



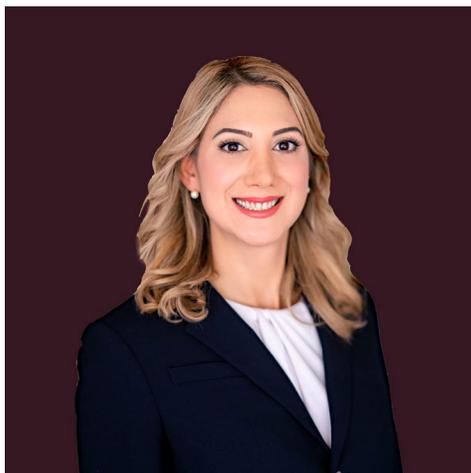
Bipartisan Policy Center

BPC – Disability Aging Collaborative

Addressing the Direct Care Workforce Shortage
Improving the Medicaid Buy-In for Workers with Disabilities

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Speakers



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Agenda

- I. Bipartisan Policy Center (BPC) overview
- II. Addressing the Direct Care Workforce Shortage
 - I. Overview, political landscape, opportunities
- III. Improving the Medicaid Buy-In (MBI) for Workers with Disabilities
 - I. Overview, political landscape, opportunities
- IV. Q&A Discussion

BPC Overview

**Founded in 2007 by Former Senate Majority Leaders
Howard Baker, Tom Daschle, Bob Dole, and George Mitchell**



- Washington, DC-based think tank actively fostering bipartisanship
- Coordinating with BPC Action, our 501(c)4 partner organization
- Program areas include: Child Welfare, Democracy, Early Childhood, Elections, Energy, Health, Higher Education, Housing, Immigration, Infrastructure, and Technology, among other areas

Health Program Project Areas

Cost,
Coverage, &
Access

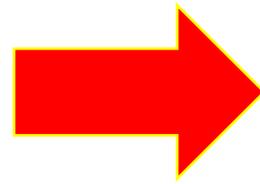
Behavioral
Health

Rural Health

Public Health

Digital
Health

Long-Term
Care &
Chronic Care

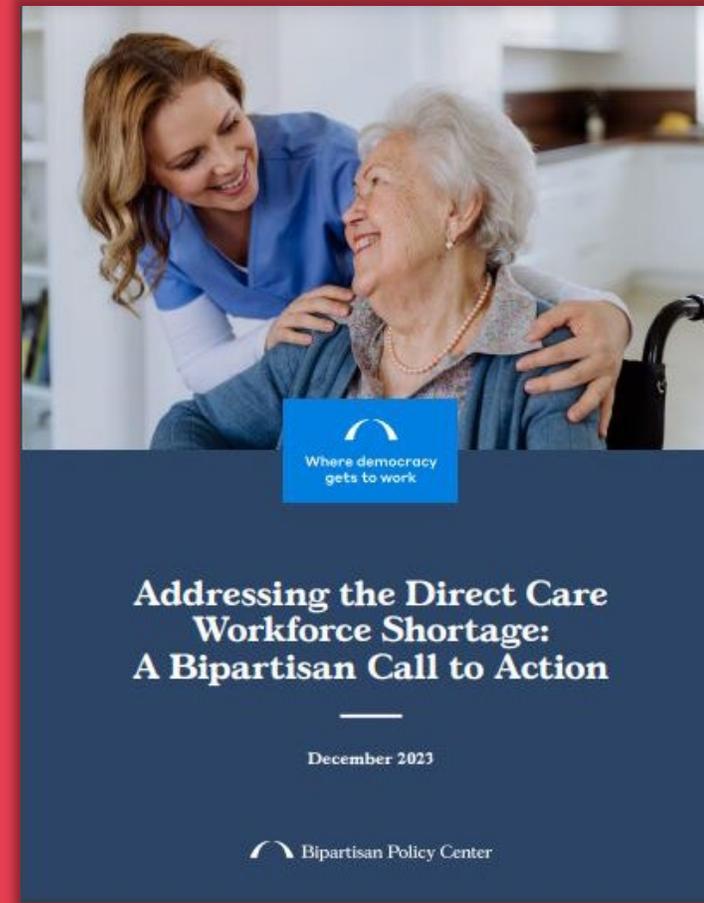


BPC's Long-term and chronic care portfolio
landing page:

<https://bipartisanpolicy.org/tackling-the-long-term-care-crisis/>.



Check out BPC's report!



