

DRAFT MINUTES
New Hampshire State Commission on Aging
Monday, January 24, 2022 10:00 a.m.-noon
Audubon McLane Center, 84 Silk Farm Road, Concord, NH

Present in person: Polly Campion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Sen. Ruth Ward; Wendi Aultman, DHHS; Susan Buxton, Long-Term Care Ombudsman; Sunny Mulligan Shea, DOJ; Patrick Herlihy, DOT; Appointed by the Governor: Susan Denopoulos Abrami, Kristi St. Laurent, Suzanne Demers

Rebecca Sky, Executive Director

Present via teleconference: Janet Weeks, DOL; Lynn Lippitt, NH Housing Finance Authority; Daniel Marcek, Susan Ruka, Harry Viens

Absent: Rep. James MacKay; Rep. Charles McMahon; Richard Lavers, NHES; Elizabeth Bielecki, DOS; Ken Gordon, Susan Emerson, Rev. Susan Nolan

Presenters: Robyn Stone, DrPH, Senior Vice President of Research at LeadingAge and co-director of the Leading Age LTSS Center at UMass, Boston; Commissioner Lori Shibinette, RN, MBA, NHA, NH Department of Health and Human Services

Guests present via teleconference: 24 members of the public (John Wilson, Heather Carroll, Beth Todgham, Jennifer Rabalais, Laurie Duff, Martha McLeod, Carole Boutin, Joan Marcoux, Kris Hering, Laura Davie, Roxie Severance, Jackie BonaFide, Robyn Stone, Emily Bird, Tammy Smith, Lisa Henderson, Jeseca Wendel, Becky Bryant, Maureen Brown, Kathleen Hoey, Sharlene Adams, Wendy Hawkes, Tom Blonski,

I. Welcome, Attendance, Review of Minutes

Chair Polly Campion provided an overview of the agenda and welcomed the Commission members and guests to the meeting. Today's meeting was held concurrently in person at the Audubon McLane Center and via teleconference.

Clerk Roberta Berner took attendance, noting which Commission members were attending in person or remotely. With only 11 Commission members attending in person, a quorum was not present, so the vote on the October and November minutes was postponed.

II. Long Term Services and Supports Work Force Development

Chair Campion introduced the topic with a brief review of the November Commission meeting presentations about long-term care work force gaps. Today's meeting's focus was on current and potential strategies to address the gaps. Chair Campion introduced the speakers. The meeting agenda included links to resources recommended for review (*COVID-19: Stress, Challenges, and Job Resignation in Aging Services: Research Brief; Workforce Vision Executive Summary; An Exploration of State-Sponsored Home Care Aide Training Approaches: Research Brief; Making Care Work Pay Report*).

A. Dr. Robyn Stone, DrPH, Senior Vice President of Research at LeadingAge and co-director of the LeadingAge LTSS Center at UMass Boston

(PowerPoint is attached to the minutes)

Dr. Stone said that although she has spent 40 years in the sector, she has never seen as challenging an environment as it is today. Envisioning challenges as opportunities, she has helped to develop work force strategies for LeadingAge.

This past year has been the year of the “great resignation,” in which many leaders have left the field. Nurses have left for other positions, primarily in hospitals. LeadingAge has focused on ways to partner rather than compete with other health care providers.

Dr. Stone focused her presentation on front-line professionals, those workers who provide up to 80 percent of the care within the long-term services and supports (LTSS) sector, providing their care where people live. Front-line workers are predominantly female, low income, often people of color and/or immigrants. Dr. Stone said, “We couldn’t make it without immigration.” By 2028 it is projected that 8.2 million additional front-line professionals will be needed, up 1.3 million to meet increased demand and the additional 6.9 million to fill openings created by vacancies. She stressed that this is a people problem. We cannot solve this with more or better technology be it robots or more telehealth. She also suggested that this problem won’t be fixed with only increasing wages, which just end up getting matched by the business down the street.

The dual challenges of the pandemic and demography (the aging of the work force) have been exacerbated by vacancies resulting from workers moving into other occupations to improve their earning capacity. LeadingAge has identified six strategies to recruit and retain front-line professionals:

1. **Expand the caregiver pipeline** (e.g., high school programs to promote occupation as a career rather than dead-end job, pair young students with older workers, make ergonomic investments (ave. age of worker is 40), encourage refugee recruitment and utilize wrap-around services for refugees).
2. **Enhance training and education** (recognize that these are highly skilled workers using complex skills – professionalize. Washington and Oregon states are leading on this).
3. **Facilitate career advancement** (provide mechanisms for multiple specialties, not just one track and create not just clinical advancement tracks but management tracks).
4. **Increase compensation** (essential but not easy with wages going up in many areas. “See Making Care Pay” Study.)
5. **Prepare universal workers** (cross-train staff. Colorado is considering the model of utilizing universal workers and Washington state already is using the model.)
6. **Reform the long-term supports and services financing system.** (She suggested we cannot rely solely on Medicaid. Middle income individuals and families lose out. She lauded Washington State’s 2019 Long Term Services and Supports Trust Act.)

