



PHI NATIONAL POLICY AGENDA: Workforce Data Collection and Monitoring

Problem

Around the country, states are grappling with how to meet the escalating demand for long-term care services and supports while at the same time re-orienting their service delivery systems toward home- and community-based settings and away from institutional ones. A growing number of states are realizing that a commensurate emphasis on workforce policy is key to achieving the twin goals of increasing the volume of services provided and offering care in the least restrictive settings possible.

As more and more states launch efforts to improve workforce quality and stability, policymakers are hampered by a lack of ongoing, reliable state-based information about their direct-care workforce. States have management information systems that account for and reimburse services delivered, and these can often be used to obtain information on the consumers served, units of service provided, and costs. But these systems are rarely set up to gather and report on basic information about the direct-care workforce that could be used to assess how a state's workforce is changing or improving, and where the challenges lie.

In the last several years, projects such as the Better Jobs Better Care initiative, and CMS Real Choice Systems Change, CMS DSW Demonstration Grants, and CMS Direct Service Workforce Resource Center have shown a variety of workforce interventions to be effective in stabilizing and strengthening the direct-care workforce. States are embracing some of the most promising practices, yet they often lack the tools necessary to assess their progress toward recruiting and retaining the workers needed to care for their aging populations.

Solutions

While workforce improvement initiatives in long-term care are increasing, what state policymakers need is the hard data to help them accurately identify the gaps in their systems and then to choose the most appropriate tools to address these gaps. The data can also be used to measure the effectiveness of state efforts over time.

Data on basic workforce indicator variables is an essential ingredient of sound long-term care policymaking.



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To assess and support state efforts to recruit and retain direct-care workers, and to build an adequate and stable long-term care workforce, PHI recommends that policymakers take the following actions:

- **Encourage states to collect and publicly report a minimum data set of information on their workforce across long-term care settings** that includes: (i) numbers of direct service workers (full time and part time), (ii) stability of workforce (turnover and vacancies), and (iii) average compensation of workers (wages and benefits).
- **Create a cross-state direct-care workforce monitoring project that would develop capacity for state workforce monitoring and measurement, allow for cross-state benchmarking, and lay the groundwork for a national system for better tracking and monitoring of the direct-care workforce.**
- **Support the development of national job quality/workforce indicators for direct-care occupations**—such as turnover rates, staffing levels, wages, and benefits—that can be used by policymakers and industry leaders to create incentives for adequate and safe staffing, better recruitment and retention, and greater workforce stability. Incorporate these measures into national provider quality standards.
- **Publish annual national statistical updates** on direct-care workforce trends.
- **Make workforce an explicit part of CMS’s review processes** by including greater oversight and guidance to states about the adequacy and quality of their direct-care workforce in Home and Community-Based Services waiver applications/renewals and Medicaid State Plan Amendments.
- **Update the occupational (SOC) and industry (NAICS) codes** used by federal and state governments in employer surveys that sample market-wide wages and employment in order to better capture and convey direct-care occupations and the industries in which they work.¹

PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers and employers improve long-term services and supports by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence. For more information on the PHI national policy agenda, contact Steve Edelstein, Director of National Policy, at sedelstein@PHInational.org or 718.402.7413.

¹ SOC refers to the Standard Occupational Classification system; NAICS refers to the North American Industry Classification System.