U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Office of Behavioral Health, Disability, and Aging Policy

COVID-19 Intensifies Home Care Workforce Challenges

June 1, 2021

Office of the Assistant Secretary for Planning and Evaluation

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This report was prepared under contract #HHSP233201500039I between HHS's ASPE/BHDAP and RTI International. For additional information about this subject, you can visit the BHDAP home page at https://aspe.hhs.gov/bhdap or contact the ASPE Project Officers, at HHS/ASPE/BHDAP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201; Judith.Dey@hhs.gov, William.Haltermann@hhs.gov, Iara.Oliveira@hhs.gov, Marie.Squillace@hhs.gov.

COVID-19 INTENSIFIES HOME CARE WORKFORCE CHALLENGES

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ACRONYMS

The following acronyms are mentioned in this report and appendices.

ASPE	Office of the Assistant Secretary for Planning and Evaluation
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CDC	Centers for Disease Control and Prevention
CHC	Community HealthChoices
CMS	Centers for Medicare & Medicaid Services
COVID-19	Novel Coronavirus 2019
CPR	Cardiopulmonary Resuscitation
DCW	Direct Care Worker
FFCRA	Families First Coronavirus Relief Act
FTE	Full-Time Equivalent
GED	General Equivalency Diploma
HCBS	Home and Community-Based Services
HH	Home Health
HHA	Home Health Agency
IDD	Intellectual and Developmental Disability
KFF	Kaiser Family Foundation
LPN	Licensed Practical Nurse
LTC	Long-Term Care
MCO	Managed Care Organization
NASHP	National Academy for State Health Policy
OAA	Older Americans Act
OBRA	Omnibus Budget Reconciliation Act
OT	Occupational Therapist
PAS	Personal Assistance Services
PCS	Personal Care Service
PPE	Personal Protective Equipment
PPP	Paycheck Protection Program
PT	Physical Therapist

RN	Registered Nurse
RTI	RTI International
SLP	Speech-Language Pathologist
TB	Tuberculosis

INTRODUCTION

The COVID-19 pandemic has affected home care agencies -- including home health agencies -- and their staff in several important ways. Some of the challenges encountered were entirely new and resulted directly from the pandemic. In other cases, the pandemic worsened long-standing challenges in the industry. States and the Federal Government addressed some of these issues through changes to policies, regulations, and guidance. Home care agencies also responded with changes to their own policies and practices.

KEY POINTS

- COVID-19 has created new challenges for home care agencies and their workers and intensified some long-standing issues.
- As a result of states not recognizing home care workers as “essential workers,” access to personal protective equipment, testing, and vaccines were significantly delayed during the pandemic.
- Staffing shortages were exacerbated by recruitment and retention problems, limited training and career advancement opportunities, and poor pay and benefits for these workers.
- State policy responses to COVID-19 include Medicaid rate increases for agencies to purchase personal protective equipment and pay bonuses, hazard pay or retainers, changes to staff training and employment requirements, added flexibilities to expand the use of telehealth and other telecommunications for virtual staff training and provision of services, and new or increased pay for family caregivers.
- Federal policy responses include disaster relief funding, such as Coronavirus Aid, Relief, and Economic Security Act funding and the Paycheck Protection Program, as well as allowing non-physician practitioners to order services.
- Agency responses to COVID-19 include more comprehensive infection control protocols, shifting to virtual means of service delivery and communication, changes to staff duties and responsibilities, flexible scheduling, improved communication among staff, and other supports, such as mental health services, groceries, transportation, and childcare.

BACKGROUND

In 2019, there were approximately 2.3 million home care workers in the United States.[1] Home care and home health agencies (HHAs) provide services and supports that help individuals remain safely in their homes. Home health refers to clinical services provided in the home, such as occupational therapy, physical therapy, and nursing, as well as personal care assistance services from aides that may supplement the necessary clinical care. These services are funded through both Medicare and Medicaid. There are about 12,000 Medicare-certified HHAs in the United States.[2] Home care, on the other hand, refers primarily to non-clinical services, such as personal care, supervision and companion care, meal preparation, and transportation. Home care is not paid for by Medicare and is optionally funded by state Medicaid plans or through private-pay. No data are available about the number of home care agencies in the United States.