Dr. Stone added that Medicaid reimbursement rate increases were not the solution to bullet number four; however, redeploying funds within the budget could be (for example, looking at the discrepancy in pay between the CEO and front-line workers).

Dr. Stone cited a study done pre-pandemic that assessed what it would take to raise front-line workers’ compensation to a livable wage. The study found that if three-quarters of long-term care staff had a 16 percent average wage gain it would take \$9.4 billion. She added that the increase would also lead to robust economic growth, with the money recycling back into the economy, allowing for a doubling of retirement savings, and reducing the use of public assistance. She said that during the COVID years, the LTSS work force has finally been seen as essential workers.

She briefly mentioned the use of American Rescue Plan Act (ARPA) funds for work force development and expansion and the increased federal match for Medicaid Home and Community

Based Services (HCBC) expansion. In reviewing state plans for use of the funds, thirty-eight states instituted Medicaid rate increases but little of the increase was targeted to direct care professionals. Idaho tied increased Medicaid rates to direct care workforce wages. North Carolina and Texas also did pass throughs.) She also mentioned the potential that may exist in the Build Back Better bill.

Dr. Stone cited some additional solutions for the home care work force:

- Competency based trainings – Washington state and Massachusetts ([PCAST](#)) are exploring this.
- Use of cluster care or panel models (several people receive care from the same caregiver during a block of time rather than the way reimbursement is currently structured with blocks of say 4 hours for 1 individual).
- Increased access to supportive wrap-around services for workers such as subsidized childcare, transportation, and food subsidies.

B. Commissioner Lori Shabinette, RN, MBA, NHA, New Hampshire Department of Health and Human Services (NH-DHHS)

Commissioner Shabinette thanked Dr. Stone for her presentation and said that her own 16 years in long-term care before joining NH-DHHS gave her a deep understanding of the staffing challenges.

Commissioner Shabinette spoke about some specific actions led by NH DHHS to alleviate some of the challenges:

- “Strike teams” brought into the state are helping to re-open closed beds in long-term care facilities to help get people out of hospitals and into more appropriate settings.
- Presumed eligibility for Medicaid has helped move long-term care clients into appropriate settings without delay.
- Eighty percent of the increased Federal Medical Assistance Percentage (FMAP) dollars is going toward direct care staff. Commissioner Shabinette said that she would like to see legislation passed to make the increase permanent.
- Contracts with high school technical programs to train LNAs have resulted in 300 students in the training pipeline.

She said that the current political environment has been the biggest challenge to other initiatives. For example, a proposal to offer student debt forgiveness and tuition assistance to health care professionals was not supported by the Executive Council.

A contract to develop a mechanism for open procurement, including international and cross-state efforts to recruit direct care staff, will come before fiscal committee and the Executive Council for approval within the next few weeks.

Commissioner Shabinette also said that we need to find a way to support long-term care facilities to move away from temporary staffing (traveling nurses, strike teams) to a permanent model, which offers consistency of care, reliability, commitment, and the opportunity to build a culture in which staff see paths to professional growth.

She mentioned that she is planning a Commissioner’s Workforce Roundtable meeting on April 18 from 9 a.m. to noon at the Grappone Center in Concord to address workforce issues within long-term care, home and community-based care, and developmental disabilities. Themes of the

roundtable will be thinking about the future, building permanent pay increases for caregivers, and ways to stop competing for staff and build a net increase in workforce.

With some of the increased FMAP funding, the state is also looking at a couple of pilot programs, including initiation of a Program of All-Inclusive Care for the Elderly (PACE) program in one or two areas and development of a “club-house” model to serve those with developmental disabilities and/or mental health issues.

Commissioner Shabinette noted that now New Hampshire’s nursing homes are among the safest places to be, since they have a high proportion of vaccinated staff and residents. She also cited the state’s outstanding vaccination program for the homebound and efforts to contract with transportation providers to bring people lacking transportation to vaccination sites.

