



Washington Long-Term Care Workforce Initiative Legislative Report

Fall 2023

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ACCESS THE REPORT

The full report can be accessed at: <http://www.wtb.wa.gov/long-term-care/>

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EXECUTIVE SUMMARY

More than half of Washingtonians over the age of 65 are expected to need paid long-term care (LTC) for an average of 3.2 years (ASPE, 2019). An estimated 70 percent will need help with at least one activity of daily living such as bathing, using the toilet, or eating, at some point in their remaining lifetime (FIF, 2016). These services are expensive with monthly costs ranging from \$1,700 to \$9,000 per month (AARP) depending on the types of services needed. However, most care is provided at home by unpaid caregivers, accounting for one in five adults (AARP).

This can put extraordinary financial strain on Washington families and their loved ones needing care—draining savings, investments, and assets. To provide the necessary care for family members, unpaid caregivers often leave the labor force, further reducing family incomes and their ability to save or plan for the future. This puts significant drag on the economy.

The demand for LTC is rapidly growing in step with an aging population. By 2030, the population of Washington State is expected to grow by 5 percent from 2023, and 25 percent by 2050. However, the number of residents over the age of 65 will grow by 30 percent in 2030, and by 64 percent in 2050. For those over 85, growth is expected to be 58 percent and 246 percent, respectively (OFM).

Washington’s aging population growth highlights the tremendous challenges to recruit and retain a well-trained, professional LTC workforce. The available pool of workers is unable to keep pace with the growing demand for LTC services and supports. This is further complicated by factors related to ongoing staffing challenges that have persisted for years.

Although Washington has adjusted Medicaid rates in recent years – a significant factor in establishing direct care worker wages – many direct care workers continue to live at or below 200 percent of the federal poverty level. These are demanding jobs that require significant training well beyond the requirements of similarly paid work in other sectors. The LTC sector has been plagued by high levels of turnover, employee burnout, and a lack of social recognition and respect for decades (Deloitte). Average annual turnover rates for direct care workers hovers around 50 percent (BLS, 2022). Turnover is also expensive, costing employers as much as 150 percent of a direct care worker’s annual salary (FQHC, 2014).

Long-Term Care or LTC

includes services provided in the home such as personal care and respite, home delivered meals, skills acquisition and habilitation, and provision of equipment and supplies; services provided in licensed residential settings; services provided in a center such as adult day care and day health; and services in skilled nursing facilities. It also includes routine skilled treatments and therapies that can be provided at home, in licensed residential settings or nursing home facilities. In Washington, licensed residential settings include: adult family homes, assisted living facilities, and enhanced services facilities.

The occupations involved in delivering LTC services are frontline care workers including nursing assistants and home care aides, nursing staff of all levels, other licensed healthcare providers (clinical social workers, physical therapists and assistants, and dietitians), in addition to their managers, supervisors, and other support staff, such as cooks and custodians.



LTC staffing challenges were further compounded by the COVID-19 pandemic. Skilled nursing facilities, for example, saw a near 12 percent loss in hours per resident day (the number of hours of direct care for each patient per day) for nursing assistants. The vacancies that cause these numbers have not yet recovered, forcing facilities to rely on more expensive temporary contract staff to meet regulatory staffing requirements. Staffing shortages and high turnover are directly linked to reduced quality in care outcomes, delays in receiving essential care, and increased hospitalization rates (Center for Medicare Advocacy, 2021).

Staff who stayed through the pandemic in LTC settings (and really, any healthcare occupation) were overwhelmed with work schedules that stretched their capacity beyond tolerable levels, resulting in experienced staff leaving for less strenuous work environments, often in unrelated professions. The resulting staff shortages put greater pressure on remaining staff and created additional burdens for providers who were exposed to an increased risk of sanctions, e.g., fines, holds on new admissions, and expanded oversight resulting from violations of regulatory policies connected to staff-to-patient ratios and quality care outcomes.

The LTC staffing crisis is not isolated in its impact. Staffing shortages in post-acute and long-term care affect the entire healthcare system. LTC workforce shortages are a detriment to service delivery across other components of the healthcare system and contribute to disjointed care. For example, if fully staffed beds are unavailable in long-term care settings for individuals with complex needs, hospitals sometimes must keep these patients in more expensive acute care settings until an appropriate placement can be found.