Available at:
<https://bipartisanpolicy.org/report/addressing-the-direct-care-workforce-shortage/>.

ii. Addressing the Direct Care Workforce Shortage

Direct Care Professionals: Roles and Settings

- While definitions vary, direct care professionals include individuals **who assist older adults and individuals with disabilities with essential daily tasks and activities.**
 - **Work across long-term care settings**
 - **Training requirements** depend on the occupation and state regulations.
 - Large “**gray-market**” of home care workers hired directly by individuals or households using private funds
- Focus of BPC’s report: personal care aides, home health aides, direct support professionals, certified nursing assistants, psychiatric aides, and unpaid caregivers

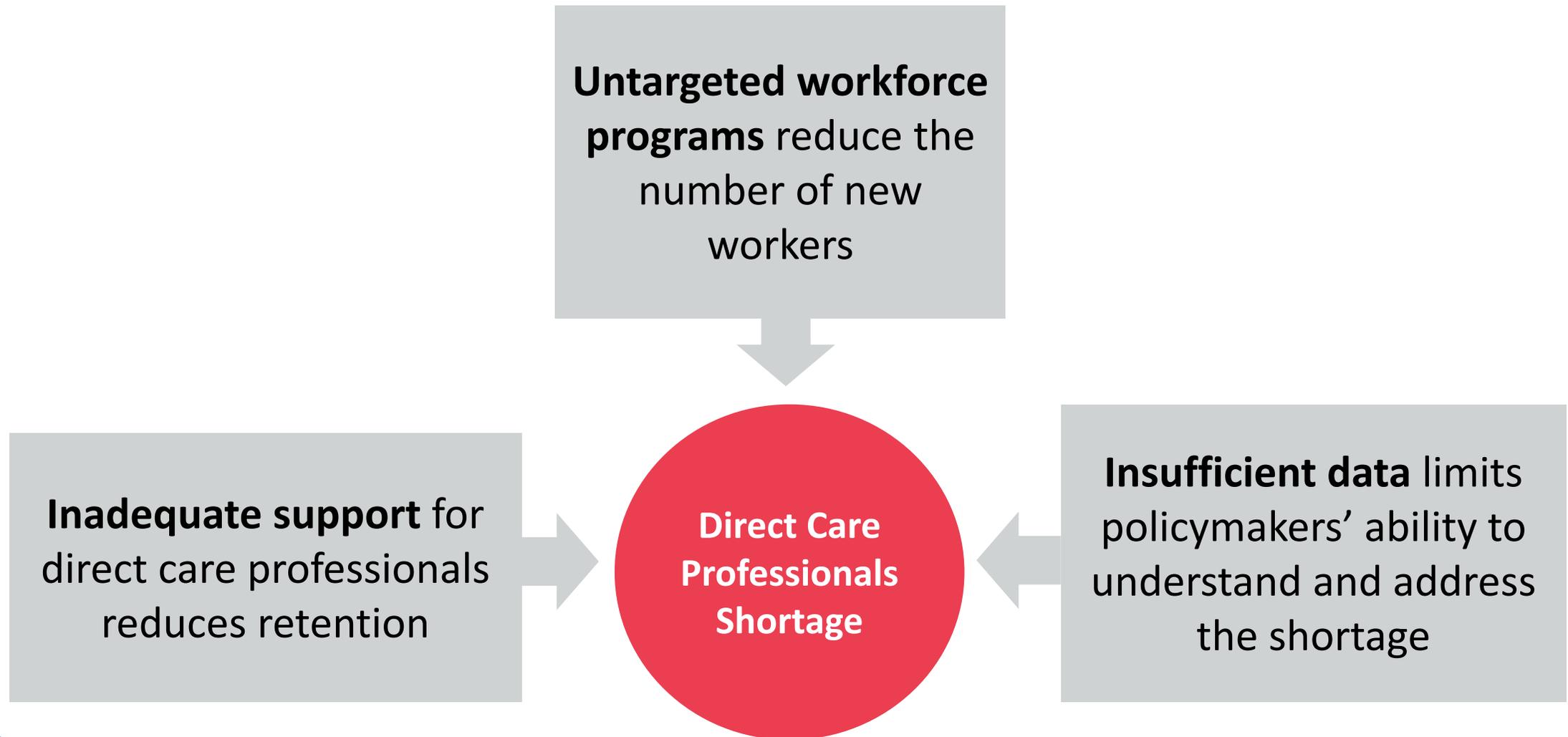


Overview of the Direct Care Workforce Shortage

- **Long-standing shortage** of direct care professionals in the U.S
 - Impacts of baby boomers aging and the COVID-19 pandemic
- Workforce has grown from 3 million to 4.6 million between 2009 and 2019, but experts anticipate **significant workforce gaps**¹
 - No national estimate of the workforce shortage due to data limitations
- The shortage strains the health care system, **harming access and quality for the millions of adults and children with long-term care needs**, and contributes to potentially avoidable spending.
- Addressing challenges is crucial to **promoting gender and racial equity, reducing strains** on the health care systems, **reducing avoidable hospitalizations** and costs, and **ensuring quality, accessible care**

1. Campbell, S., A.D. Drake, R. Espinoza, & K. Scales. (2021). Caring for the Future: The Power and Potential of America's Direct Care Workforce. Bronx, NY: PHI. Available at: <https://www.phinational.org/caringforthefuture/>.