*For the purposes of this brief, we use the term "**home care**" to include workers and agencies in both home care and home health unless information is specific to one or the other.*

The COVID-19 pandemic is reshaping the provision of home care services and policy. Similar to nursing homes during the COVID-19 pandemic,[3] staffing shortages, increased risk of infection due to a lack of access to personal protective equipment (PPE), and inadequate training have all led to infection control concerns for home care agencies and their staff.[4] In addition, early reporting suggested consumers might abstain from care due to fear of infection, which would decrease agency census and impact their financial sustainability. Staff were leaving employment, recruiting new staff was difficult, and agencies had to scramble to secure supplies and develop new training and protocols.[5] More recent reports have highlighted how home care agencies have rebounded and are now viewed as an important means for reducing institutional care and preventing hospitalizations.[6] However, it remains unclear whether the industry is prepared for the volume of workers needed, both during and beyond the pandemic.

The purpose of this study was to understand the challenges faced by home care (including home health) agencies due to the COVID-19 pandemic and the policies and practices put into place by the Federal Government, state governments, and home care agencies themselves to mitigate these challenges. The five research questions shown below guided this work.

This study included a scan of federal and state policy changes enacted during the pandemic from March through December 2020, a scan of home care agency practices described in media reports, peer-reviewed literature, and grey literature focused on responses to workforce challenges encountered during the pandemic, and interviews with a variety of stakeholders. For the federal and state policy review, we identified federal and state stimulus packages, laws, regulations, policies, and practices designed to help home care agencies during the COVID-19 pandemic, with particular attention to policies that address workforce issues. To identify federal policies, we reviewed Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), U.S. Department of Labor, and Coronavirus Aid, Relief, and Economic Security (CARES) Act guidance. To identify state policies, we reviewed three

secondary sources that previously had documented state Medicaid policy changes that may affect home care agencies or their workforce[7,8,9] and scanned all state home care and HHA licensing websites for any COVID-19 specific guidance related to the workforce.

Research Questions

1. What challenges do home care agencies face during the COVID-19 pandemic with regard to PPE, including stockpiling, supplies for staff, training, and infection control policies and procedures?
2. What challenges do home care agencies face during the COVID-19 pandemic with regard to their ability to maintain sufficient staffing levels and manage staff turnover?
3. What new federal and state assistance, policies, and practices have been implemented to address challenges in home care agencies as a result of the COVID-19 pandemic? How effective did states and providers perceive them to be?
4. What new policies and practices have home care agencies implemented to address challenges resulting from the COVID-19 pandemic?
5. Which policies hold promise for meeting projected needs for home care in the future? Where are there still gaps?

To understand how home care agencies have been addressing workforce challenges during the pandemic, we conducted a scan of media and industry reports, journal articles, and other grey literature. We considered results from March 2020 through December 2020. For the peer-reviewed literature, we used key search terms to identify relevant articles and reviewed abstracts to determine if the full text of the article should be reviewed. We used similar methods to identify and categorize information from the grey literature and media reports. The primary sources were Home Health Care News, Kaiser Family Foundation, LeadingAge, and PHI National, as well as ADvancing States' Home and Community Based Services Conference (December 2020).

After completing the scans, RTI conducted interviews with 25 key stakeholders across three categories -- home care and HHAs, advocacy groups representing these agencies or their workers, and government representatives at the state and federal level -- to learn more about challenges faced by home care agencies during the pandemic and policies and practices implemented as a result. We wanted to understand how stakeholders thought these policies have worked, what improvements could be made, and what policies and practices hold promise for the future.

