

**Report &
Recommendations**

of the

West Virginia Direct Care Task Force

Submitted to:

The West Virginia Legislature,
The West Virginia Department of Health and Human Resources -
Bureau of Medical Services,
& The West Virginia Bureau of Senior Services

December 2022

Contents

| | |
|--|----|
| I. Background | 3 |
| II. Purpose & Structure..... | 3 |
| III. Process | 4 |
| IV. Sponsorship | 5 |
| V. DCT Recommendations..... | 5 |
| A. Overview..... | 5 |
| B. General Notes..... | 6 |
| C. Recommendations..... | 6 |
| i. Compensation | 6 |
| a. Wages..... | 6 |
| b. Benefits | 6 |
| c. Medicaid Cliff Study and Recommendations | 6 |
| d. Regulatory Study and Recommendations..... | 6 |
| e. Supplemental Healthcare Staffing Agencies..... | 7 |
| ii. Education & Training..... | 7 |
| a. Direct Care Training Pathway | 7 |
| b. Training Surge..... | 9 |
| iii. Job Design | 10 |
| a. Integrated Long-Term Services and Supports Workplace Improvement Pilot..... | 10 |
| b. Culture Change Pilot..... | 11 |
| iv. Evaluation | 11 |
| VI. Budget Impact..... | 11 |
| Appendix A: DCT Members | 12 |
| Appendix B: DCT Members Votes..... | 14 |
| Appendix C: DCT Minority Dissent Statements..... | 15 |
| Appendix D: Selected Direct Care Workforce Research Links..... | 17 |

I. Background

West Virginia's older population is expected to grow significantly between 2020 and 2030¹ and many of those older people will require substantial assistance with physical and cognitive needs. Unfortunately, the state's direct care workforce is already insufficient to meet current long-term services and supports needs² and it is not expected to grow fast enough to meet future needs³ without focused initiatives to attract people to this important work. This workforce deficit is a challenge for West Virginia service providers and for the family caregivers who depend on the assistance of direct care workers. It also impacts the quality of long-term services and supports care.

II. Purpose & Structure

The West Virginia Direct Care Task Force (DCT) was launched in the summer of 2022 to develop legislative and regulatory recommendations for the focused initiatives that are required to increase West Virginia's direct care workforce in order to meet current and future needs. Specifically, the DCT was asked to develop recommendations in three key areas that extensive long-term services and supports research has identified as driving direct care workforce recruitment and retention: compensation, education and training, and job design improvements. To provide the collective expertise needed to identify state specific and actionable policy solutions, the DCT membership was composed of state agency staff together with a balance of long-term services and supports stakeholders (i.e., providers, consumer advocate, and related professionals - see Appendix A for the DCT member list.)

The DCT's members were asked to:

1. Consider general long-term services and supports research literature regarding direct care workforce recruitment and retention challenges and solutions.
2. Identify specific direct care workforce challenges in West Virginia.
3. Develop an integrated set of recruitment and retention strategies that address the three key areas identified in research and designed to:
 - Maintain and/or improve the quality of life for caregivers and recipients.
 - Provide core elements and supports needed to improve direct care workforce recruitment and retention across all long-term services and supports settings and programs.
 - Acknowledge and accommodate operational and acuity differences between long-term services and supports settings through program variations and exemptions.
 - Fit West Virginias's specific needs, resources, and culture.
4. Provide recruitment and retention recommendations to the Legislature, the Department of Health and Human Resources - Bureau for Medical Services (DHHR-BMS), and the Bureau of Senior Services (BoSS) on or before December 31, 2022.

¹ WV 60+ population growth estimated to be 15% between 2020 and 2030 by the Administration for Community Living. (2012). Policy Academy State Profile.

² Christiadi. (2021). Supply and Demand of Health Care Professionals in West Virginia. West Virginia University

³ Christiadi. (2021).

