the reasons for direct care employees leaving employment during the pandemic were still causing challenges at the time of the survey (early 2023), and if so in what way. Low pay continues as the top challenge and was by far the most common response.

Low pay is still causing challenges. In a nutshell, the amount the state pays is not enough to offer competitive wages. That is why these additional payments are so important, but they are not enough. We have to have more competitive rates from beginning so that we can offer competitive wages and keep our employees on staff.

Caregivers consistently state that they are paid too little. Our private pay clients pay more for services than the state pays for services for the client. Therefore, the caregivers cannot be paid for state clients as much as they can be paid for private pay clients.

Competition from other employers and better opportunities in other fields continue to challenge providers' recruiting and retention efforts. While closely related to the issue of low pay for some direct care work, competition and better opportunities may also involve more attractive working conditions.

Staff are leaving their DSP roles for the same or higher pay to work in a desk job and not have the physical or emotional stress of caring for people. This creates job openings that we can't fill. Staff vacancies mean that we cannot provide services to individuals, which increases the wait list.

DSPs do not have the ability to have a flexible working schedule or environment as they are required on-site at a specific time to provide care to the individuals.

Better opportunities elsewhere - they will understandably go to 'the highest bidder' if it's the same work. And people can go to any clothing store for a lot more.

Childcare and other family issues also continue as a pressing concern for many providers.

One of them is still "Child Care." Some employees cannot work because they don't have someone to watch their kids while at work.

Home care has a high female employee staff base. Child-care and other family issues are a constant threat.

While fear of COVID, vaccination requirements, and other personal health concerns have decreased dramatically as a continuing barrier to recruitment and retention of direct care workers, they have not disappeared entirely.

Employees are still frightened by the risk factor of catching covid and spreading the disease to their families at home.

Vaccine requirement still limits potential employees.

To an extent people are still COVID cautious, and to that end we still have to ensure their safety. We still provide hand sanitizer and PPE to our employees to ensure their safety, and we also pay for training on safety measures as well.

A small number of providers noted continuing challenges with stressful working conditions, transportation difficulties, and overall worker quality. The potential consequences to clients of recruiting challenges were well summarized by one provider:

Due to our inability to recruit staff over the last 3 years we have a wait list that is months long for our services. We have had to cancel services last minute for some of the individuals in our program because we didn't have backup staff available to fill in for staff vacations or sick calls.

Part III

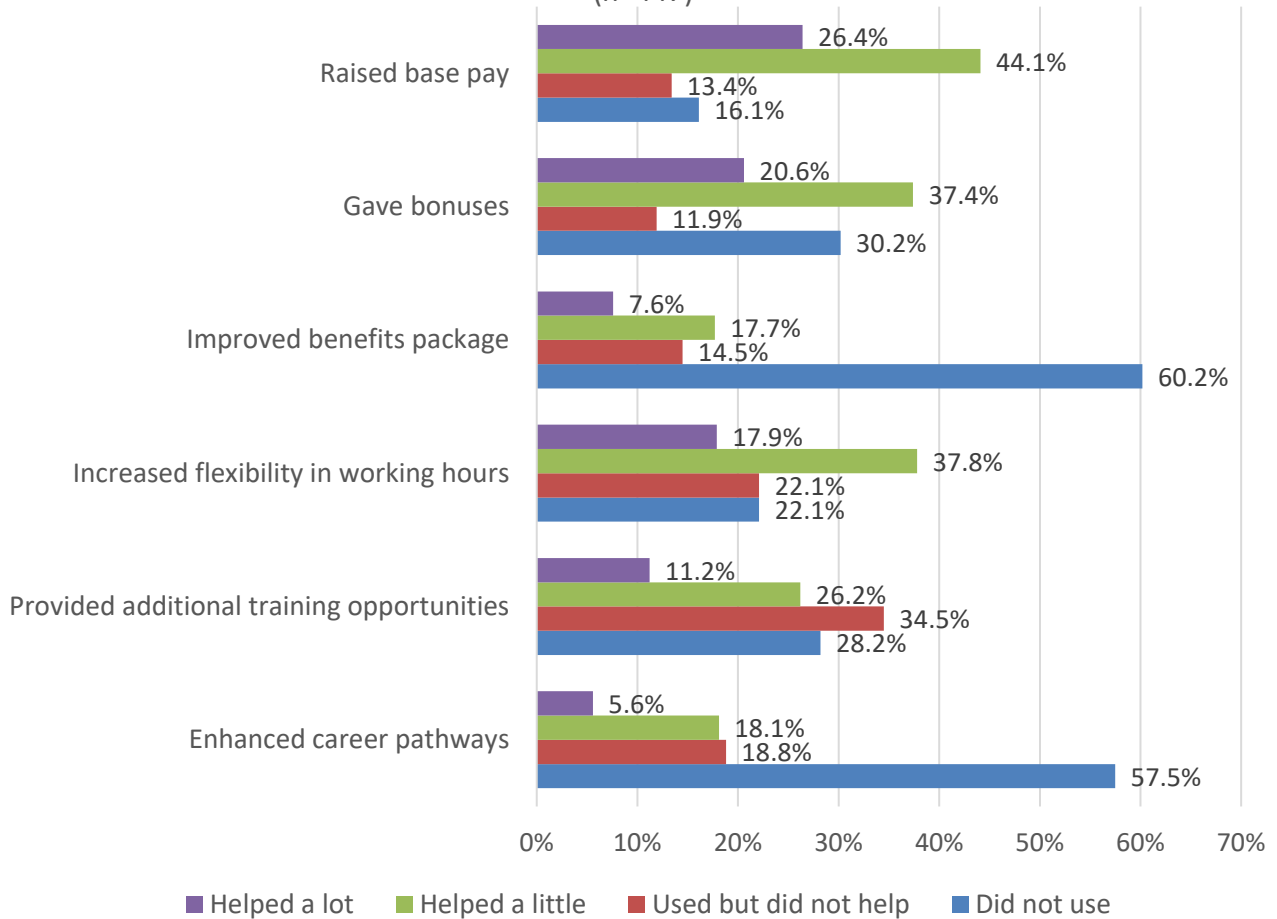
HCBS Provider Strategies to Retain and Recruit Direct Care Workers