Key Challenges Contributing to the Shortage



Current Policy Landscape

- **Congressional movement:**

- Recently held key committee **hearings** on the shortage
- **Introduced legislation** to enhance flexibilities for training and competency requirements, strengthen the home-based workforce, and improve data collection

- **Administrative initiatives:**

- Executive Order: Increasing Access to High-quality Care and Supporting Caregivers
- Ensuring Access to Medicaid Services Final Rule (CMS-2442-F)



Create Sustainable, Supportive Environments

- Strengthen **transparency** and **oversight** of states' **Medicaid provider payment rates for LTSS** and direct care workers' **compensation**
- Conduct a **national study** on the relationship between the **enhanced FMAP** provided by the American Rescue Act and its **effects on the direct care workforce, cost, and quality of care**
- Fund the **National Health Care Workforce Commission** to perform a comprehensive **evaluation** of the health care workforce
 - To include the direct care workforce
- Establish a **refundable tax credit for caregivers** to help with out-of-pocket costs for paid LTSS-related care, allowing those with qualifying incomes to claim a maximum \$3,000 credit for each qualifying family member



Domestic Reforms: Grow the Number of New Workers

- **Strengthen recruitment and training programs for direct care professionals**
 - Grow and enhance the nation's **registered apprenticeship** programs
 - Strengthen **workforce development programs** under the Workforce Innovation and Opportunity Act and the Carl D. Perkins Career and Technical Education Act
 - Establish a **grant program** to support entities developing and carrying out projects that **reduce barriers to recruitment** and **match prospective workers** with employers

Targeted Immigration Reforms: Grow the Number of New Workers

- Absent comprehensive immigration reforms, enact incremental reforms to bolster the accessibility of visas for direct care workers
 - **Increase the number of permanent employment-based visas** (i.e., green cards) available for direct care workers and **expedite the visa process** for these workers through Schedule A updates.
 - **Modify nonimmigrant visas** (i.e., temporary work visas), including **creating a nonimmigrant employment-based visa** for low-skill workers.²

2. The U.S. Citizenship and Immigration Services defines subcategories of EB-3 visas as skilled, professional, and unskilled. Within these categories, direct care occupations are classified as unskilled. BPC has adopted this classification for consistency with statutes and regulations.



Targeted Immigration Reforms: Grow the Number of New Workers (cont'd)

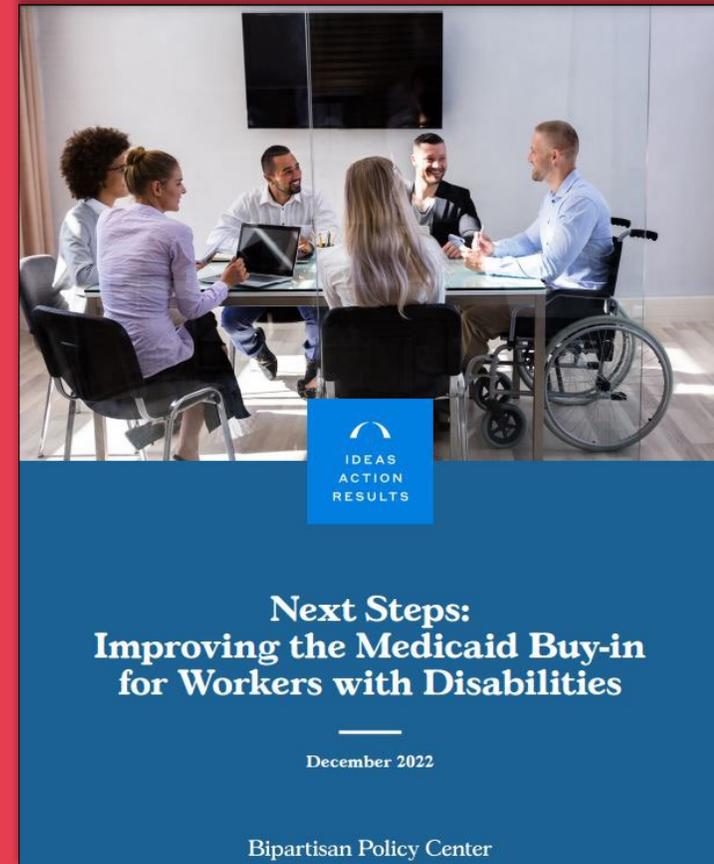
- Congress should establish a **legalization program for qualifying foreign-born workers** who will help relieve the country's direct care workforce shortage.
 - Eligibility includes a minimum of **180 days of direct caregiving labor** over the past two years.
 - **Certified Direct Care Worker (CDCW) status** is valid for **5 years** and is **renewable indefinitely**, provided the CDCW holder continues working in direct caregiving.
 - Eligible participants can adjust to **lawful permanent resident status**.
 - **Protections** for individuals (and their spouses and minor children)

Improve Data on Workforce Characteristics

- **Enhance data collection and reporting on the direct care workforce**
 - Establish standardized workforce metrics across states and care settings
 - Capture the volume, stability, compensation, and profile of the direct care workforce
 - Disaggregate data by occupation
- **Implement strategies to better estimate the “gray market” and number of unpaid caregivers**

See BPC's [report](#) for detailed recommendations, including additional policy reforms.