If the status quo is allowed to remain and the LTC workforce shortage is not adequately addressed, Washington State will face an even greater healthcare crisis by 2030 when the number of individuals needing LTC services will dramatically outpace the number of available workers. Thankfully, Washington State policymakers have a history of mitigating crises in the healthcare workforce – and are once again up to the task.

In 2022, the Governor and Legislature authorized the Workforce Board to take the lead on initiatives aimed at developing strategies and policy recommendations to build on the exceptional efforts of previous workgroups and develop strategies to address the ongoing challenges associated with establishing a stable LTC workforce that can ultimately impact the healthcare delivery system in Washington. This report is the first in a series of three annual reports planned for policymakers communicating the progress of these initiatives and making policy recommendations to impact the state’s LTC staffing challenges. Starting with this report, additional reports will be produced annually through August 2025.

The Long-Term Care Initiative (LTC Initiative) convenes healthcare practitioners, LTC provider representatives, educators, direct care workers, labor organizations, and government agencies, collectively referred to as stakeholders, to identify factors contributing to workforce challenges. These stakeholders helped to develop the recommended practices and policies outlined in this report to increase and stabilize the number of direct care workers.

This LTC Initiative has engaged a team of talented health and labor researchers to collect and analyze data needed to help inform the initiative’s recommendations. The Workforce Board is partnering with the University of Washington’s Center for Health Workforce Studies (UW CHWS) to investigate the underlying causes of workforce shortages and other challenges, including linkages between staffing and quality care outcomes. This research will create the foundation for identifying metrics to be used for establishing the needs of LTC and their ability to provide quality care for Washingtonians. Further, the researchers in this effort will be called upon to monitor and evaluate

the impact of current and future policies and programs on alleviating shortages and improving quality care outcomes.

The LTC Initiative used a strategic approach to engage stakeholders and provide a guiding vision for this work. The group first defined what the “Ideal State” of LTC would look like in Washington. Stakeholders then worked together to define the “Current State” of the LTC workforce in Washington through a series of facilitated exercises that included strategic planning frameworks, root-cause analysis, sentiment analysis, surveys to identify broad problem areas, an exploration of publicly available data, and the sharing of direct, lived-experiences of those working in the LTC sector.

The research findings, along with the barriers and challenges identified by stakeholders to achieving the Ideal State, were distilled, and prioritized into the actionable policy recommendations presented in this report. Included in this report are preliminary recommendations that generated broad agreement among stakeholders. A more extensive list of barriers and potential solutions has been created that requires further exploration for consideration and inclusion in subsequent reports.

Ideal State of LTC

A high-quality system of coordinated long-term care support services that provide accessible choices in care settings.

A regulatory environment that encourages collaboration and support while still maintaining the focus on patient safety.

A well-trained, equipped, and respected staff who provide quality, empathetic, care in a stable, nurturing work environment, supported by access to comprehensive career pathways, lifelong learning opportunities, and recognition of the value and skills provided by the direct care workforce.

Current State of LTC

LTC providers in Washington are struggling. Current caregivers are emotionally and physically taxed. While Washington has specific training regulations in place, the industry faces continued challenges with training and testing delivery. Existing staff shortages, inflexible work environments, insufficient Medicaid reimbursement rates, low pay and benefits, a lack of acknowledgement of direct care workers as a critical part of the healthcare delivery system, and the impacts of regulatory oversight that can feel punitive rather than solutions-focused all contribute to the issues impacting the LTC workforce.

Services are often delayed and/or are not available in a customer's chosen form (e.g., home care vs. facility care). Yet, when and where care services are available, Washington's LTC provider community continues to offer a range of care options supported by a professional workforce that is engaged and committed to providing quality services. Facilities, agencies, and caregivers provide compassionate, skilled care, often through innovative programs for their staff as well as those receiving care.