Providers were asked which of six specific strategies they used to retain and recruit direct care employees and to indicate how much each of these six strategies helped. Respondents were then asked to describe any additional strategies they used. Finally, providers were asked to describe the most effective recruitment and retention strategies they used, how well they worked and to provide examples.

Strategies Used by Provider Organizations to Retain Existing Direct Care Employees and Recruit New Direct Care Employees

The survey listed four options with the responses: Helped a lot, Helped a little, Used but did not help, and Did not use (Figure 6).

Figure 6. Provider Strategies to Retain and Recruit Direct Care Employees
(n=447)



Over 70% of providers reported that raising the base pay as a strategy to retain existing direct care employees and recruit new ones helped a little or a lot. Only 16.1% did not raise base pay as a strategy. Seventy percent of providers gave bonuses, and 58% reported that bonuses helped a little or a lot. Most providers did not offer improved benefits packages (60.2%) and only 25% found that improving benefits packages helped a little or a lot. Alternatively, more than half of providers reported that increased flexibility in work hours helped a little or a lot.

About two-thirds of providers offered additional training opportunities, but only one-third reported any benefit from them. Although enhanced career pathways have the potential to improve employee engagement and job satisfaction levels, more than half of providers reported not using career pathing as a strategy to retain and recruit direct care employees (57.5%). About 18% reported no benefit from enhanced career paths, while 22.7% reported that it helped a little or a lot.

Additional Direct Care Employee Recruitment and Retention Strategies

In addition to those noted above, providers were asked to report any additional strategies they used to address direct care employee recruitment and retention, and to give examples. The most common response concerned providers' enhanced recruiting strategies for new employees. These involved a wide variety of creative advertising and marketing efforts such as referral incentives, job boards and job fairs, social media, school career centers, word of mouth, and hiring dedicated recruiters.

We implemented an 'employee intensive referral program' which would give a money bonus payment to the referrer. The applicant referred to hire must pass the background check, drug test and a 60-day probation period before bonus is issued to the referring employee.

We increased our recruiting budget, increasing spend on platforms like Indeed and LinkedIn to bring in more potential candidates.

Our company utilized sponsoring adds on Indeed, posted jobs on multiple recruitment pages through our internal recruitment system including LinkedIn, college career center, company website, internal referral programs, monster.com, job boards, job fairs, mycnajobs.com, Neuvo, and local unemployment program.

Community job fairs - agency sponsored, college sponsored, Dept. of Labor sponsored, various chamber of commerce sponsored. Recruitment tables at community events in local community.

Several providers also noted the advantages of automating parts of the recruiting and onboarding process.

We started using more online tools to help with the onboarding process, which eliminated some contact and had a faster processing time.

Now we have employees that go through the entire process virtually and it's more convenient for them in ways we couldn't have connected before.

Improvements in organizational culture were noted by many providers as a successful and meaningful strategy for employee recruitment and retention. These included staff get togethers, mentorship programs, employee wellness, caregiver recognition events, enhanced communication, and an emphasis on company values and ethical practices.

We've had various events throughout the year focused on employee morale and wellness. We improved our employee wellness offerings this year beyond fitness. We offered meditation sessions, a painting event, financial wellness education series, team challenges and we will continue to expand our offerings in the new year.

We provide special meals or get togethers to work on a regular basis to let our staff know how much we appreciate them. We are working hard to improve the culture in our organization.

Stressed our values and good ethics in stressful times and maintained our motto of 'just want to do the right thing.'

We have worked very hard on the culture of the agency, striving to create a positive, inclusive environment. Increased staff appreciation events, hand out gift cards when we 'catch' someone going above their job requirements.

Providers described additional monetary and non-monetary incentives valued by employees that enhanced recruiting and retention, such as gift cards, mileage reimbursement, gas stipends, remote work, and accelerated pay periods.

Gave gift cards and provided meals for shifts, provided transportation for staff.

Were able to successfully implement remote/telework opportunities and issued electronic equipment and supplies as needed.

We also started a monthly discount/reimbursement to local attractions for employees (e.g., reimbursement for non-work related items like gym/exercise class, lift tickets, concert/theatre tickets, etc.).

Weekly pay periods: Many of the employees retained like the weekly pay. I have gained employees because they live paycheck to paycheck and having a weekly pay as opposed to bi-weekly helps staff keep up with budgeting at home.