Dr. Stone said how impressed she was with Commissioner Shabinette and added that it was especially helpful to have someone in that role who was familiar with the “real world on the ground.” She thought the idea of contracting for open procurement, including international job recruitment, had great promise.

Chair Campion invited attendees’ questions for the presenters.

Several questions were about how to take part in the upcoming Commissioner’s Roundtable. Commissioner Shabinette said that the invitation list was being developed now and asked that those interested send an e-mail with suggested invitees. Suggestions included inviting front-line workers and long-term care clients to the meeting.

One question dealt with the downside of using one-time money to supplement workers’ pay—a boost that would be hard to make permanent. Dr. Stone agreed, adding that there needs to be more education of employees about funding realities. Commissioner Shabinette also agreed and said that there needs to be legislation to make the boost permanent. She said that it’s not that CEOs need to earn less, but that more money needs to be in the system to increase the lower wages.

Lisa Henderson from LeadingAge Maine/New Hampshire said that the organization had held focus groups with the long-term care direct work force to ask what they needed to stay in the field. She said she would be happy to share the information when the report comes out.

Commissioner Shabinette urged attendees to educate their legislators and Executive Councilors, noting that they like to hear from people in their districts.

Chair Campion asked the Commissioner how the State was supporting volunteer efforts. Commissioner Shabinette said that volunteer programs have taken a beating during the pandemic, with older adults isolating and dropping out of the volunteer force. She said that the combination of low staffing and a low volunteer force is especially troubling and added that she would look into the situation.

In response to a question, the presenters briefly discussed career tracks other than nursing for direct-care workers. Dr. Stone concluded by noting that language matters (e.g., using the term “low wage worker” is negative).

III. Letter to the Governor – Asking for support for an Older Adult Transportation Needs Assessment (Dan Marcek and Rebecca Sky)

Dan Marcek provided background regarding the development of the letter to the Governor (circulated via e-mail prior to today's meeting with a printed draft available at the meeting). He said that the Age-Friendly Communities Task Force felt that it was important to use our voice as a Commission to use the moment of the approval process for the 10-year State Transportation Plan to highlight the necessity for an assessment of older adult transportation needs. With pandemic-related funding potentially available, the Task Force members are hopeful that it will be seen as a good investment to understand how to prioritize future State investments. Transportation alternatives routinely rises to the top as a concern in surveys of older adults in NH. Rebecca Sky added that the impetus also came from last year's presentation to the Commission by transportation experts Patrick Herlihy, Fred Roberge and Scott Bogle.

Patrick Herlihy said that the needs assessment should not be under the jurisdiction of the state Department of Transportation. Patrick advised a strategy of first approaching the leadership within GOFERR about having a community organization outside of DOT submit a proposal to complete a needs assessment, then sending the letter as support to the proposal. He said NH DOT would also back such a proposal. He also asked if including individuals with developmental disabilities in the request was under the purview of the Commission. Chair Campion said that while that was not our charge, there was a natural synergy in the arena of transportation.

Through discussion, the Commission agreed that the letter should go back to the Task Force for fine-tuning then to the Operational Infrastructure Task Force for approval. It was noted that time is of the essence to complete the letter and send it on to the Governor and GOFERR.

IV. Legislative Updates

Through e-mail prior to the meeting, Rebecca Sky circulated spreadsheets outlining current legislation potentially of interest to the Commission. Topics included housing, long-term care, professional licensure and workforce development, taxation and retirement, pharmaceuticals and telehealth, transportation, and other (e.g., adult dental benefit through Medicaid, financial exploitation, broadband, respite care for persons caring for individuals with Alzheimer's and related disorders). The spreadsheets also included information about bills retained from last year. Several bills address enabling public meetings to be conducted remotely.

Chair Campion asked for volunteers from the Commission to take a more active role in legislative work, including testifying in person. With 900 bills and cross-over day scheduled for March 24, it would be helpful to have Commission members willing to help with this work as soon as possible. She noted that anyone can register support or opposition to a bill on-line, but this needs to happen prior to the hearing for the bill.

V. Public Input

No member of the public asked to address the commission.

VI. Adjournment

Chair Campion adjourned the meeting at 12:01 p.m.