FINDINGS

Like other long-term services and supports settings, the pandemic exacerbated existing workforce shortages faced by home care agencies. Because of differences in the definition of essential workers, several states have not recognized home care workers as part of this category. This has contributed to difficulties accessing some clients living in residential facilities, as well as difficulties obtaining PPE, testing for COVID-19, and accessing the vaccine. As a result, some workers have left the workforce due to fear of contracting the virus or infecting family members or clients, and others have been unable to maintain sufficient hours. It was more difficult for workers to maintain sufficient hours at the beginning of the pandemic when clients were refusing visits because they were fearful of allowing anyone into their homes and because fewer clients were being referred to home health when many states restricted elective surgeries.

Agencies have addressed these challenges by changing their policies and practices and by taking advantage of changes to federal and state policies and regulations. One policy change repeatedly noted as helpful to agencies was the authorization for non-physician practitioners, such as nurse practitioners or physician assistants, to certify clients for services. This has made it easier for agencies to take on new clients and saved staff time in having to seek out physicians. Many agencies have also taken advantage of increased telehealth opportunities, although agencies and advocates repeatedly noted that agencies cannot be reimbursed for services supplied via telehealth in most cases. Agencies also reported using new virtual means to hire, onboard, and train workers. Agencies reportedly took advantage of CARES Act funding, the Paycheck Protection Program (PPP), and the Families First Coronavirus Relief Act (FFCRA) to pay workers retainers, bonuses, and hazard pay, and to pay them for time spent sick or quarantining after exposure.

Despite this, home care and HHAs continue to face obstacles. Because their staff are not designated as essential workers, they have had limited access to vaccines in many states. Many stakeholders noted the continuing difficulties these workers face in terms of low wages, limited opportunities for career advancement and the need for better training. Some hoped that increased reliance on home care, in the wake of the pandemic, would result in positive changes to these long-standing issues.

RESEARCH QUESTION 1: What challenges do home care agencies face during the COVID-19 pandemic with regard to PPE, including stockpiling, supplies for staff, training, and infection control policies and procedures?

Workers not designated as essential. State definitions of essential workers differ, and some states have not recognized home care workers as part of this category. This has led to difficulties obtaining PPE, obtaining testing for COVID-19, accessing some clients living in residential facilities, and obtaining the vaccine. Stakeholders reported that it did not seem as though people understood how critical the home care field is to the wellbeing of their clients and

said state governments were often classifying home care agencies as housekeeping services rather than health care entities.

> *"And so, we've kind of realized that our definition of what we are isn't necessarily the definition of the government. So, we've had to work a little extra hard to make sure that we are defined as essential… workers."*
>
> *--Home Care Agency*

Access to PPE. Acquiring PPE was a universal challenge reported among those interviewed. Respondents noted that it was difficult to access PPE during the first 3-6 months of the pandemic, but many said availability has since normalized. Typical vendor and supply chains were disrupted, it was difficult to identify legitimate suppliers, and surge pricing was rampant. Some respondents noted that even when they thought they had a good lead on securing PPE, orders would often be diverted to hospitals. Many reported that because home care agencies were not designated as "essential" they were not prioritized for receiving PPE.

Access to testing. As with accessing PPE, the fact that these agencies and staff were not designated as essential workers hindered access to COVID-19 testing for home care workers.

Access to the vaccine. At the time of our interviews in December 2020 and January 2021, access to COVID-19 vaccines was emerging as an issue for home care workers. As with access to PPE and testing, access to the vaccine was limited by the fact that home care workers have not been deemed essential.

Lack of guidance from government agencies. Home care agencies we interviewed noted there was a lack of direction and consistent information from federal and state government agencies. While they noted some helpful guidance from the CDC, they reported they were often left to fend for themselves to create infection control protocols and policies, including those related to testing for their employees. Government staff we spoke to agreed that there was a lack of communication, especially related to relaying information on staff and client exposure.

RESEARCH QUESTION 2: What challenges do home care agencies face during the COVID-19 pandemic with regard to their ability to maintain sufficient staffing levels and manage staff turnover?

Staffing shortages. Staffing in home care agencies was already problematic before the pandemic, and most respondents noted that staffing shortages have worsened. Many respondents reported that staff left their jobs due to fear of exposure to the virus. Some older workers and people with underlying conditions that made them more susceptible to hospitalization if exposed to COVID-19 chose to leave the field or retire.

