

## Home Care Aides in Washington State: Current Supply and Future Demand

### Home Care Aides in Washington: Overview

- Home Care Aides (HCAs) provide services that help people with disabilities and the elderly remain in their homes.
- A new Washington law certifies HCAs and requires that they receive training within 120 days of employment.
- More than 50,000 HCAs were estimated to be providing home care for Medicaid consumers in 2010, and even more HCAs serve other populations.
- By 2030, nearly 77,000 HCAs are estimated to be needed to serve Medicaid consumers.
- Action is needed to recruit and retain more HCAs in order to meet future demands.

### Home Care Aides—Washington's Newest Credentialed Health Profession

To promote the safety and care of vulnerable elderly and people with disabilities, many of the workers who provide services to these consumers in home and community-based settings in Washington State must, as of 2011, be certified as *Home Care Aides*. Recent legislation requires these Home Care Aides (HCAs) to:

- complete 75 hours of training using curriculum approved by the Washington State Department of Social and Health Services (DSHS) within 120 days of hire,
- pass a certification exam administered by the Washington State Department of Health (DOH) within 150 days of starting work, and
- beginning January 1, 2012, complete a federal background check in addition to the existing requirement for a state background check.<sup>1,2</sup>

These new measures are part of Washington's efforts to empower consumers needing assistance with daily living activities to stay in home and community-based settings rather than move

to nursing homes. Prior to 2011, consumers who were elderly, chronically ill, and/or who had disabilities (many of whom were Medicaid consumers) received home and community-based services from workers with fewer training requirements and less on-the-job support than workers in residential institutions. New training standards will better prepare HCAs to deliver top-quality assistance to consumers with complex needs who previously would have received nursing home care.

### Who Are Home Care Aides?

A recent survey of HCAs in Washington found that:<sup>3</sup>

- 8 out of 10 are women.
- 58% are age 50 or older.
- 66% work part time as an HCA.
- 18% have a college degree.
- 8% lack a high school diploma.
- More than 30% are Hispanic or people of color.

### Where Do Home Care Aides Work?

HCAs in Washington work in a variety of home and community-based settings. Those who serve Medicaid consumers do so as:

- individual providers of home care services,
- employees of home care agencies,
- workers in state-licensed boarding homes,
- workers in adult family homes, and
- workers in supported living settings.

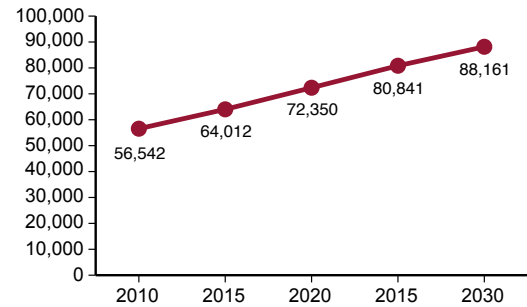
### What Home Care Aides Do

HCAs assist consumers in such activities of daily living as cooking, cleaning, dressing, grooming, taking medications, and transferring into and out of beds. Consumers with physical disabilities, dementia, developmental disabilities, and mental illness may require other kinds of assistance in order to live independently. Washington's new training standards will help HCAs develop skills that meet the complex needs of the consumers they serve.

**Examples of Common Conditions that Can Lead Consumers to Home Care Services**

- Dementia
  - Alzheimer’s disease
- Developmental disabilities
  - Cerebral palsy
  - Fragile X syndrome
  - Intellectual disability
- Mental illness
  - Schizophrenia
  - Bipolar disease
  - Depression
- Physical disabilities
  - Traumatic brain injury
  - Spinal cord injury
- Chronic disease
  - Diabetes
  - Congestive heart failure

**Figure 2: Projected Increase in Washington Consumers Requiring Medicaid Home Care Aide Services, 2010-2030**



Estimated percent increase between 2010 and 2030: 55.9% (based on estimated growth by age group of the general Washington population).