Most Effective Direct Care Employee Recruitment and Retention Strategies

To assist the state in compiling a set of creative/best practices to share with others serving the state's HCBS population who face similar challenges, and to help maintain a sustainable provider network with quality staff, providers were then asked to relate which of their pandemic-era recruitment and retention strategies were most effective. For some providers, no strategy proved effective, but most noted at least one successful strategy. Of those, compensation-related incentives including pay, bonuses, and benefit enhancements were unsurprisingly mentioned most often, more than twice as often as any other response. Compensation was deemed effective for both retaining existing employees and recruiting new ones.

Competitive pay, bonuses, gift cards, sick pay, PPE. All of this helped us retain about 95% of our staff.

Increasing pay to be competitive was crucial in recruiting new hires.

The most effective retention strategy was to increase present employee's rates of pay with a percentage increase to keep higher than starting employees rates.

Increase in wages and bonuses were the most effective. In a space with very low motivation and not enough candidates, monetary gains seemed to work the best for our agency.

We utilized sign-on and retention bonuses. Retention bonuses for staff that committed to working through the pandemic were probably the most effective in retaining staff.

A few providers noted that although increased compensation was a somewhat effective pandemic strategy, it may not be sustainable.

Adjusting hourly rates was the best result, however, homecare margins are extremely low and without a pay increase from payors, it will be difficult to sustain operations with this dramatically increasing expense.

Many providers noted that the enhanced recruiting, advertising, and marketing strategies adopted during the pandemic were their most effective innovation. Many cited employee referral programs as most effective; others noted word of mouth, social media, career fairs, and dedicated recruiting staff.

Facebook and word of mouth advertising, current employees referring colleagues in the field to work for our company. Monies spent advertising on recruiting sites were costly and mostly ineffective.

Job Fairs -- conducted on site interviews and hired qualified candidates immediately.

Our most effective staff recruitment strategy during the pandemic was "word of mouth." Existing employees talking to friends and/or family members about an opening, and quick screening and decision to get hired.

Hired a full-time recruiter. Responsibilities include prescreening all applicants, schedule interviews, track/process pre-employment documentation, and schedule orientations.

A small number of providers tried recruiting non-traditional candidates with some success.

[Organization] tries to recruit from retired individuals who seek less hours, or possibly college students who can't work many hours due to their schools' schedules. We continue to push social media to alert the community of open positions.

Improvements in working conditions and company culture were also frequently mentioned as effective recruitment and retention strategies. Working conditions included flexible schedules and assignments, remote work, and accommodations to increase work-life balance. Organizational culture improvements, as noted above, involved employee appreciation and recognition, enhanced communication, mentoring, and promoting values and ethical practices.

Being more flexible with hours has been the most effective change we've implemented.

Communication and flexibility. Making sure all staff were informed of any changes and getting their input when it applied. Ex: If you were going to be late for your shift, we made sure that the person waiting to be relieved was ok to stay.

Making work hours and schedules as flexible as possible and working at home when possible. This was a big help for staff that had to stay home because of childcare issues.

The most effective recruitment/retention strategies during the pandemic for us was letting the staff know how much we appreciated them going to work and providing care for our clients.

Our values-driven approach and genuine, family-friendly, supportive atmosphere (established way before the pandemic) also helped. We try to truly listen and be responsive to concerns, ideas, and challenges.

Mentor Program - new hires get matched with a tenured DSP to help them learn and embrace our mission, and our culture. Mentor supports the new hire throughout their first 45 - 60 days. 50% improved retention after 90 days over those w/o mentors.

Providers also noted training and career advancement opportunities as a best practice in retaining employees.

Providing additional training opportunities to upskill employees.

For our active employees we offered trainings for programs such as RA & ILST offering high pay rates once the training was completed.

We changed our structure to add senior and lead positions within our program teams. This was done to give direct staff a career path towards a management role. This allowed staff with more experience or higher education to be promoted and take on additional duties while still carrying a lesser caseload. We have seen these promoted staff excel in these advanced positions.

Part IV

Utilization and Effectiveness of ARPA Agency Stabilization Funds

Providers received ARPA agency stabilization funds in 2021 and were asked to what extent these funds were used for recruitment and retention of direct care employees, examples of these, and their effectiveness. They were also asked what additional initiatives, if any, were funded by the stabilization payment.

Compensation-related incentives were the most often cited use of funds for recruitment and retention. These incentives included enhancement to benefit packages, referral bonuses, loyalty bonuses, increasing the overall salary structure, and paid time off.

The funds were used to increase clinician pay across the board. We also used this for specific bonuses to take on more shifts, or work weekends or overnights.

Fully used to retain current employees by adjusting salaries and offering longevity incentives.

We used the ARPA funds for pay increases for staff. This helped with recruitment since we were able to increase the starting pay. This helped with retention if staff were leaving due to the pay.

These funds were used to provide hazard pay increases, more generous merit incentives, sign-on bonuses.

We pivoted to partnering with recruitment agencies to obtain top talent. We provided staff with incentives to pick up extra shifts and in addition referral bonuses were given to our employees.

Relatedly, other types of compensation were often used to support recruitment and retention efforts including providing PPE, paying for mileage or ride-shares, and meals.

Helped with payment increase, bonuses, payment for free rides, purchases of COVID materials for staff and other necessary materials for staff.

Increasing pay to be competitive was crucial in recruiting new hires. Supporting our employees with enough PPE, healthcare, meals, paid time off, mental health and compassionate care were effective in retaining our employees.

For the purposes of recruitment and retention, providers also often reported the use of ARPA stabilization payments to improve overall working conditions (e.g., flexible hours, allowing hybrid/remote work, tuition or training reimbursements).