The closure of schools and childcare centers placed another burden on the home care workforce. Although agencies and governments attempted to support staff by helping them find childcare or providing flexible schedules, many staff still needed to leave their employment to care for their families during this time. Other staff felt they needed to choose between protecting their families or working with clients who may have tested positive for COVID-19.

Difficulty recruiting staff. Despite there being an increase in unemployed workers who might be able to fill roles, interview participants reported it was harder than ever to find talent, in part because these jobs often have low wages and do not provide full-time employment or comprehensive benefits. COVID-19 added a very real threat to physical safety that potential employees have had a hard time overlooking. In addition, inconsistent training requirements made it more difficult to recruit staff from other health care sectors due to different training and certification requirements. A few stakeholders also noted their concern about the temporary relaxation of training requirements in many states and were uncertain whether staff hired under these conditions would eventually be required to complete the appropriate training.

> *"But for home care agencies, especially personal care worker training, state training requirements vary by state and the infrastructure for training and what was needed at that time… it was just too scattered to really be effective."*
>
> *--Advocacy Group*

Transportation issues. Several agencies also noted that transportation presented a challenge for their employees. Staff felt unsafe using public transportation, and clients were uncomfortable having people in their homes if they had been on public transportation. A lack of safe, reliable transportation has made it difficult to maintain sufficient staffing during the pandemic.

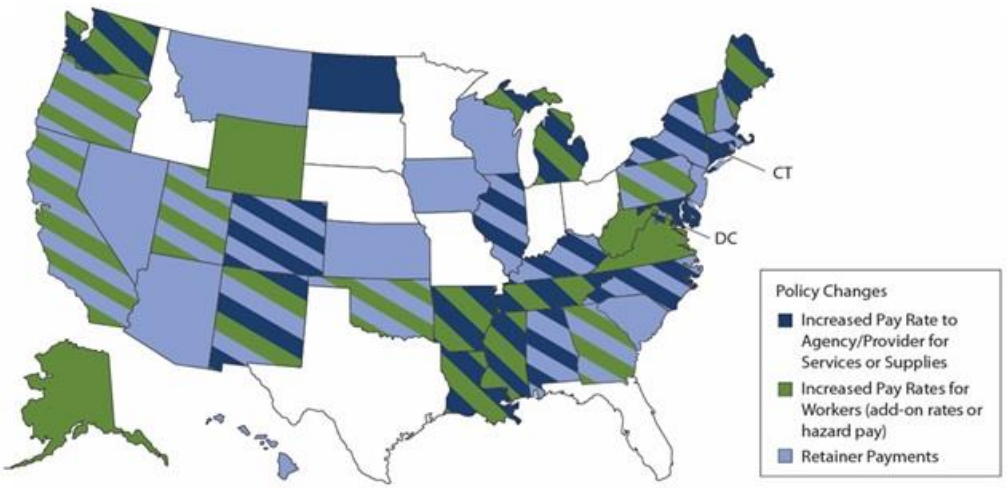
Reduced census. Finally, shifting client loads also caused staffing challenges during the pandemic. When the pandemic began, people were afraid to have others outside of their immediate family unit in their homes for fear of exposure. Many clients who did not have life-threatening needs, such as those primarily using home care for meal preparation or housekeeping, canceled services. Others had family members working from home who could take on the additional care. Some clients at first refused services and then later only wanted to let nurses into their homes, not therapists or aides, to reduce the number of people coming in. Respondents also noted that agencies did not get as many post-acute referrals as elective surgeries were cancelled. This led to an initial decline in demand for home health and home care services and resulted in cuts to staff hours. However, many respondents reported that their client load had mostly returned to normal by the time of our interviews in December 2020 and January 2021.

RESEARCH QUESTION 3: What new federal and state assistance, policies, and practices have been implemented to address challenges in home care and home health agencies as a result of the COVID-19 pandemic? How effective did states and providers perceive them to be?