The identified barriers / challenges to stabilizing the LTC services and supports for the workforce include:

- Insufficient career development and training opportunities
- Credentialing barriers
- Challenges related to regulatory oversight
- Perceptions of LTC and lack of recognition of the direct care workforce
- Competition between healthcare sectors
- Recruitment and retention
- Inadequate pay and benefits
- LTC worker expectations of care and burnout

This report also contains an update on the Licensed Practical Nurse (LPN) Registered Apprenticeship Initiative. Led by a three-agency partnership between the Workforce Board, WABON, and the Apprenticeship Section of Labor and Industries (LNI), with the Washington Health Care Association (WHCA) serving as the sponsor, this LPN pilot apprenticeship program is developing a pathway for current nursing assistants-certified (NACs) and home care aides (HCAs) to become LPNs by implementing an LPN Registered Apprenticeship Program. Representatives from community colleges, employers, and government agencies are collaborating to support future LPNs with college education, financial aid, hands-on training in the workplace, program navigation, and wraparound support. To date, 37 NACs and HCAs from three employer groups are enrolled in prerequisite coursework at two partnered community colleges. See page 39 for more information about the apprenticeship pilot.

Initial Policy Recommendations*

Recognizing the complex challenges within the LTC workforce, a broad range of ideas were proposed by three LTC Initiative subcommittees. Each subcommittee identified specific policies for consideration. The recommendations below align with the goals of Washington State's workforce development plan, Talent and Prosperity for All (TAP). TAP is a four-year strategy for a strong and successful workforce development system offering opportunities for employers, workers, and communities alike. The initial policy recommendations to address workforce challenges in LTC are as follows:

1. Continue funding the developing LPN Registered Apprenticeship Program (current funding expires in 2025). Policymakers funded the development of a Registered Apprenticeship Program for LPNs beginning in 2021 with a planning year. Funding for implementation is guaranteed through June 30, 2025. This request is for continuation through June 30, 2027, to ensure the program has the time needed to become sustainable, the apprentices and their employers have certainty that the program will continue, and all the details of program administration are in place.

2. Expand the resources for Edmonds College's role in the LPN Registered Apprenticeship Program to accommodate increased student participation. Edmonds College's hybrid curriculum has been approved by WABON and the final details for implementing the curriculum component of the LPN Registered Apprenticeship Program are currently under review by WABON. Pending approval of the LPN apprenticeship program, this curriculum will be utilized to train LPN apprentices. Edmonds College's pioneering work with nursing apprenticeships is paving the way for program expansion to other institutions across the state.

*Note: More details on each of these recommendations may be found on page 46



3. Provide funding to expand enrollment capacity for related supplemental instruction dedicated to registered apprenticeship cohorts in the Edmonds LPN hybrid program, or other participating community and technical colleges, for applicants who have met all required prerequisites. Funding would support a dedicated cohort of apprentices in this competitive LPN Registered Apprenticeship Program.

4. To address critical recruitment and retention needs, policymakers should fund LTC reimbursement rates at the level necessary for LTC providers to provide competitive wages and benefits, including training benefits, and ensure rates keep pace with inflation. The additional reimbursement should be specifically dedicated to compensation for the LTC workforce in support of workforce stability, to the extent possible. This will ensure workers are adequately compensated, which will support greater recruitment, retention, and workforce stability.

5. Double the current number of Quality Improvement Program nurses in the DSHS program from 6 to 12 to allow more support and technical assistance for LTC providers. Expansion of this popular program would improve the care of LTC residents and reduce the number of provider citations.

6. Review RCW 18.79.340 to allow nursing technicians to work in any LTC setting that meets statutory requirements for RN supervision. Flexibility of employment sites for nursing technicians is critical and should be expanded to include assisted living, adult family homes, and community care that meet the conditions of position and supervision requirements.

7. Provide additional funding to the LTC Initiative through, at minimum, Fiscal Year 2028, to develop a grant program for LTC settings to test new care models and workplace practices that will better support LTC workers while improving availability of high-quality care. Support continuation of the Initiative and implementation of the full original request, which proposed funding for small transformation grants for LTC providers to test promising practices for improving care outcomes, with the goal of increasing workforce retention. This may include supporting LTC workers in training and education to advance skills and achieve higher wages within the field.