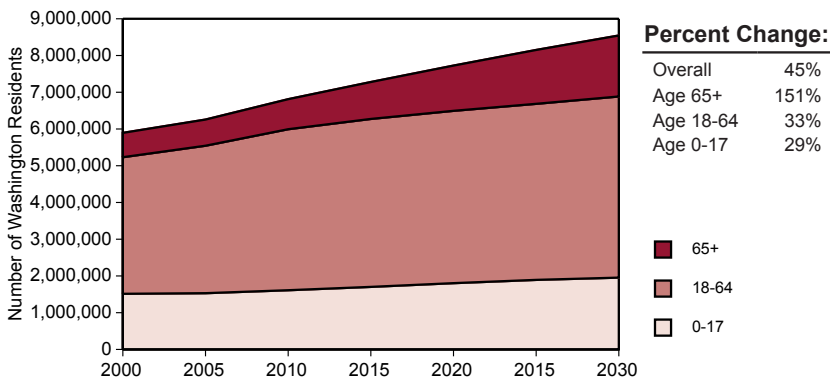
**Demand for Home Care Aides Is Growing**

As the number of Americans in need of long-term care is expected to rise from 13 million in 2000 to 27 million in 2050—an increase of over 100%—the federal occupational category called “personal and home care aides” will also grow.<sup>4</sup>

While Washington State’s overall population is expected to grow by 45% between 2000 and 2030, the population age 65 and older is expected to increase by 151% (Figure 1).

If the number of Medicaid consumers receiving home and community-based services from HCAs increases at the same rate as the general population, there will be 56% more Medicaid consumers in 2030 compared with 2010 (Figure 2). This will greatly increase demand for HCAs.

**Figure 1: Projected Washington State Population: 2000-2030**



Data source: Washington State Office of Financial Management (<http://www.ofm.wa.gov/pop/race/projections/default.asp>).

**Home Care Aide Training Benefits Consumers and Strengthens the Workforce**

Traditionally, HCAs have faced low wages, few or unaffordable benefits, poor opportunities for advancement, insufficient training, and lack of respect. These factors cause the home care industry to experience high rates of turnover, reducing the continuity of services provided to many consumers and increasing the amount of orientation and training required for new employees.

Studies show that high-quality training increases job satisfaction and can be an effective way to retain HCAs so that consumers can experience more consistent, reliable care. Effective training of HCAs also improves the quality of life of the increasing number of consumers with complex needs.<sup>5</sup>

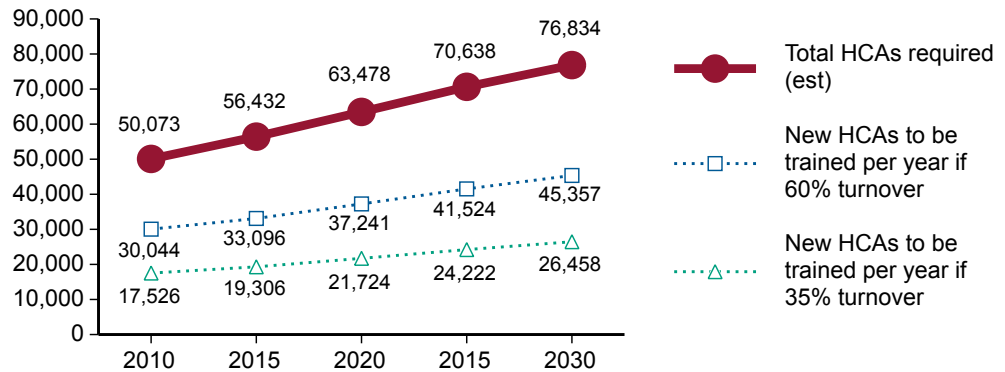
With high-quality HCA training in place, career pathways can be built from HCA to other related careers, such as in health care, social services, and special education. For example, under their Smart Tracks model, the SEIU Health Care NW Training Partnership is pioneering a career pathway from an HCA registered apprenticeship to medical assistant training. Such career pathways increase the attractiveness of an HCA job, and can help to meet the future demand for HCAs.