Check out BPC's report!



iii. Improving the Medicaid Buy-In (MBI) for Workers with Disabilities

Available at:
<https://bipartisanpolicy.org/report/improving-medicaid-buy/>

Overview: MBI for Workers with Disabilities

- Three **Medicaid eligibility groups**: Work Incentives, Ticket to Work Basic, Ticket to Work Medical Improvements
- State option **allows individuals with disabilities to work and retain their Medicaid coverage**, or to use their Medicaid coverage to access wraparound
- **State flexibility** to design MBI programs (*e.g.*, income-related premiums)
- **Data are limited, outdated**:
 - 35 states covered MBI for Workers with Disabilities in **2011, enrolling almost 193,000 individuals**
 - 400,000+ individuals with disabilities were able to work and retain Medicaid coverage (1997-2011)
 - **46 states** covered MBI for workers with Disabilities (**2022**)
 - **Without program (2022)**: AL, DC, FL, OK, TN

Benefits of MBI for Workers with Disabilities

Impacts of MBI for Workers with Disabilities

- Increased employment and earnings for enrollees
 - Across all age groups, individuals with disabilities much less likely to be employed than those with no disabilities
- Positive impact on the economy, Medicaid, employers, and governments
- High value shown by personal experiences of enrollees

PERSONAL EXPERIENCE SPOTLIGHT

Ellie, Missouri



Ellie, a 25-year-old who recently earned a law degree, lives in Missouri and has been enrolled in Medicaid since age 18. As someone with spinal muscular atrophy, Ellie requires a wheelchair and assistance with daily activities, such as getting in and out of bed, using the restroom, and getting dressed—including overnight support. Since she was young, Ellie’s goal was to move out of her parents’ home to pursue a career and live on her own. The Ticket to Work Health Assurance (TWhA) program, Missouri’s MBI for Workers with Disabilities program, gave her that opportunity to be more independent.

Challenges: Limited Adoption, Optimization



PERSISTING CHALLENGES:

- **Low take-up** of this option by the target population and a similarly modest success in making **states and eligible individuals with disabilities aware** of the MBI for Workers with Disabilities eligibility pathways
- Despite flexibility, **federal implementation** of those laws and **states' clarity** on the program flexibilities have **limited the program's reach**

CONTRIBUTING FACTORS:

Inadequate federal guidance on the flexibilities available to states designing their programs

A lack of clear and accessible consumer information and educational resources about the programs

Limited technical assistance, including program data and state-to-state learning opportunities

Current Policy Landscape

- **Congressional movement:**

- Introduced bipartisan legislation (118th Congress)
 - Ensuring Access to Medicaid Buy-In Program Act
- Hearings and RFIs on maximizing employment opportunities for people with disabilities across the aisle (117th Congress)

- **Administrative initiatives:**

- Executive orders:
 - Continuing to Strengthen Americans' Access to affordable, Quality Health Coverage
 - Advancing Racial Equity and Support for Underserved Communities through the Federal Government



Clarify Existing Options States Can Adopt When Designing Their MBI for Workers with Disabilities

- Release **updated federal guidance** to promote consistent information:
 - identify the **full range of options available to states** for covering and modifying their coverage (*e.g.*, create and/or change premiums or other cost-sharing charges; modifying or removing restrictive eligibility requirements)
- Issue a Notice of Proposed Rulemaking (**NPRM**) to **codify and clarify** the three eligibility groups
- **Improve the State Plan Amendment template** that states use to establish or modify their MBI for Workers with Disabilities programs to **make it easier for states** to understand their options to adopt program flexibilities

See BPC's [report](#) for detailed recommendations, including additional policy reforms.



Strengthen Outreach, Data, and Interagency Coordination

- Create a national technical assistance center to address states' questions and promote state-to-state learning on promising state practices
 - Include efforts to improve outreach to beneficiaries and benefits counseling
- Enhance collaboration between CMS, the Social Security Administration, and other federal agencies
 - Coordination on the Social Security Administration's Red Book
- Establishing a grant program to support states' implementation or optimization of MBI for Workers with Disabilities programs and monitor the effects of this grant program through an independent evaluation

See BPC's [report](#) for detailed recommendations, including additional policy reforms.

IV. Q&A Discussion

Thank you!

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