III. Process

The DCT developed the recommendations contained in this report using the following process:

- A. **DCT Launch:** The full DCT met on June 23, 2022, to discuss the DCT's:
 - Purpose.
 - Review and approve the proposed recommendations development process.
 - Identify members for the Compensation, Education and Training, and Job Design subcommittees.
 - Review and discuss the current state of direct care workforce recruitment and retention in the state.
- B. **Initial Recommendation Formulation:** During July and August 2022, the Compensation, Education & Training, & Job Design subcommittees met to:
 - Discuss their focus area.
 - Identify obstacles and gaps to the development of the direct care workforce in their focus area.
 - Discuss potential policy solutions, including efforts in other states to address the identified obstacles and gaps.
 - Formulate draft recommendations to address the identified obstacles and gaps.
- C. **Interim Recommendation Review & Development:** Initial subcommittee recommendations enjoying majority subcommittee member support were presented to DCT membership for discussion and modifications at the interim full DCT September meeting. Intermediate recommendations enjoying majority support at the September meeting were referred back to the originating subcommittee for modification and further development in the subcommittees' October 2022 meetings.
- D. **Final Recommendations:** Recommendations enjoying majority support at the DCT September meeting were edited and further developed during the October subcommittee meetings to respond to the feedback received. Revised subcommittee recommendations were sent to the full DCT membership for review and any final edits and additions. Subgroups' recommendations, together with final proposed edits or additions, were presented to the full DCT for a vote at the DCT November 2022 meeting. Recommendations and edits or additions receiving majority support from the full DCT membership at the November meeting were adopted as final DCT recommendations and are presented in this report (see the Recommendations section below for the final recommendations and Appendix B for DCT members' votes on each recommendation).
- E. **DCT Minority Dissent Statements:** To provide insight into the votes on the final recommendations adopted, DCT members opposed to a final DCT recommendation were provided the opportunity to submit a brief statement explaining their opposition for inclusion in this report (see Appendix C).

IV. Sponsorship

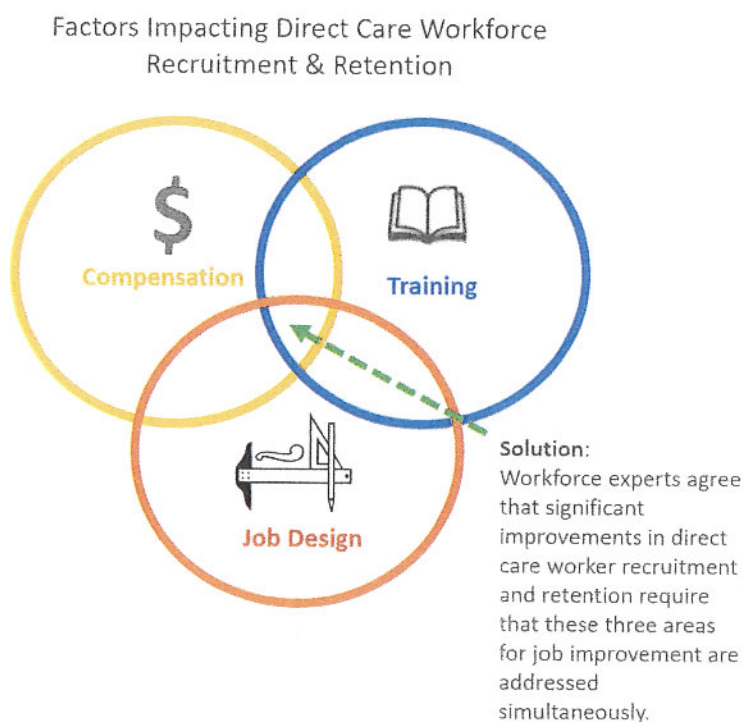
AARP West Virginia partnered with the West Virginia Department of Health and Human Resources – Bureau of Medical Services to form and support the work of the DCT.

V. DCT Recommendations

A. Overview

Low job satisfaction among direct care workers is associated with high turnover rates. Research and workforce experts have defined three key areas contributing to job satisfaction and believe that these three key areas must be addressed simultaneously to solve the direct care workforce crisis. These interconnected areas are:

- Compensation (wages and benefits)
- Education and training (quality and sufficiency of training and advancement opportunities).
- Job design (more meaningful work, greater respect and value).