### How Many Home Care Aides Will Washington Need in the Future?

The number of HCAs needed will grow annually as both the state's general population and its estimated home and community-based Medicaid consumer population increases, as shown by the red line in Figure 3. We estimate that **Washington will need nearly 77,000 HCAs by 2030** to care for more than 88,000 Medicaid consumers, a 56% increase over the next two decades. This does not include any increases or decreases in HCA staffing requirements that may occur from changes in regulations or the economy. Even more HCAs are needed to care for consumers who are not eligible for Medicaid, but it is not possible to accurately estimate this number because there are currently no data on the number of HCAs working for non-Medicaid consumers.

Maintaining an adequate supply of HCAs in Washington requires training enough new workers to replace those leaving the field as

**Figure 3: Projected Increase in Home Care Aide Supply Required for Home- and Community-Based Medicaid Services in Washington, 2010-2030\***



\*Based on estimated increases in the number of Medicaid consumers using HCA services as individual providers, through home care agencies, and in adult family homes and boarding homes.

well as to meet growing demand. The dotted blue and green lines in Figure 3 show how many HCAs need to be trained annually to offset a 35% and a 60% per year turnover rate. Assuming a 35% annual turnover rate, nearly 440,000 total HCAs would need to be trained between 2010 and 2030 to meet the estimated demand. With a 60% annual turnover rate, 754,000 new HCAs would need to be trained in the same time period. These estimates assume total replacement: the training number would be fewer if workers were leaving one HCA job for another.

### Opportunities to Strengthen the Home Care Aide Workforce

Demand for HCAs is rising, and the gap between supply and demand is likely to grow. The HCA position is an entry point into the health workforce for women and such underserved populations as people of color, lower-income people, and immigrants. A strong HCA training program that prepares workers for on-the-job realities and is linked to career pathways can improve job satisfaction, fill workforce gaps, and diversify the workforce.

In a 2003 Report to Congress, the U.S. Department of Health and Human Services and Department of Labor recommended the following approaches to prevent and remedy shortages of home and community-based workers providing long-term care for elderly and disabled populations.<sup>4</sup>

- Engage employers, employees, medical professionals, and government officials to discuss issues relating to pay, benefits, career ladders, skills required, and working conditions in long-term care.
- Enhance the use of technology to support service delivery, training, and administration of long-term care.
- Encourage and support state and local initiatives that promote careers in long-term care.
- Enhance health workforce training and education to provide greater understanding of and more experiences in long-term care.
- Seek new sources for long-term care workers, including older workers, and unemployed/displaced workers.
- Improve worker safety.
- Support research and evaluation to inform policy makers of the characteristics of the long-term care workforce and the effectiveness of workforce development programs.

**Technical Notes**

**Estimating the Current Supply of Home Care Aides in Washington: Using Medicaid Services as a Starting Point**

Estimating the number of HCAs who were working in Washington in 2010 is difficult because before January 2011 HCAs were not certified or otherwise tracked by the state. Medicaid records provide the most useful data for estimating the size of the HCA supply. Medicaid is a major sector of employment for HCAs, and estimates of HCA supply serving this population are useful, but should be recognized as an underestimate of total HCA supply in the state.

Among the four settings in which HCAs work (see Table 1), DSHS has counts for only “individual provider” HCAs whose services are directly reimbursed by Medicaid. DSHS records paid hours or paid days for Medicaid consumers in home care agencies, adult family homes, and boarding homes, but not the actual number of HCAs providing care in these settings. From these hours, days, and consumer numbers, added to the known number of individual providers, we estimated the supply of employed HCAs providing Medicaid-reimbursed care in the state as follows:

Across these four HCA work settings, DSHS reported that there were 56,542 Medicaid consumers in June 2010 (see Table 1). During that month, DSHS also reported that there were 32,480 individual provider HCAs serving the 31,096 consumers.