Offering paid time off and flexible hours has been a perk for employees.

Flexible work schedules and allowing staff to work remotely.

While there were many approaches taken by providers to recruit and retain direct care workers, reports of the effectiveness of these approaches were mixed. Many providers reported minimally effective results particularly related to recruitment.

We used the money to partner with Indeed and other web-based agencies to hire employees. It did not help as well as we thought that it would.

Recruited via Indeed and other job sites. All the retention strategies mentioned above did not work.

Indeed, the ads spark interest, but candidates do not follow through. Word of mouth is as successful as Indeed.

We used Paycheck Protection Program (PPP), Cares Act and ARPA grants to supplement revenues to help retain and recruit. Unfortunately, current economic conditions have hindered our ability to keep pace with other industries for the same small pool of candidates who are looking for employment.

I cannot pinpoint any definitive strategies that actually worked.

Really nothing we did helped.

Providers that focused on word of mouth recruitment strategies along with employee referral strategies and referral bonuses reported higher effectiveness.

Our most effective form was word of mouth advertising for open positions, current employees would refer colleagues to our agency.

Word of mouth worked best. We asked our staff to spread the word that we were hiring. This was our best method and worked moderately well.

Gave existing employees referral bonuses for referring people to apply and stay for 90 days. This did bring in new people that have stayed long term.

Facebook and word of mouth advertising, current employees referring colleagues in the field to work for our company. Monies spent advertising on recruiting sites were costly and mostly ineffective.

Retention strategies, most of which were tied to compensation, were more successful.

Stabilization funds were used to provide PPE for employees, base pay raise, bonuses, uniforms, education tuition payments, IT upgrade, Health Insurance, 401k, and [Federal Student Aid] FSA. It helped to retain the employees and to reduce turnover rate. Also, it helped to provide better and consistent care to our clients.

ARPA funds were extremely helpful in the retention of qualified and long-serving direct care staff. They remained on staff through COVID. It was not necessarily effective with recruitment of new staff.

We used funds to invest heavily in recruitment as in different platforms that would allow us to evaluate prospective employees or current employees and make management decisions quickly. I believe that our strategies around recruitment and retention are significantly better as a result of the stabilization funds but the employment issue in this field is akin to fixing a burst pipe. As soon as we identify a leak or issue and resolve it, another issue pops up very quickly somewhere else along the line.

Part V

Recommendations to Recruit and Retain Direct Care Workers

The final survey question asked individuals what else CT can do to enhance providers' ability to recruit and retain quality direct care workers. Responses range from revising regulations and offering training to other less frequently mentioned suggestions.

Revise regulations

Most responses focused on the need for regulatory or policy changes that would help improve recruitment and retention. This included addressing the overall caregiving opportunity itself to make it more appealing as a career.

The biggest problem facing the industry is the overall quality of the employment opportunity. Unfortunately, many of the caregivers consistently miss assignments, often work for only a few

months and apply for unemployment, and frequently leave the field. The only way to improve this situation is to provide better opportunities for a long-term career. This includes more pay, better benefits, and stable hours. Right now caregiving does not feel like a career, so most people do not view it as a long term opportunity.

More specifically, providers recommended the limit on hours be increased to a minimum of 20 hours weekly and suggested this would make caregiver positions more appealing and help improve retention.

We believe that in order to recruit and retain caregivers, new intake (client referrals) should start off with at least 20 hours a week (Part-Time) to recruit and retain caregivers. This would help decrease our turnover drastically.

Caregivers prefer longer hours vs 2–3-hour shifts.

Some clients want the same caregiver to provide all of the hours in their service plan, [but] because the state does not pay the agencies overtime, a second sometimes even a third caregiver is needed, and clients are not happy with these arrangements.

To be perfectly honest, the fee-for-service model in the mental health arena is not flexible enough. While it appears to be person-centered (you have staff when you need/want them), the nuances of hiring for these roles is nearly impossible. We can't retain quality staff with tentative schedules and an 'if the person wants you this week, you might work X number of hours...but if they don't, you won't...' approach.

Providers suggested that the current process of integrating new employees into an organization is too time intensive and that reducing documentation requirements is essential in recruiting, training, and retaining homecare workers.

The onboarding process is too long. The state requirements are too much. We are doing too many background checks and one of the background checks is very expensive when we could be using one online at ct.gov case look up... which is free instead of paying for a company to run the national background check. We are already running the Office of Inspector General (OIG), SEX OFFENDER, EXTENSIVE BACKGROUND, E-VERIFY and the criminal background. These things take time, but I think it's too much.

The amount of documentation is [the] primary reason staff leave Home Care. It is also a detriment to recruiting new staff. Streamlined documentation would be key to retaining and recruiting.

Reduce regulatory burden including duplication of certifications, streamline documentation of services particularly the electronic visit verification (EVV) system which needs to be modified to allow for integration with consumer records systems other than Sandata.

Reduce the amount of required paperwork...OASIS assessment is too long.

...the industry has become so over-regulated it is incredibly difficult to train and retain staff. Medication certification is almost impossible to achieve whether running an agency class or signing staff up for a state-run class.

Streamline the licensing process for direct care workers, such as reducing paperwork and processing time.

The regulations for CT Family and Medical Leave Act (FMLA) and CT Protected Sick Leave are hurting us more than helping.

Eliminate barriers to licensing.

Reducing education requirements from a bachelor's to associate's degree and offering a certification program for people without a degree was suggested as an additional way to interest people in homecare jobs.