B. General Notes

The DCT developed recommendations for each of the three key areas impeding direct care workforce recruitment and retention. While most of the recommendations address issues and solutions that apply equally across the direct care workforce, the DCT recognizes that there are some operational, level of care, and regulatory differences between long-term services and supports programs and settings that require distinct approaches and/or exemptions. Where needed, those distinctions and exemptions have been noted in the recommendations. The research and evaluation associated with each recommendation (see Evaluation section) will likely identify additional differences that require accommodation to maximize future recruitment and retention benefits. In addition, some of the DCT recommendations address more than one of the three key areas simultaneously.

C. Recommendations

[Please see Appendix D for selected links to the direct care workforce recruitment and retention research and promising practices that helped inform the DCT's discussions and recommendations.]

1. Compensation

- a. *Wages:* [addressed in Section III under the Integrated Long-Term Services and Supports Workplace Improvement Pilot.]
- b. *Benefits:* Create and implement a voluntary financial incentive program above the standard reimbursement levels (e.g., pay-for-performance, quality measures tied to reimbursement rates) that is designed to encourage providers to offer benefits that research has shown to improve recruitment and retention of direct care staff. Provide a menu of eligible benefits (together with benefit standards and any distinctions appropriate between HCBS and nursing home programs), including:
 - Affordable healthcare options.
 - Paid time off.
 - Training and education grants.
 - Transportation and childcare reimbursements/stipends.

Provide adjustments in the financial incentive amounts to reflect the cost differentials for large versus small providers due to economies of scale.

- c. *Medicaid Cliff Study and Recommendations:* Provide funding for a study of the "Medicaid cliff's" impact on direct care worker hours, recruitment, and retention. Include a review of other states' strategies to alleviate the negative impacts of the Medicaid cliff, including federal and state options to allow greater income limits and/or cost sharing (e.g., allowable income disregards, provider paid benefits, etc.). Require that the study recommendations are available within 12 months of the study's commission.
- d. *Regulatory Study and Recommendations:* Provide funding for an independent 3rd party study of West Virginia's long-term services and supports regulatory structures,

requirements (including training adequacy and trainer qualifications), clarity, and enforcement to determine gaps, reliability, and unnecessary or duplicative requirements. Provide recommendations for regulatory improvements to better assure quality, promote efficient use of state and provider resources, and eliminate uncertainty and unnecessary costs. Require that recommendations are delivered to the legislature within 12 months of the study's commission.

- e. *Supplemental Healthcare Staffing Agencies:* Establish a registration and oversight process for supplemental healthcare staffing agencies with the Office of Health Facility Licensure and Certification designed to:

- Promote high quality of care through competent and stable supplemental staff.
- Promote the successful financial operations of agencies so they can continue to meet critical staffing needs throughout the state.
- Require limited financial reporting from agencies sufficient to determine and monitor supplemental healthcare staff compensation, labor and customer contract arrangements, and agency profits.

To accomplish these goals, include the following in the rules governing the registration and oversight process for supplemental healthcare staffing agencies:

- A requirement for agencies to confirm that supplemental healthcare personnel meet the minimum state requirements for the position(s) they will perform.
- A registration process, rules, requirements, fees, and oversight system comparable to similar long-term services and supports providers, including limited reporting requirements.
- Prohibitions against restricting supplemental healthcare personnel employment opportunities through non-compete, financial penalty provisions, or any other agreements with a similar effect between employees or agency customers.

Supplemental healthcare staffing agencies registration and oversight rules shall not include:

- Price caps or other price controls.
- Restrictions limiting employee recruitment by long-term services and supports providers or agencies.

2. Education & Training

- a. *Direct Care Training Pathway:* Training systems that allow job mobility between long-term services and supports settings, provide strong skills, and offer a clear pathway for advancement within the direct care role are considered an important element in a direct care workforce retention strategy. The DCT recommends:

- A six-month study to evaluate the strengths of West Virginia's current training systems and identify best practice enhancements, including training portability and advancement pathways within the direct care role.
- Based on the study findings, design a voluntary universal and portable training

pathway as one state training option alongside the continued availability of current state sanctioned trainings, including provider led training programs.

- Designing the direct care training pathway to meet all federal and state mandated training requirements within the currently applicable federal and state minimum training hours.