Dr. Stone shared the following links for Commission members in advance of the meeting:

- [COVID-19: Stress, Challenges, and Job Resignation in Aging Services: Research Brief](#)
- [Workforce Vision Executive Summary](#)
- [An Exploration of State-Sponsored Home Care Aide Training Approaches: Research Brief](#)
- [Making Care Work Pay Report](#)

Dr. Stone's COA Meeting presentation:



New Hampshire State Commission on Aging Meeting

Robyn I. Stone, DrPH

Senior Vice President, Research for Leading Age &
Co-Director, LeadingAge LTSS Center @Umass Boston

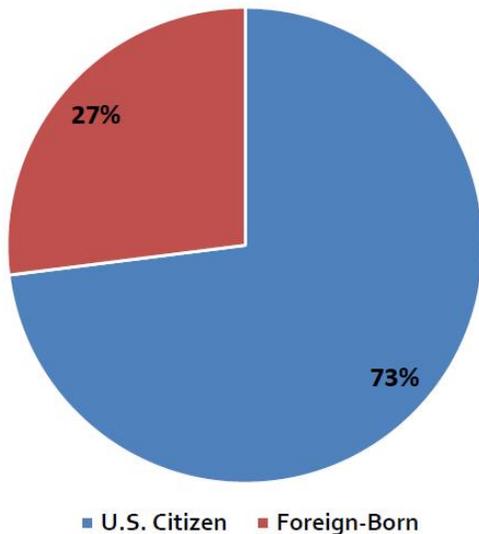
Direct Care Professional Occupations

- Medical/social/environment intersection
- Frontline professionals (60-80% of care)
 - Certified nursing assistants
 - Home health/home care aides
 - Personal care attendants
 - Dietary aides
- Mostly female, low-income, people of color and immigrants

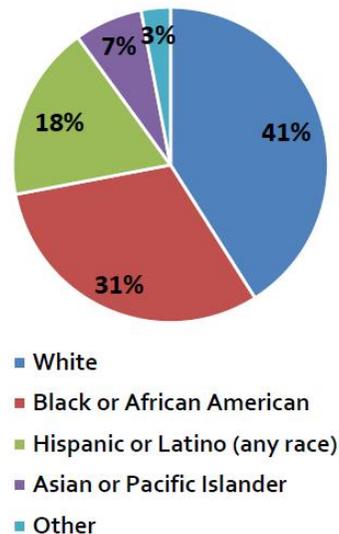


Direct Care Workforce Race/Ethnicity and Immigration Status

Immigration Status



Race and Ethnicity



Growth in Direct Care Professional Jobs

- Need to fill 8.2 million jobs in LTSS sector by 2028
- 1.3 million to meet the increased demand
- 6.9 million to fill openings created by vacancies
 - Moved to other occupations
 - Left the labor market all together



STRATEGY 1

EXPAND THE CAREGIVER PIPELINE

The LTSS field is experiencing a workforce crisis. There are simply not enough professional caregivers to provide high-quality support to older adults and younger people with disabilities. This crisis calls for new and concerted efforts to:

- Target recruitment efforts to nontraditional workers like high school students, displaced workers, and older people who want or need to work past retirement age.
- Change immigration policies so we can expand the potential labor pool for LTSS jobs by increasing the number of foreign-born individuals who can work in the United States.

STRATEGY 2

ENHANCE TRAINING AND EDUCATION

The LTSS field depends on direct care professionals to help deliver high-quality LTSS across a variety of settings, and implement delivery and payment reforms focusing on care coordination and integration. To attain these goals, policymakers must:

- Identify competencies that direct care professionals must demonstrate.
- Support the development of training that addresses those competencies.
- Establish public/private partnerships to invest in initial and specialized training that is relevant and high-quality.

STRATEGY 3

FACILITATE CAREER ADVANCEMENT

Direct care professionals are the eyes and ears of the health system. Their long-standing relationships with care recipients allow them to observe subtle changes in condition before serious health issues emerge. These observations, when shared with care teams, can inform clinical decision-making and therapeutic interventions.

To carry out this critical role, professional caregivers must be given opportunities to:

- Become condition-specific specialists.
- Take on advanced caregiving roles.
- Join multidisciplinary care teams.
- Perform health maintenance tasks under the supervision of a registered nurse.
- Follow a variety of career paths, including nursing, social work, therapy, and management.

STRATEGY 4

INCREASE COMPENSATION

Professionalizing the direct care workforce can improve the recruitment and retention of caregivers (Weller et al., 2020a). One step in that process calls for increasing the pay of direct care professionals to a living wage in their states of residence. A 2020 LeadingAge study demonstrated that this level of compensation would:

- Provide caregivers with enhanced financial security.
- Reduce turnover and staffing shortages at aging services organizations.
- Boost worker productivity.
- Enhance quality of care.
- Increase overall economic growth in communities where direct care professionals live.