Reduce education requirement to associate's degree instead of bachelor degree. Or develop a certification program for people without degrees specifically for our population. We feel people who work as patient care techs, home health aides would do well with our adults we serve if there was formal training.

Providers also suggested loosening the educational and experience requirements for in home direct care service staff positions in all waiver programs.

Removal of the 2-year brain injury experience requirement for ILST staff on the ABI waiver. Concentration on training and competency rather than experience. Agencies are competing for the same experienced workers.

Expand what the Acquired Brain Injury (ABI) waiver considers 'qualified' clinical licensures for CBT service providers. With more clinicians we can enhance supports to our programs and therefore to our direct support staff, so they are competent, confident, have access to training and solutions more quickly, and identify early interventions for cognitive and physical declines that cause staff to seek alternative employment.

Additionally, providers recommended altering minimum staffing ratios to help reduce staff workload and stress.

Improvement of working conditions throughout healthcare, including minimum staffing ratios. Changing the ratios to decrease individual staff workloads would help immensely in retention of staff because it would decrease staff burnout.

Offer more training

Providers suggested that the state could also recruit and retain quality direct care workers by offering more training. This included subsidized training, implementing a tuition reimbursement program to

students interested in home healthcare, and addressing the scarcity of training facilities for nurses and other homecare workers.

We would greatly appreciate more subsidized training and testing support to be able to attract more people to this field.

The state could potentially implement a tuition reimbursement program (full or partial) to students who would like to pursue LPN/RN/CNA/HHA degrees or certifications. Or companies that offer tuition reimbursement for those degrees or certifications can be given a tax credit (or reimbursement stipend) for the value of the tuition reimbursement provided to employees.

I believe it would be most effective to create programs and incentives to those interested in entering health care. This could be up to and including tuition reimbursement or paid tuition for LPN school, Vocational/Technical programs funded for lower income students to allow them a practicum exposure to health care and financial incentives to go to training to become a CNA, LPN or RN and work specifically with the elderly population.

Workforce training grants for CNAs & HHAs - yes this is still funding but policy that would allow more pathways for this too. Enhanced licensing testing options - it's been hard for new recruits to get testing dates at many levels of healthcare positions. Month long waits for LPN test, for example.

The state needs to do whatever is possible to increase the pool of qualified candidates. Eliminate barriers to licensing. Increase the pipelines for education opportunities, especially nursing. Nursing schools have to have greater capacity to accept and train nursing students. Partner with employers to create pipelines to education while allowing employees to continue to work - create manageable ladders for CNAs to move to nursing.

There needs to be additional training facilities for nurses. There is clearly not enough workers entering the field due to the competitiveness of admissions to existing schools and costliness of the schools.

There are not enough healthcare workers available to fill all of the vacancies that exist in healthcare in the state of CT. Trying to hire home health aides and companions alone is extremely difficult. We need more individuals trained to be nurses, therapists and aides. It would be very helpful if there was an online aide training course approved by the State of CT that was available to home health agencies to use in order to certify their own health aides and increase this pool of workers. We also need more RN and therapy programs in the state as well as making the state of CT a more attractive state for these professionals to stay in versus leaving the state once educated.

Assist with benefit packages

Purchasing health insurance is very difficult for most caregivers making minimum wage; providers would like assistance in being able to offer benefit packages, particularly health insurance. Non-profit

agencies would also like to obtain health and employer benefits that allow them to compete with a larger agency that can afford to cover health and retirement benefits costs for staff.

Your industry is losing many direct care caregivers to the hospitals because they can provide and do provide the 'fringe benefits' employees want such as vacation, sick time, holiday pay, bonuses, etc., something our industry cannot do at the current reimbursed rates. Good employees come into our agency and gain experience as a Personal Care Assistant. Our agency trains them, provides them with a work opportunity and after a period of time where they feel that they have a good handle on the job then they want to expand their horizons, meaning that they are ready to look for a 'better' job that provides the aforementioned benefits. As the agency is unable to meet their requests then understandably so they move on to those jobs.

Offer for HCBS providers to join in the state health insurance program to offer enhanced benefits.

State provided benefits or something we can offer at a low cost would be beneficial. Also paid time off, retirement plans, DSS sponsored health care.

Pay for mileage and major holidays (time and a half).

Assist with the ability to provide grants to staff in need of basic resource support for themselves and their FAMILIES.

Revise unemployment government benefits

Providers strongly advise the state to revise its unemployment benefits policy so there is an incentive to work and remain employed.

I believe incentives and stimulus lasted too long and disincentivized workers to return to the labor market.

Change policies on unemployment benefit eligibility.

Regulate the unemployment benefits better to actually ensure that people are really looking for work, because we noted many people apply yet they don't show up for interviews.

Assess the extensions provided under unemployment laws that were put in place during the pandemic. Some applicants are applying just to show they are seeking employment but not to work.

The Department of Labor needs to be restructured and their processes changed. They love to give out money to those with horrible work ethic. They also are not on the same page as Department on Social Services, either. It was very difficult to get employees to come back to work because of the handouts.

Streamline incentives for individuals receiving state supplemental income, housing assistance etc. to reward work hours. In other words, do not penalize such individuals because they made

money above the minimum threshold requirement to meet eligibility. Rather, reverse the current reward system to promote their desire and ability to work.

Promote marketing

Providers recommended the need for more marketing.