A training pathway should allow direct care workers to obtain:

- *Foundational Skills Training:* Basic training to provide foundational long-term services and supports knowledge and skills applicable to all people with long-term services and supports needs regardless of the care setting or role, increasing retention by offering training that will not need to be repeated if a direct care worker chooses to change long-term services and supports settings or roles during their career.
- *Specialized Role and Setting Training:* Specialized skills training needed for the specific setting and direct care roles in which the direct care worker will provide care, increasing retention by providing training critical to their success in their chosen role.
- *Optional Advanced Role Training:* Optional certifications in specialized care practices (e.g., medication administration, dementia care, mental health care, end-of-life care, physical therapy aide, activities aide, etc.), increasing recruitment and retention by providing a career path and on-going opportunities for wage increases within the direct care role.

The pathway training program should:

- Grandfather currently certified direct care workers.
- Be free to long-term services and supports direct care workers (see work requirement below).
- Provide childcare, wage replacement, and travel stipends.
- Provide cultural competence and diversity training.
- Be designed to:
 - Be administered by providers or training centers.
 - Be delivered in person or, when appropriate, through remote options (e.g., laptop, tablet, smart phone).
 - Get direct care workers into their jobs as quickly as possible through a best practices combination of basic classroom instruction and apprenticeships.
 - Create, utilize, and support peer mentors.
- Include a standardized competency evaluation.
- Provide progressive skills building continuing education modules for required annual training hours.
- Reserve four training hours out of the mandated minimum initial training hours for provider selected topics.
- Provide train-the-trainer, leadership, & supervisor training that improves leaders'

ability to teach, manage, and retain direct care workers effectively.

- Provide a state sponsored rewards and recognition program.

Work requirement: A Training Pathway participant receiving free tuition and/or stipends will agree to seek long-term services and supports employment in West Virginia and work in the state for a minimum of 2080 hours over the two years after the training or the participant will repay the state for the cost of the training and stipends as stipulated in the state's training agreement.

- b. *Training Surge:* A 2020 West Virginia University analysis identified a need for an additional 3,750 direct care workers (i.e., home health aides, personal care aides, and CNAs) to address current statewide vacancies. To address this need, establish a program to recruit and train at least 3,750 direct care workers over 3 years (1,250 DCW/year), including funding for marketing, tuition, testing, wage replacement, and childcare and transportation stipends (see work requirement below). A direct care workforce training surge should be modeled on Wisconsin's Department of Health Services' 2018 WisCaregiver Career Program and/or the West Virginia's RN/EMT recruitment programs and use Older Americans Act Title V resources as feasible.

Include the following elements in a training surge:

- *Stipends:* Stipends to cover childcare, lost wages, and travel costs during direct care worker initial training.
- *Workgroup:* Implement a state administered direct care training workgroup including the following organizations and others as appropriate to inform stakeholders of training program requirement changes and to look for opportunities for coordination, synergies, and shared resources:
 - West Virginia Department of Health and Human Resources, Office of Health Facility Licensure & Certification.
 - West Virginia Department of Health and Human Resources, Bureau of Medical Services, Home and Community-Based Programs.
 - West Virginia Bureau of Senior Services.
 - West Virginia Department of Education, Division of Career and Technical Education.
 - West Virginia Department of Commerce.
 - WorkForce West Virginia.
 - Community and Technical College System of West Virginia.
 - West Virginia Health Care Association.
 - Home Care Association of West Virginia.
 - AARP & other long-term services and supports consumer advocates
- *Work Requirement:* A Training Surge participant receiving free tuition and/or stipends will agree to seek long-term services and supports employment in West Virginia and work in the state for a minimum of 2080 hours over the two years after the training or the participant will repay the state for the cost of the training and stipends as stipulated in the state's training agreement.