Shortages of LTC direct care workers are not a new phenomenon, as evidenced by decades of research presented in this report. **It is now clear that no number of short-term fixes or remedies will suffice. With the population aging faster than the workforce development and support system can keep pace with, time is running out.** Washington State and the country at large have a severe shortage of people entering—and remaining in—these important jobs. The recent COVID-19 pandemic, economic and societal shifts, along with changing labor market patterns have taken the LTC workforce situation from a dire state to one of absolute crisis.

The diverse group of stakeholders who developed and strongly support the findings and recommendations of this report has recognized the challenges underlying the LTC workforce in Washington and concur on the complexity and scope of the crisis. **Attaining the Ideal State of LTC in Washington will be costly and require a sustained commitment of time and resources.** Progress will require policymakers, providers, educators, and business leaders to work together. The seamless continuity of these Initiatives, supported by evidence-based practices, is the key to success.

INTRODUCTION

History of Staffing Challenges & Responses

The challenges associated with staffing in the Long-Term Care (LTC) industry are not new. For decades, the alarm has been sounding about the impacts that staffing shortages, impacted by turnover and low recruitment into healthcare, will have on LTC services and supports in Washington and beyond. The challenges the industry has faced, and continues to suffer through, have directly contributed to the Current State of LTC in Washington and across the nation. For decades, insufficient resources and inconsistent approaches to problems, in Washington and nationally, addressed in a host of reports have been ineffective and routinely “kicked down the street.” We are now, officially, “down the street.”

Across the board in healthcare, staffing shortages impact the ability of LTC providers to support persons in need of care. This affects the ability of acute care providers to transfer patients to post-acute and community long-term care settings. For example, if fully staffed beds are unavailable in long-term care settings for individuals with complex needs, hospitals sometimes must keep these patients in more expensive acute care settings until an appropriate placement can be found.

In post-acute and other LTC settings, extensive and prolonged staff vacancies leave beds empty and result in delays for needed services due to an inability to safely and effectively care for a population that is highly vulnerable. Providers across the continuum of care, including home care providers, must turn away opportunities for care because they lack the skilled staff needed to properly care for those in need. LTC providers who struggle with reimbursement rates that fall short of covering the actual costs of labor-intensive care face significant financial losses and, in some cases, permanent closure of services that reduces the availability of needed services and supports. The loss of post-acute care further exacerbates a situation that is already critical. The state, and the nation, cannot afford the reduction in capacity of LTC providers. The lack of an adequately staffed, well-trained, and well-respected workforce is the primary dilemma facing LTC providers. Current efforts by the state are inadequate to meet demands that are significantly outpacing caregiver supply at all levels, a problem that has long been anticipated.

When considering the challenges that have contributed to the staffing crisis in LTC, several factors play a role in the ability to recruit and retain workers. The number of new staff positions that are needed now, and that continues to grow, pales in comparison to the number of positions that are currently available due to staff terminations (voluntary and involuntary). Studies in the state looking at frontline caregivers, namely home care aides (HCAs) and nursing assistants-certified (NACs), have indicated that turnover contributes most to the projected need for these entry-level staff. Greater than 75 percent of the projected job openings among the lowest paid LTC workers are the result of separations from LTC providers (Charts U and V, page 32).

High turnover is a serious impediment to providing high-quality LTC services. The Centers for Medicare & Medicaid Services (CMS) found an annual turnover rate of 52 percent for direct care nursing staff at skilled nursing facilities (The National Consumer Voice for Quality Long-Term Care, 2022). A study published in the Journal of the American Geriatric Society found “higher turnover was consistently associated with lower quality of care,” (Zheng, 2022).



In addition to direct care workers experiencing high turnover, leadership professionals, such as nursing home administrators, also leave after a little more than a year on average. Burnout, a lack of resources, and difficulty with corporate management were all cited as factors contributing to turnover (The National Consumer Voice for Quality Long-Term Care, 2022). With high rates of turnover, institutional knowledge and existing relationships with those receiving care is continually lost, with workers and providers ultimately dedicating more and more resources on training of new staff.