Amen for addressing this question - the caregiving profession should be popularized by our government (social media, TV, stories, radio, local channels, classes in schools).

Offer platforms to promote our programs as career opportunities, for recruitment, and ways to connect with those entering the health fields.

Provide resources for advertising because the cost associated with advertising is very expensive.

Provide transportation assistance

Providers indicated that assistance with transportation and related expenses would be a “good recruiting tool” and additionally would be helpful for direct care workers providing services in rural areas of the state.

One reason we have always lost staff is because the staff member can no longer afford to repair their personal car. It has always been the expectation of the access agencies who refer the clients that homemakers and companions transport clients to medical appointments or for shopping in their personal cars. Despite this expectation, mileage reimbursement has never been offered by the state. Mileage reimbursement plus some sort of discount on car repairs, car insurance etc. would be a good recruiting tool.

Mileage reimbursement. 99% of our clients refuse to use a med cab. Furthermore, in more rural areas a round trip to the grocery store can exceed 15 miles. It is difficult for direct care workers to absorb that cost. If they have multiple clients in their case load, accessing groceries for their clients can exceed 100 miles per week.

The state can provide mileage reimbursement to agencies outside of the hourly pay rate. Staff have to use their personal vehicles to transport clients and the hourly rate for agencies does not leave much money to offer mileage reimbursement and increase hourly pay rates while also covering administrative, managers and facility overhead. DDS should provide agencies with some type of stipend for community activities such as going to the movies, museums, bowling, etc... The Autism waiver provides \$1000 a year for each individual to spend on outings (Individuals Goods funds). DDS should adopt this model as it will allow staff to do more engaging activities with their individuals.

Provide a gas allowance or more robust mileage reimbursement, tax credit or agency support for gas. Transport vouchers for Uber or something to areas without public transport. We are often limited by caregivers who don't have cars and limited in our ability and practicality of company vehicles.

Support technology utilization

Recommendations to further develop a state registry of direct care workers seeking employment were mentioned numerous times. Providers also would like information technology (IT) systems improved across the waiver and Money Follows the Person (MFP) programs.

Technology capacity building for employee relations and recruiting - supporting more virtual job fairs. On a related note, the population of direct care workers have many obstacles that are beyond us as a single provide. Is there a role for the state to do capacity building for technology for direct care workers. Ex. many people only have internet through their phone plan and/or do not have a laptop, so all recruiting is done through their phone. It costs them money to transmit resumes that will eat up their minutes. They cannot afford unlimited plans. There is a cost to job-seeking.

The state could develop a data base for direct care workers seeking employment so that providers would be able to have a larger hiring pool which could help raise recruitment rates. Additionally, there could be a database for employers to post open positions, so direct care providers would be able to apply for specific positions that they feel would be the best match for them.

A website or place where agencies can contact or look up experienced credentialed employees that are already cleared for work in the field.

Improve IT systems across waivers & MFP functions.

Promote cross agency collaboration

Providers suggested promoting cross agency collaboration to address the issue of funding rates for direct care workers.

Consider working with other state agencies to determine similar funding rates. It is very challenging to have contracts with multiple state agencies and have similar expectations but very different rates. As a company you cannot reasonably pay a [direct support professional] (DSP) one rate funded by State Agency A and then pay a DSP a lower rate for nearly identical work in the same job class simply because State Agency B chooses to fund at a lower level.

As it stands today, I see and hear on a daily basis of clients looking for caregivers that are paid a much higher rate going through Allied Community Services. This for agencies makes hiring and retaining difficult as some caregivers are directly solicited by our clients who use both programs. As agencies we do have overhead insurances etc. which makes it harder to pay the higher rate the Allied clients can offer. This is a conflict and has caused staff to leave for the higher rate the client offers. I think this has to change.

It is very difficult for us to compete with the state for direct care staff. The state can take this opportunity to revisit privatizing their programs.

The state should also consider full privatization of direct support services like many other states have done so we are not competing for the same staff and resources.

Until the state stops being a direct competitor with the private sector for direct care personnel, the playing field will never be equal.

Provide childcare assistance

Providers purported that childcare has consistently been a problem for direct care workers and this was exacerbated by the pandemic. Many direct care staff can only work per diem and are unable to increase their hours because of the needed flexibility to meet family demands.

Make childcare more affordable in general. A lot of caregivers have issues with childcare and cannot afford it working in [the] home care industry.

A childcare credit for healthcare workers would be a wonderful incentive that the state can offer to entice direct care staff to remain employed with their agencies.

Any additional benefits such as childcare assistance, benefits or paid time off would also make the job more lucrative.

Other recommendations

Other recommendations to recruit and retain direct care workers include:

- Make referrals to adult day care centers
How you can best help would be to strongly impress upon the access agencies to continue to refer to adult day care centers. We're here to offer help to the families that they serve but oftentimes the referrals just aren't made.
- Offer grant programs for staff bonuses
Offer grant programs that allow smaller businesses to provide small yearly bonuses to their staff as it seems most staff feels there is no appreciation towards nurses anymore. Many nurses feel frustrated as to how nurses were treated and burnt out during the pandemic, yet other fields got rewarded who were essential workers.
- Create a mentoring program for direct care workers
Establish a mentoring program to help direct care workers transition into the profession.
- Offer monetary incentives for direct care workers having more experience and greater client responsibilities
If there was a way to offer incentives (monetary) that can be billed for with regard to highly experienced applicants and those working with incredibly physically challenging clients, it would be helpful.
- Provide different pay rates for varying levels of care

For PCA clients, there should be 2 categories---hands on PCA clients, and not so difficult PCA clients. Some clients have Hoyer lift, bed sores, dementia, heavy smokers or very HEAVY, to staff those cases we HAVE to pay more to get a caregiver to agree. We need 2 levels of PCA care and 2 different pay rates for those levels of care. I believe Massachusetts homecare program does that.