Increased payment rates. Some states used funds from the CARES Act or other state funding to provide increased Medicaid payment rates to home care agencies. Some of these funds were intended to help agencies purchase PPE and other needed supplies. Our policy scan found that 21 states provided these types of payment rate increases (**Figure 1**). Some states intended these funds to help agencies provide workers with add-on pay, hazard pay, and retainer

payments. Federal and state officials described hazard pay and retainer payments as primarily used for staff who were put at risk for contracting COVID-19 during work or if they had to quarantine after exposure. Our policy scan found that 19 states utilized hazard pay or add-on payments for workers and 27 states implemented retainer payments (**Figure 1**).

Figure 1. State Policy Changes Related to Increase Medicaid Payment Rates to Home Care Agencies or Workers



NOTES: This figure was created from multiple secondary sources. The timeframe of the review was limited to March 1, 2020, through December 18, 2020. Some states used federal disaster funding outside of temporary changes to their Medicaid policy. This figure does not account for those uses of disaster relief funding.

Disaster relief funding. Advocates and providers highlighted the federal assistance provided by the disaster relief funding that went directly to agencies, such as through the PPP and the FFCRA, enabling them to pay workers bonuses, pay for childcare, and provide paid leave when needed. Several advocates representing large numbers of agencies noted some challenges to providers accessing these funds, including a wariness of some providers to use the funds because of shifting federal and state guidelines and lack of provider relief fund access for private-pay only agencies and larger agencies (i.e., >500 employees). As one advocate explained, "those dollars were very slow to flow"; some agencies had yet to receive their funds from the second distribution of relief funds by the time of our interviews.

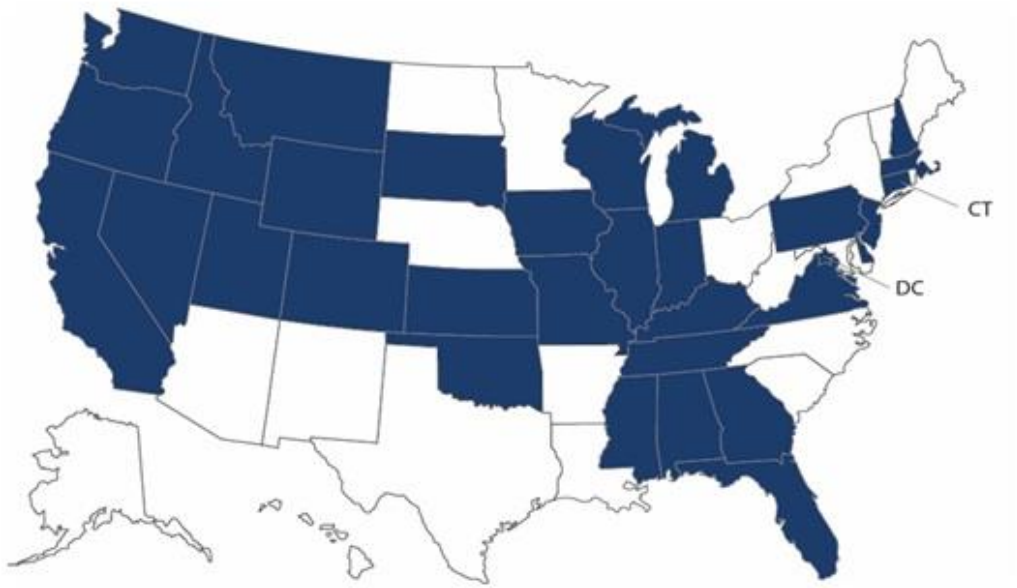
> *"The provider relief and the Paycheck Protection Program has allowed agencies to do things like pay for childcare, pay for transportation, pay for various kinds of leave, give bonuses… Some of these resources have been used to augment some of our providers who actually are providing wrap around services for, particularly, the front line. And those wrap arounds include help with transportation, help with daycare, health with food insecurity, which is a big issue for the frontline workforce."*
>
> *--Advocacy Group*