Medicaid consumers receiving home care agency services in 2010 were provided, on average, between 79 and 87 hours of HCA time per month. Using the standard of 1 FTE per 173 hours per month, on average one consumer would have utilized approximately 0.5 FTE HCA per month through home care agencies. A 2010 survey conducted by the SEIU Healthcare NW Training Partnership<sup>3</sup> found that Washington HCAs work about 109 hours per month or 63% FTE. We estimated, therefore, that 6,183 HCA FTEs, or 9,814 HCAs each working on average 63% time, were required to provide services through home care agencies for the reported 12,366 consumers.

Consumers have staff coverage 24 hours every day in adult family homes and boarding homes. In adult family homes, the maximum allowed number of consumers per HCA is 6. Assuming that at this minimum staffing level the full-time equivalent of 1 HCA would be needed to care for each consumer across 3 shifts in a 24-hour day, we estimated that 3,262 HCA FTEs, or 5,177 HCAs working 63% FTE (the estimated overall average), would be employed to care for 6,523 consumers in adult family homes in June 2010.

Boarding homes have no minimum staffing ratios and are reported to vary considerably by size of facility, level of consumer need, and

**Table 1: Number of Medicaid Consumers and Home Care Aides Employed by Work Setting in Washington, June 2010**

HCA Work Setting	Number of Medicaid Consumers (June 2010)	Number of HCAs Employed (June 2010)
Individual providers	31,096	32,480
Home care agencies	12,366	9,814 (est)
Adult family homes	6,523	5,177 (est)
Boarding homes	6,557	2,602 (est)
<b>Total</b>	<b>56,542</b>	<b>50,073 (est)</b>

Data source: Washington State DSHS provided consumer counts and number of HCA individual providers.

consumer mix. Based on input from agencies familiar with boarding home staffing, we estimated that on average 1 HCA was employed per 4 Medicaid consumers in this 24 hours per day work setting. As a result, we estimated that boarding homes employed 1,639 HCA FTEs, or 2,602 HCAs working the average 63% FTE, to assist their 6,557 consumers in June 2010.

From these calculations, we estimated that 50,073 HCAs were employed in June 2010 across the four settings in which Medicaid consumers received home and community-based services. These estimates were confirmed to be reasonable by HCA employer representatives contacted and overall are within 6% of similar, independent estimates of HCA supply made by Washington’s Department of Social and Health Services in 2010.<sup>6</sup>

**Authors**

Susan M. Skillman, Project Director and Anne Basye, Editor/Writer. This report was produced by Martha Reeves and Brenda Hoskinson.

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SEIU Healthcare NW Training Partnership

**For More Information**

**UW Center for Health Workforce Studies**

Contact: Sue Skillman, Deputy Director  
206-543-3557, skillman@uw.edu

**SEIU Healthcare NW Training Partnership**

Contact: Charissa Raynor  
206-254-7149, charissa.raynor@myseiubenefits.org

**Washington State Department of Health, Home Care Aides**

360-236-4700, homecareaided@doh.wa.gov  
www.doh.wa.gov/hsqa/HCAides

**Notes**

1. Prior to 2009, various formal and informal titles were applied to direct care workers in residential settings. Some, but not all persons working under titles such as “personal care assistant” or “caregivers” will be Home Care Aides as of January 1, 2011. Exempt positions include home health aides who are employed by a Medicare Certified Home Health Agency and have met the requirements of 42 CFR, Part 483.35 (<http://www.aasa.dshs.wa.gov/Professional/training/1029/documents/DOH%20August%204%20presentation.pdf>).
2. Washington State Department of Health, <http://www.doh.wa.gov/hsqa/hcaides/documents/flyer.pdf>.
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5. McDonald I, Davis GS. *The SEIU 775 long-term care training, support & career development network: a blue print for the future*. Bronx, NY: Paraprofessional Healthcare Institute; 2007.
6. Personal communication with staff from the Washington State Department of Social and Health Services, January 4, 2011.