Conclusions

Both quantitative and qualitative data underscore the significant recruitment and retention issues experienced by HCBS providers as a result of many existing and potential direct care workers seeking other work that is more rewarding and less physically demanding. During the pandemic, providers' recruitment and retention challenges were exacerbated and focused largely on direct care workers' low pay, lack of paid time off, and the intense demands of direct care.

During COVID-19, while ARPA funds provided relief to some CT providers and helped stabilize the direct care workforce, many recruitment and retention challenges continued to exist making it difficult for providers to offer HCBS to people needing them. The exodus of direct care workers from their jobs during the pandemic was largely due to fear of catching COVID and personal health concerns, low pay and childcare or other family issues. Another common reason for direct care workers leaving their positions during the pandemic was the preference for receiving unemployment over working.

Not surprisingly, ongoing challenges related to direct care workers leaving their positions during the pandemic are providers' inability to pay higher wages, competition from other employers who can offer more pay, better benefits, and a wider range of opportunities. To address these recruitment and retention challenges, many providers suggested offering competitive pay, enhanced marketing for more effective recruiting, flexibility to improve work conditions, and career advancement opportunities.

ARPA funds were effective in increasing some salaries, enhancing benefit packages, providing referral bonuses, and improving overall work conditions. Not surprisingly, the most effective retention strategies were tied to compensation.

As a result of experiences during the pandemic and afterward, providers made numerous recommendations that regulations be revised to include caregiving as a long-term career by offering more pay, better benefits and more flexible hours. They suggest reducing documentation requirements and offering more training while decreasing educational and experience requirements to help draw more interest in direct home care as a career. While these and other important suggestions were made, two factors emphasize the need for greater stability in the direct care workforce: the aging population and increased longevity. Projections indicate that from 2016 to 2060, the number of American adults aged 65 and older will double from 49.2 million to 94.7 million and during the same timeframe those aged 85 and older will triple from 6.4 million to 19 million (PHI, 2022).

The challenges CT providers and direct care workers experience are not unique and exist in other states across the country. The concern for compensation is paramount. With the national median

range for direct care workers at about \$14.27 per hour, median incomes for these essential workers were approximately \$21,700 in 2020 with 40 percent of this workforce living in or near poverty (PHI, 2022). Additionally, individuals providing direct care often experience emotional and physical fatigue as they encounter heavy workloads, inflexible schedules, insufficient supervision, and limited training and career advancement opportunities (PHI, 2022). Interestingly, recommendations made by CT providers are not dissimilar from those made by Think Tank experts in the Office of Disability Employment Policy/LEAD Center (2022) and participants in the Centers for Medicare and Medicaid Services (2022) Direct Service Workforce Learning Collaborative. Similar to CT providers participating in the survey, their primary strategies include the professionalization of direct care work as a distinct career, the enhancement of wages and benefits, and the implementation of statewide direct care services training.

While the one-time ARPA funds, as an infusion of resources, were beneficial during the pandemic, they are insufficient to stabilize the direct care workforce and sustain the long-term HCBS growth required to meet the needs of an aging America. Nevertheless, lessons learned from the pandemic experience indicate that a combination of greater financial investment, technology, and regulatory changes can make direct care jobs more attractive and enhance providers' ability to recruit and retain a quality workforce. As noted by Sullivan (2021, p. 5), this post pandemic period is a "landmark opportunity" to make improvements in Medicaid HCBS by leading positive change for older individuals and people with disabilities needing services and creating a better workplace for direct care workers both now and for the future.

References

- Crabtree, B. F. & Miller, W. L. (2022). *Doing Qualitative Research* (3rd ed). Sage Publications. ISBN 9781506302805
- Centers for Medicare and Medicaid (2022). *Direct Service Workforce Learning Collaborative: Summary Report*. <https://www.medicare.gov/sites/default/files/2023-01/hcbs-learning-collaborative-summary.pdf>
- Department of Social Services (2021, December). *State of Connecticut Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817: Enhancing, Expanding, and Strengthening Medicaid Home and Community-Based Services*. Quarterly Report, Quarter 1 for federal fiscal quarter ending December 31, 2021. <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Highlights/Connecticut-Revised-ARPA-Spending-Plan--Quarter-1-Report---11262021.pdf>
- Friese, S., Soratto, J., & Pires, D. (2018). Carrying out a computer-aided thematic content analysis with ATLAS.ti. MMG Working Paper. www.mmg.mpg.de/workingpapers
- Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009, April). A meta-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 42 (2), 377-381
- Harris, P. A., Taylor, R., Minor, B. L., Elliot, V., Fernandez, M., O'Neal, L., McLeod, L. Delacqua, G., Delacqua, F., Kirby, J., & Duda, S. N. (2019, May 9). The REDCap consortium: Building an international community of software platform partners. *Journal of Biomedical Informatics*. doi: 10.1016/j.jbi.2019.103208
- Mayring, P. (2000, June). Qualitative content analysis. *Forum: Qualitative Social Research* 1(2). <https://doi.org/10.17169/FQS-1.2.1089>
- McCracken, G. (1988). *The long interview* (vol. 13). Sage Publications. doi:10.4135/9781412986229
- National Governors Association (2022, November). *Addressing wages of the direct care workforce through Medicaid policies*. <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicare-policies/>
- O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, 89, 1245–1251. doi:10.1097/ACM.0000000000000388
- Office of Disability Employment Policy/LEAD Center (2022, February). *Direct Support Professionals (DSP) Think Tank Recommendations*. <https://www.dol.gov/sites/dolgov/files/ODEP/pdf/dsp-recommended-actions-and-report.pdf>

PHI (2022). *Direct Care Workers in the United States: Key Facts*.