STRATEGY 5

PREPARE UNIVERSAL WORKERS

Federal policymakers could identify competency-based training standards designed to prepare individuals to work across all LTSS settings as “universal workers.” Such a strategy could give professional caregivers the flexibility to work across settings and even across state boundaries, responding to caregiver shortages in specific markets.

STRATEGY 6

REFORM THE LTSS FINANCING SYSTEM

The Medicaid program, the primary source of LTSS funding, is under severe budgetary stress. For this reason, a growing number of states are exploring social insurance approaches to financing LTSS. The infusion of insurance-based dollars into the LTSS system can provide additional and more consistent financing that, in part, can help ensure more adequate wages for the LTSS workforce.

The pandemic gave new relevance to LeadingAge's long-standing efforts to encourage all Americans to reexamine how they view direct care professionals and the work they do.



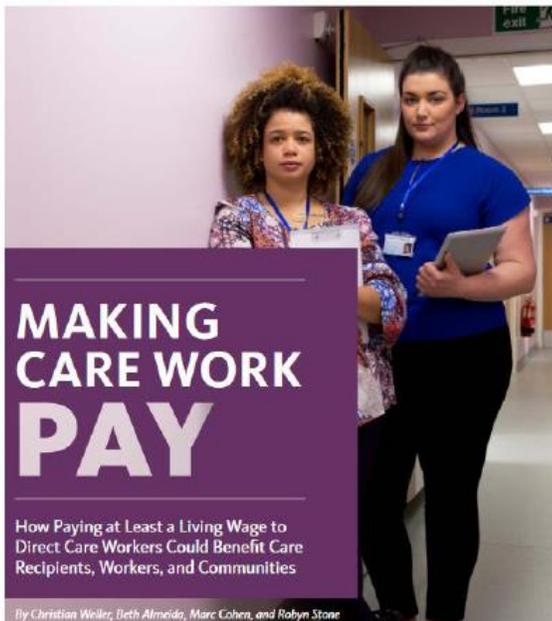
READ THE FULL REPORT

Feeling Valued Because They Are Valued:
A Vision for Professionalizing the Caregiving Workforce in the Field of Long-Term Services and Supports



READ THE COMPANION REPORT

Making Care Work Pay: How Paying at Least a Living Wage to Direct Care Workers Could Benefit Care Recipients, Workers, and Communities



Making Care Work Pay Report

Why Pay Direct Care Workers (DCWs) a Living Wage in 2022?



3/4 of DCWs will receive higher wages than today; 15.5% avg wage gain



Modest \$9.4b price tag; compared with \$400b spending in the field



Fewer staff shortages-adds 330,000 DCW jobs; 9.1% employment boost



Modest turnover reduction of 0.7-1.7%+\$5.5b productivity increase=offset costs of higher pay

Paying DCWs a Living Wage (cont.)



Robust economic growth—additional DCW spending adds \$17b to \$22b to the economy in 2030



Enhance DCW financial well-being

Doubling workers who have retirement savings

Reduce use of public assistance by \$1.6b/year

Investment at the Federal Level

- Increased attention to direct care professionals during Covid—finally viewed as essential workers
- American Rescue Plan (ARPA) funds for workforce development and expansion
- Future of Build Back Better supports for LTSS workforce



ARPA Fund Opportunities

- Increased Medicaid federal match for HCBS expansion (10% from 4/1/21-3/31/22; used through 3/31/24)
- \$350 billion in emergency funds for states, counties and cities
 - Premium pay for essential workers
 - Subsidized care



Review of 38 State Plans

- Medicaid rate increases but little to DCPs
 - Idaho—all increase goes to DCPs
 - NC and TX include explicit wage pass-through provisions
 - NC and RI propose to sustain the FMAP increases through legislation
 - Most home care agencies have total discretion over increases
- Other compensation efforts
 - NJ proposed \$23 per hour
 - ME, IL, CA, NV—clearly indicate amount of bonuses in plans



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Other Solutions



- Increased focus on competency-based training
- Exploration of universal worker concept
- Redesign of home care work to create more efficiency—cluster care and panel models
- Access to wrap around services—subsidized child care, transportation, food subsidies
- Advanced career pathways—nursing, social work, HR management

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CONNECT WITH US



LeadingAge
LTSS CENTER
@UMass Boston

Research bridging policy and practice

WASHINGTON, DC OFFICE

ltsscenter@leadingage.org
202.508.1208

BOSTON OFFICE

ltsscenter@umb.edu
617.287.7324

www.ltsscenter.org