The question at hand is this: How does one reduce the turnover rate and recruit new staff? Preventing turnover presents a much greater challenge. Turnover is inevitable; family emergencies, better job opportunities, career changes, and burnout are only a few of the factors involved. However, turnover can be reduced. There are a broad range of studies offering evidence of targeted efforts to reduce turnover. Pay and benefits, education leading to career growth and advancement, management engagement and interactions, and feelings of job satisfaction and engagement are contributing factors in the reduction of turnover rates in LTC.

Another factor, inadequate training, not only leads to poor resident outcomes but can contribute to staff turnover as well. Research conducted by the University Red Cross College of Nursing in Seoul, South Korea in collaboration with the University of Maryland School of Nursing in Baltimore found that high-quality training not only reduces staff turnover but leads to higher levels of job satisfaction (Kihye, 2015).

Reducing the turnover rates is critical and requires that employers be able to recognize the workplace signs that may indicate whether staff will stay or move to other opportunities. A 2016 study published in the Gerontological Society of America found that certain workplace characteristics and agency policies were predictive of home care aide workers employed by licensed/certified agencies leaving their jobs. In contrast, perceived workplace characteristics, such as “feeling valued by one’s organization,” were highly predictive of intent to stay:

“Job satisfaction, consistent patient assignment, and provision of health insurance were associated with lower intent to leave the job. By contrast, being assigned insufficient work hours and on-the-job injuries were associated with greater intent to leave the job after controlling for fixed worker, agency, and labor market characteristics.” (Stone, 2016).

A qualitative study published in the Journal of Post-Acute and Long-Term Care Medicine investigated factors contributing to turnover. It found that, although wages are important, a primary factor to reduce turnover is for direct care staff to feel appreciated, respected, and listened to (Krein, 2022). This is supported by the lived experience of direct care workers in Washington.

“You have to talk about wages. You cannot put food on the table without it. But it’s also about the environment. Give us dignity. We are not ‘just’ CNAs.”

*- Narcisa Gacek, Nursing Assistant
(LTC Initiative stakeholder)*



When considering compensation, estimates suggest that providing direct care workers a 15.5 percent wage increase towards a 'living wage'¹ would boost employment in LTC services by 9.1 percent and reduce turnover by 0.7 to 1.7 percentage points on average in the country (Weller, 2020). Although modest, such a reduction in turnover was projected to increase total productivity by \$5.5 billion, offsetting most of the costs of higher pay. Increasing pay in LTC facilities would also put these venues on a more competitive footing with other occupations in allied health.

A unique challenge faced by Washington State is that it boasts the highest minimum wage in the country. The minimum wage in the state is also tied to inflation and increases each year. This makes it difficult for LTC providers to deliver a competitive wage given current Medicaid reimbursement rates, for jobs that also require more training than similarly paid work in other sectors.

“We need to learn to empower those doing the actual work. This industry is carried by those doing the care work.”

*- Misrak Mellis, Brookdale Senior Living
(LTC Initiative stakeholder)*

Career engagement is also a recurring retention theme in the professional literature, which stresses the importance of staff getting to know the resident as a person, including understanding their likes, dislikes, and preferences, often referred to as person-centered care. "Consistently communicating resident preferences and routines should be a critical component of person-centered care," (Krein, et al., 2022). However, high levels of turnover, leading to increased workloads and burnout for incumbent staff, hinder such practices.

Last, a 2022 National Academies of Sciences, Engineering, and Medicine (NASEM) report found that NAC empowerment and increased career opportunities also reduce turnover. Research from the University of California San Francisco found that 59 percent of NACs are people of color, yet the number of people of color decreases as educational requirements increase, such as LPN and RN positions (Bates, 2018). This finding strongly suggests that addressing recruitment and retention issues in LTC staffing is also an issue of equity.

Steps to Solutions

The professionals that have examined LTC workforce challenges for decades offer a range of potential solutions. None of them provide a "magic pill" that will miraculously solve the crisis. They do, however, offer sound suggestions that may provide some relief to the workforce challenges.