Electronic communications. The expanded use of telehealth and other electronic communications to protect both workers and clients was an important paradigm shift. Specifically, the CARES Act encouraged the use of telehealth by HHAs; however,

advocates and agencies commented that although agencies were using telehealth more frequently, they were unable to be reimbursed for it through Medicare. CMS clarified in the March 26, 2020 Interim Final Rule that it could not reimburse home health providers for these services due to a statutory provision that prohibited visits made via telecommunications technology from being considered as equivalent to in-person visits. Reportedly, there was also wide variability among states in how they adopted telehealth for home care providers. Collecting electronic signatures and verbal consent allowed for less contact between staff and clients and assisted with reducing administrative burden.

Changes to staff training, qualifications, or duties. The ability to train staff virtually or delay certain pre-employment requirements also were regarded as important changes during the pandemic. Our policy scan found that 32 states made changes to pre-employment requirements to ease entry into the field or retain workers who were due for training or updates to other employment qualifications (**Figure 2**).

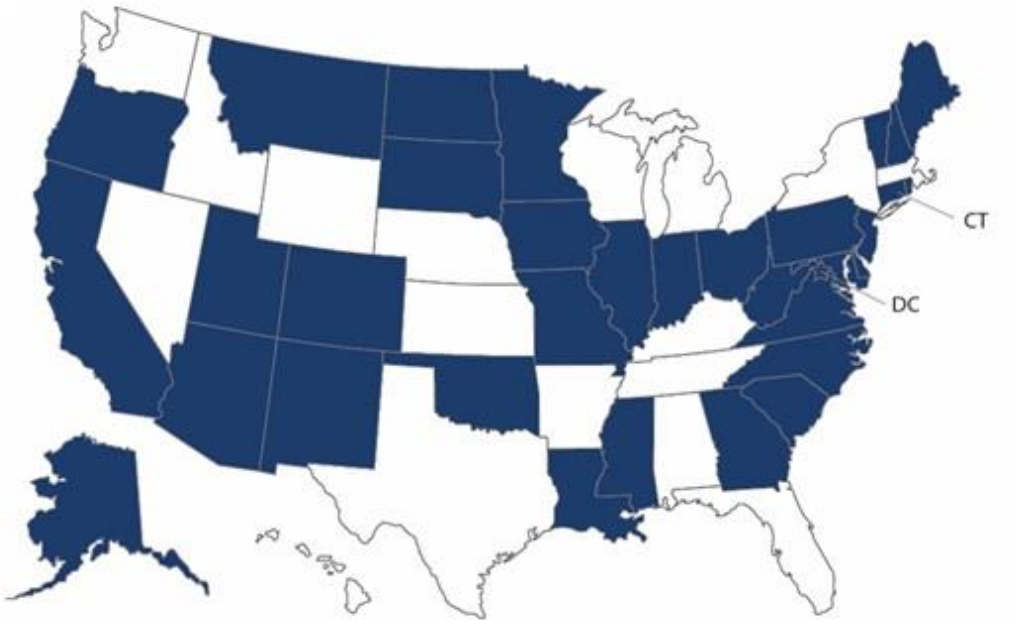
Figure 2. State Policy Changes Related to Employment Requirements and Qualifications for Home Care Workers



Ordering of services by non-physician practitioners. Many different stakeholders felt that the federal policy change allowing non-physician practitioners to order home health and home care services was key. This change allows nurse practitioners or physicians assistants to certify clients for services and has made it easier for agencies to take on new clients. Agencies and advocates reported that this contributed to an increase in the number of clients, reversing the losses that had occurred early in the pandemic due to fear on the part of existing clients and a decline in referrals for post-acute care after the dramatic decrease in elective surgeries. This helped agencies maintain consistent staff hours and reduced staff time following up with physicians. One state official commented that due to the success of this policy change, it may continue beyond the COVID-19 pandemic.

Paying family caregivers. Our policy scan found that 34 states changed policies allowing payment (or increased payments) to family caregivers. Paying family caregivers to provide the care that home care workers would have otherwise been providing helped reduce the demand for these workers at a time when staff recruitment and retention were particularly difficult.