3. Job Design

- a. *Integrated Long-Term Services and Supports Workplace Improvement Pilot*: Implement a voluntary state funded pilot program providing start-up grants and enhanced reimbursement to providers willing to improve their long-term services and supports workplace environments (e.g., physical, operating, and compensation) through various evidence-based practices shown to enhance direct care workforce recruitment and retention. The pilot should be open to all West Virginia long-term services and supports providers and include the following provisions:
- *Program Size*: Pilot participation capped at 30 organizations and 120 consumers per organization (with exceptions allowed for special circumstances).
 - *Duration*: 2+ years.
 - *Direct Care Worker Initiatives*: 20% of the selected pilot projects should be reserved for initiatives specifically requested by direct care workers in the applicant organization.
 - *Areas for Pilot Projects' Focus*: To test integrated initiatives addressing three areas found to limit recruitment and impair retention, pilot projects should address each of the following areas:
 - *Compensation*: Include one or more initiatives that improve direct care wages and/or benefits (e.g., shift and/or geographic differentials, advanced role wage increases, paid time off, affordable healthcare, new reimbursement categories for high needs HCBS consumers, reimbursement mechanism for unforeseen emergency services and/or supervision, etc.). Design provider-based initiatives to acknowledge differences between facility-, home-, and community-based care models and their current data collection and reporting requirements. Any provider-administered direct care wage initiative should cover the provider's cost of the designated wage increase(s) and a provider retained incentive. Wage initiatives should:
 - Include a requirement that state plan and waiver program enrollments will not be decreased to offset increased state costs.
 - Be modeled on successful wage incentive approaches used by other states and suitable for West Virginia (e.g., pay-for-performance, quality measures tied to provider rates/reimbursement, etc.).
 - *Training*: Include one or more initiatives that provide improved initial and/or on-going training, such as in:
 - Communications.
 - Understanding common aging processes.
 - Advanced certifications in dementia care, peer mentoring, etc.
 - Training support such as paid time off, tuition reimbursement, etc.
 - *Job Improvement*: Include one or more evidenced-based job improvement/stress reduction interventions from the following categories:
 - Recognition programs.
 - Consistent assignment.

- Daily hour limits (e.g., 12 hours maximum in 24 hours).
 - Improved staffing ratios.
 - Managing mandatory overtime.
 - Flexible schedules.
 - Direct care worker input into care planning and management.
 - Culture change staff role redesign (e.g., self-managed direct care teams, CNA universal worker role, households, small home nursing homes).
- b. *Culture Change Pilot*: Provide financial and regulatory assistance for up to 20 providers willing to fully implement validated culture change models and practices that credible research has shown to improve recruitment and retention (e.g., constant assignment, self-managed work teams, household models, small home nursing homes, etc.). State assistance should include program marketing, planning and implementation grants, reasonable regulatory waivers, and required Certificates of Need.

4. *Evaluation*

Fund an evaluation for any DCT recommendation implemented to inform future direct care workforce policy and legislative initiatives. Evaluations should identify the short and long-term impact of program elements on direct care workforce recruitment and retention as well as on the quality of care and satisfaction of consumers and family caregivers. Cost benefit calculations should be included for all findings. Evaluations should be conducted by an interdisciplinary team of third-party researchers qualified to identify the clinical, social, and economic impacts, including Medicaid costs and related savings, of programs that are implemented. Include a requirement for long-term services and supports providers funded under these recommendations to collect and submit data reasonably required to evaluate the impacts of the program they are participating in.

VI. Budget Impact

Implementation of the recommended studies, pilots, and programs in these recommendations will require funding. Each recommendation, and its affiliated evaluation, can be scaled up or down to work within available funding. Certain funding may be drawn from federal American Rescue Plan Act HCBS program through repurposed and unexpended funds. Other funding may be available through specific federal workforce and Medicaid programs. Recommendations involving wage, compensation, training, and education programs that are reimbursed through long-term services and supports provider rates should be eligible for federal cost sharing (West Virginia's 2023 federal matching rate is 80.22%⁴).

⁴ KFF.Org (2022). *Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier*. Accessed 11/03/2022. <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Appendix A: DCT Members