<https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

Sullivan, J. (2021, September). *States are using one-time funds to improve Medicaid home- and community-based services, but longer investments are needed*. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/health/states-are-using-one-time-funds-to-improve-medicaid-home-and-community-based>

Appendix A: HCBS Provider Recruitment and Retention Survey

HCBS Provider Recruitment and Retention Survey

Following up on Dawn Lambert’s letter of [DATE], this survey seeks to learn more about the strategies employed by your organization to rebuild the infrastructure for recruiting and retaining quality staff during the difficult pandemic period, to examine the challenges you faced, and to learn about your successful strategies. The Department of Social Services (DSS) is interested in compiling a set of creative and/or best practices that may be replicated, expanded, and made scalable. The goal is to share these practices with others serving the state’s HCBS population who face similar challenges in maintaining a sustainable provider network and to guide future strategic workforce investments. In addition, DSS is interested in learning to what extent the stabilization payment received by your organization from the American Rescue Plan Act (ARPA) has allowed you to enhance your recruitment and retention of high-quality employees.

Completion of this survey is a requirement in order to receive the April 2023 2% value-based payment (VBP). We hope you will complete the survey and share your insights even if you are not currently participating in the VBP. Survey results will be analyzed by UConn Health Center on Aging (COA) and presented to DSS in the aggregate or summary form. While a list of participating organizations will be provided to DSS for tracking purposes, all survey responses will remain confidential and not identifiable to DSS by organization. Only the COA research team will have access to information that identifies you and your organization, and your identifying information will not be shared with others outside of this evaluation.

Please answer the following questions based on your experiences with recruiting and retaining employees during the period *March 2020 through today*. If at any point in the survey, you need to save and return to the survey later, you will be given a return code when leaving the survey. Please save this return code. It is required to re-enter and finish the survey.

CHALLENGES

1. Please describe the challenges you have faced in recruiting and retaining direct care staff during the pandemic. (E.g., retention/turnover rates, absenteeism, length of time to fill job openings, quality of applicants, etc.) Give examples if possible.

2. Does your organization regularly track direct care employee turnover rates?
 Yes → Go to Q3
 No → Go to Q4

3. If yes, how has your turnover rate changed over the pandemic period? Compared to the year prior to March 2020, did your employee turnover rate

- Increase by more than 50%
- Increase by less than 50%
- Remain the same
- Decrease
- Do not track

4a. What was the TOP reason given by direct care employees who left their positions at your organization during the pandemic?

- Personal health concerns
- Fear of catching COVID
- Stressful working conditions
- Lack of personal protective equipment
- Low pay
- Lack of flexibility
- Working too many hours
- Child-care or other family issues
- Employer required vaccine
- Better opportunities in another field
- Other [please specify] _____

Please describe "Other"

4b. What was the SECOND reason given by direct care employees who left their positions at your organization during the pandemic?

- Personal health concerns
- Fear of catching COVID
- Stressful working conditions
- Lack of personal protective equipment
- Low pay
- Lack of flexibility
- Working too many hours
- Child-care or other family issues
- Employer required vaccine
- Better opportunities in another field
- Other [please specify]

Please describe "Other"

4c. What was the THIRD reason given by direct care employees who left their positions at your organization during the pandemic?

- Personal health concerns
- Fear of catching COVID
- Stressful working conditions
- Lack of personal protective equipment
- Low pay
- Lack of flexibility
- Working too many hours
- Child-care or other family issues
- Employer required vaccine
- Better opportunities in another field
- Other [please specify]

Please Describe "Other"

4d. If any or all of the top three challenges you selected above are still causing challenges, please describe in what way they continue to create challenges.

STRATEGIES

5. Which of the below strategies did your organization employ to retain existing direct care employees and recruit new direct care employees? Check the appropriate box for each item:

	Did not use	Used but did not help	Helped a little	Helped a lot
Raised base pay				
Gave bonuses				
Improved benefits package				
Increased flexibility in working hours				
Provided additional training opportunities				
Enhanced career pathways				

6. Did your organization employ any additional strategies to address direct care employee recruitment and retention? Please elaborate with examples if possible.

7. What were your most effective recruitment/retention strategies during the pandemic? How well did they work? Please elaborate with examples if possible.

STABILIZATION PAYMENT

8. Your organization received ARPA agency stabilization funds in 2021. To what extent were these funds used for recruitment and retention of direct care employees? Please provide examples and describe how effective you feel these were.

9. What additional initiatives, if any, were funded by the stabilization payment?

10. In addition to increasing rates or providing additional funds, what else can the state do to enhance your ability to recruit and retain quality direct care workers? Please provide suggestions for any regulatory or policy changes that would help.

Name of organization: _____ Tax ID: _____

Thank you for completing the survey. We appreciate your feedback!