Figure 3. State Policy Changes Allowing Payment (or Increased Payments) to Family Caregivers



RESEARCH QUESTION 4: What new policies and practices have home care agencies implemented to address challenges resulting from the COVID-19 pandemic?

Infection control practices. Agencies focused heavily on infection control and access to PPE to try to maintain some level of in-person care. Agencies reported following CDC guidelines such as wearing masks and hand washing, and a few established their own medical advisory councils to help inform and develop infection control procedures more specific to COVID-19 and the home care client population. Agencies also reported developing their own procedures with regard to COVID-19 testing. Some providers required their staff to be tested regularly, and agencies implemented processes to monitor any positive tests and ensure that their staff would be able to safely quarantine.

Shifting to new virtual processes. We found that home care agencies moved many services and processes to a virtual format. All agencies we spoke with reported adding telehealth services in order to continue to provide care and monitor clients remotely. These services ranged from providing medication reminders over the phone to conducting physical therapy sessions over video applications, such as Zoom or Facetime. Most agencies we spoke with said this was primarily done telephonically and did not involve adding telehealth infrastructure. Many

agencies also reported developing tools, such as Apps, to screen their staff and their clients on a regular basis and monitor COVID-19 exposure, symptoms, or any high-risk travel. Agencies also used technology to communicate with and support family caregivers when agency staff were not able to go into the client's home.

> *"… I firmly believe that we're able to add a significant value through telehealth and remote patient monitoring… with the monitoring that we have. Ours also has the capacity for instructional videos and reminders for medication."*
> *--Home Care Agency*

Flexible staffing and scheduling. We found that agencies used flexible staffing arrangements -- such as having staff play multiple roles -- to offset staffing reductions. Agencies also allowed flexible scheduling to help staff accommodate for things like childcare needs or second jobs.

Increased communication. According to agency and advocacy group representatives we spoke with, communication between agencies and their staff has become increasingly important throughout the pandemic, to ensure that the staff are kept up-to-date on infection control policies and for the staff to inform leadership of any challenges they were facing on the ground. A few providers started monthly "town hall" meetings with agency leadership and staff. Informal education was also an important initiative for providers as they communicated with staff and shared resources on a variety of topics, such as the epidemiology of the virus, proper hand washing techniques, and the safety of the vaccines.

Other types of support. According to interviews and our media scan, some agencies provided mental health services for their staff, and even helped to provide basic everyday needs like groceries, transportation, and childcare. Many respondents agreed that the career ladder for home care workers needs to improve in order to retain this workforce, and some agencies were able to create internal opportunities for promotions or planned to collaborate with local nursing schools to create programs for their staff to continue their nursing education.

RESEARCH QUESTION 5: Which policies hold promise for meeting projected needs for home care in the future? Where are there still gaps?

According to stakeholders, there are far more policy gaps than those that hold promise. This is not surprising, considering many of the challenges existed for this workforce prior to the pandemic. All stakeholder groups agreed that the most successful policy was the one permitting non-physician practitioners to order home care and home health services. This boosted client census after it had dropped considerably, and freed agencies from having to chase down physicians when they were busy with pandemic-related responsibilities. Because it was ultimately up to the states to adopt this policy change, there was variability in how this policy was implemented across states.

Most stakeholders noted the following ongoing challenges that could be addressed to improve the situation for home care workers during the pandemic and into the future:

- Ensuring that home care workers are designated as essential workers, and providing them with priority access to PPE, testing, and vaccines.

- Improving the wages of workers, especially aides, personal care workers, and direct service providers, to improve retention.

- Improving career opportunities for workers through better training and career ladders. Some stakeholders suggested standardizing training and other requirements across states to make these more portable.

- Providing government reimbursement to HHAs for certain telehealth services.

Many stakeholders stated they hoped a bright spot from the pandemic would be increased availability of home and community-based services and increased appreciation of home care workers for the essential role they play in keeping clients safe in their homes and communities.

ENDNOTES

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