| Aging Services Providers | Consumer Advocates | Related Professionals |
|--|--|---|
| <p>Adult Day Terri Tilley, Director of Social Services Raleigh County Commission on Aging terri_tilley@raleighseniors.org</p> <p>Assisted Living Andy Barker, Administrator Edgewood Summit gbarker@edgewoodsummit.com</p> <p>Home Care Eric Hicks, President Right at Home Eric@rightathomewv.com</p> <p>Matt Walker, Co-Owner Village Caregiving matt@walkerandstevens.com</p> <p>Nursing Home Haley Moore, Administrator Genesis Healthcare-Dunbar Center haley.moore@genesishcc.com (Urban)</p> <p>Christina Starcher, Administrator Genesis Healthcare – Roane County Christina.starcher@genesishcc.com (Rural)</p> <p>Senior Center Amy Orndoff, Executive Director Berkley Senior Services amy@berkeleyseniorservices.org (Urban)</p> | <p>AARP Gaylene Miller, State Director AARP WV gmliller@aarp.org</p> <p>Angela Vance, Associate State Director AARP WV avance@aarp.org</p> <p>Alzheimer's Association Sharon Covert, Executive Director Alzheimer's Association WV Chapter smcovert@alz.org</p> <p>Disabilities Jerry Boyko, Program Assistant WV Statewide Independent Living Council Jerry.boko@wvsilc.org</p> <p>Disparities Janie Claytor-Woodson, Advocate icw47.icw@gmail.com</p> <p>Long-Term Services and Supports Consumer/Family Caregiver Jane Marks ianesandwichcaring@gmail.com</p> <p>Ombudsman Suzanne Messenger, State Ombudsman WV Bureau of Senior Services suzanne.e.messenger@wv.gov</p> | <p>Aging Policy Helen Matheny, Director of Collaborative Relations WVU Health Sciences Center hmatheny@hsc.wvu.edu</p> <p>High School Direct Care Education Ashley Torres, Coordinator, Health Science Education WV Department of Education atorres@k12.wv.us</p> <p>Nursing/CNA Toni DiChiacchio, Assistant Dean WVU School of Nursing tdichiac@hsc.wvu.edu</p> <p>WV Bureau of Medical Services Cindy Beane, Commissioner WV Bureau of Medical Services cynthia.e.beane@wv.gov</p> <p>Randall Hill, Director, Home and Community Based Services WV Bureau of Medical Services randall.k.hill@wv.gov</p> <p>LuAnn Summers, Program Manager, Aged and Disabled Waiver Program WV Bureau of Medical Services LuAnn.S.Summers@wv.gov</p> <p>Marcus Canaday, Director, Take Me Home WV Bureau of Medical Services Marcus.canaday@wv.gov</p> |

| | | |
|---|--|--|
| <p>Janie Lou White, Executive Director Preston County Senior Citizens jwhite@preston seniors.org (Rural)</p> <p>Trade Association Marty Wright, CEO WV Health Care Association mwright@wvhca.org</p> <p>Megan Roskovensky, Director of Government Affairs WV Health Care Association mroskovensky@wvhca.org</p> | | <p>WV Bureau of Senior Services Robert Roswall, Commissioner WV Bureau of Senior Services robert.e.roswall@wv.gov</p> <p>Nancy Cipoletti, Director, Alzheimer's Programs WV Bureau of Senior Services nancy.i.cipoletti@wv.gov</p> <p>WV Legislature Cindy Dellinger, Council Senate Health & Human Resources Committee cindy.dellinger@wvsenate.gov</p> <p>Charlie Roskovensky, Deputy House Counsel/Chief Counsel House Health & Human Resources Committee Charles.roskovensky@wvhouse.gov</p> |
|---|--|--|

Staff:

Robert Jenkins, Consultant, Long-Term Services and Supports
jenkens001@gmail.com

Melanie Pagliaro, Project Manager, President at MAP & Associates, LLC
melanie@mapandassociates.com

Becky King, Lead Facilitator
Bk0517@gmail.com

Appendix B: DCT Voting

(The table below records the votes for DCT members present at the November DCT meeting and any member votes provided ahead of the meeting)

| Member | Organization | Votes | | | | | | | |
|-------------------|--------------------|---|---|---|--|---|---|---|--|
| | | Benefits | Medicaid Cliff | Regulatory Study | Supplemental HC Agencies | Training Pathway (w/ Amendment) | Training Surge (w/ Amendment) | Workplace Improvement Pilot | Culture Change Pilot |
| Nancy Cipoletti | WVBOSS | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Abstain |
| Eric Hicks | Right At Home | Yes | Yes | Yes | Abstain | Yes | Yes | Yes | Yes |
| Jane Marks | AARP-WV | Yes | Yes | Yes | Abstain | Yes | Yes | Yes | Yes |
| Helen Matheny | WVU HS | Abstain | Abstain | Abstain | Abstain | Abstain | Abstain | Abstain | Abstain |
| Suzanne Messenger | WV BOSS | Yes | Abstain | No | Yes | Yes | Yes | Yes | Yes |
| Gaylene Miller | AARP-WV | Yes | Yes | Yes | Abstain | Yes | Yes | Yes | Yes |
| Megan Roskovensky | WVHCA | Abstain | Yes | Yes | Yes | No | Yes | Abstain | Abstain |
| Robert Roswall | WVBOSS | Yes | Yes | Yes | Abstain | Yes | Yes | Yes | Abstain |
| LuAnn Summers | ADW, DHHR | Abstain | Abstain | Abstain | Abstain | Abstain | Abstain | Abstain | Abstain |
| Terri Tilley | Raleigh COA | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Ashley Torres | HEC-WVDOE | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Abstain |
| Angela Vance | AARP-WV | Yes | Yes | Yes | Abstain | Yes | Yes | Yes | Yes |
| Matt Walker | Village Caregiving | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Janie Lou White | Preston County SS | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Abstain |
| Janie Woodson | Advocate | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Abstain |
| Marty Wright | WVHCA | Abstain | Yes | Yes | Yes | No | Yes | Abstain | Abstain |
| Vote Totals | | Support – 12 Abstain – 4 Oppose - 0 | Support – 13 Abstain – 3 Oppose - 0 | Support – 13 Abstain – 2 Oppose - 1 | Support – 9 Abstain – 7 Oppose - 0 | Support – 12 Abstain – 2 Oppose - 2 | Support – 14 Abstain – 2 Oppose - 0 | Support – 12 Abstain – 4 Oppose - 0 | Support – 7 Abstain – 9 Oppose - 0 |
| Majority Support? | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Vote Status | | Passed | Passed | Passed | Passed | Passed | Passed | Passed | Passed |

Appendix C: DCT Minority Dissent Statements

No Minority Dissent Statements Submitted

Appendix D: Selected Direct Care Workforce Research Links

Workforce Crisis

1. [Who Will Care for Us?](#)

Job Satisfaction, Intention to Leave, and Areas of Dissatisfaction:

2. [Job Satisfaction of Nurse Aides in Nursing Homes: Intent to Leave and Turnover](#)
3. [Predictors of Intent to Leave the Job Among Home Health Workers](#)
4. [What Do Direct Care Workers Say Would Improve Their Jobs? Differences Across Settings](#)
5. [Job Perceptions and Intent to Leave Among Direct Care Workers: Evidence from the Better Jobs Better Care Demonstrations](#)
6. [Predictors of Intent to Leave the Job Among Home Health Workers: Analysis of the National Home Health Aide Survey](#)
7. [Why Senior Living Fares Worse Than Other Industries on Worker Turnover](#)

Compensation

8. [Making Care Work Pay](#)
9. [PHI Facts 3](#)
10. [Do Medicaid Wage Pass-throughs Increase Nursing Home Staffing?](#)

Education and Training

11. [Pennsylvania's Frontline Workers in Long Term Care](#)
12. [Enhanced Care Assistant Training to Address the Workforce Crisis in Home Care: Changes Related to Job Satisfaction and Career Commitment](#)
13. [PHCAST Demonstration Program Evaluation](#)

Job Design

14. [Make Bad Jobs Better](#)
15. [Solutions You Can Use: Transforming the Long-Term Care Work Force](#)
16. [Retooling for an Aging America: Building the Health Care Workforce](#)
17. [Staff Empowerment Practices and CNA Retention: Findings from a Nationally Representative Nursing Home Culture Change Survey](#)
18. [Consistent Assignment of Nurse Aides: Association with Turnover and Absenteeism](#)
19. [Quality of Care in the Nursing Home: Effects of Staff Assignment and Work Shift](#)
20. [Nursing Assistants' Job Commitment: Effect of Nursing Home Organizational Factors and Impact on Resident Well-Being](#)
21. [Organizational Factors Associated with Retention of Direct Care Workers: A Comparison of Nursing Homes and Assisted Living Facilities](#)