A 2007 report (IFAS, 2007) authored by the Institute for the Future of Aging Services (IFAS) described the findings of a coalition of federal, state, and local agencies that examined the LTC workforce and the challenges facing the industry's future needs. Much of the information in this report is still very relevant today. The IFAS report was largely supported by an independent report released by the National Commission for Quality Long-Term Care (National Commission for Quality Long-Term Care, "Out of Isolation: A Vision for Long Term Care in America," 2006). The IFAS and National Commission reports largely agreed on three key issues related to the workforce challenges facing the LTC industry:

¹A 'living wage' for a single adult in Washington State without children is \$19.58 per hour full-time as defined by the MIT Living Wage Calculator. The Self-Sufficiency Standard Calculator developed by the University of Washington can be used to calculate a living wage at the county level.

1. *There is a well-documented shortage of competent professional and paraprofessional personnel to manage, supervise, and provide long-term care services in facility-based and home care settings—the result of high turnover, large numbers of vacancies, and difficulty attracting new employees.*
2. *The instability of today’s long-term care workforce has contributed to:*
 - *Service access problems and, in many cases, seriously compromised safety quality of care, and quality of life for consumers.*
 - *Excessive provider costs due to the need to continuously recruit and train new personnel and use temporary, higher-cost contract staff.*
 - *Extreme workloads for both nurses and paraprofessional staff, inadequate supervision, less time for new staff to learn their jobs, and high accident and injury rates exceeding those in the construction and mining industries.*
3. *As a result of growing demand from aging baby boomers and a shrinking of the traditional caregiver labor pool, the future will be immeasurably worse without decisive action by both the public and private sectors (IFAS).*

Since the publication of the IFAS report, additional unrelated efforts have produced reports drawing similar conclusions. A 2013 Report to Congress found:

“The issues of service delivery, workforce, and financing long-term care services and supports (LTSS) have challenged policymakers for decades. Most individuals who need LTSS receive the assistance from a family caregiver. Those who need paid LTSS in a nursing home or in their own home must negotiate a complex, patchwork of expensive services. Most individuals and their families do not have the personal financial resources needed to pay for an extended period of assistance and many end up on Medicaid. As a result, federal and state governments today pay for 62 percent of paid LTSS—over \$130 billion a year. The need for LTSS and the cost to governments will grow drastically over the next two decades with population aging, increasing the already underfunded government health care programs,” (CMS, 2013).

In March 2018, the U.S. Health Resources and Services Administration published a report focused on the “direct care” worker, which included NACs, HCAs, personal care aides, and psychiatric assistants. These occupations account for 71 percent of the LTC workforce. This report modeled the demand for direct care workers in the United States through 2030 (using 2015 as a baseline year) and found that demand would increase by 47.8 percent. However, the report did not attempt to model supply of the direct care workforce due to the complexity and challenge of forecasting “setting-specific workforce supplies [that are] dependent on the competitiveness of wages, benefits, and workplace characteristics in LTSS settings, as well as on



fundamental workforce supply determinants (e.g., number of new entrants to the direct care workforce),” (U.S. Health Resources and Services Administration, 2018). The conclusion that can be drawn as a result is that while demand is projected to increase by nearly 50 percent, and an extremely high number of vacancies and turnover rates continue to plague LTC, if a projection of the workforce supply were possible there is no indication that it could in any way approach this escalating demand.

Washington Responds to the Challenges

LTC workforce challenges, though much more critical today, are not new. In the early 1980s, faced with a demographic projection that the number of Washingtonians over age 65 was poised to double, the state became an early adopter of new federal opportunities to support people with significant disabilities in their homes and other home-like environments. The formula was simple.

People with disabilities, older adults, and their families preferred to receive services in their own homes where they were close to family, friends, and pets—and where they could live meaningful lives by participating in their communities and in family events. They would be able to maximize their self-determination and keep as much control as possible over the daily decisions that impacted them.

State policymakers and budget writers thus made changes to the law with new budget appropriations aligned with what Washingtonians and their families wanted. On average, in-home LTC services and supports were far less expensive, only requiring intermittent support on an “as-needed” basis rather than assuming the cost and responsibility for around-the-clock care in an institution when that level of care was not always necessary. This approach addressed one aspect of the LTC dilemma, but fell short of an adequate solution over time, especially as the proportion of those not in the labor force has grown.

In addition to a dwindling workforce, healthcare needs have evolved and expanded. The complexity of the care and the cost of those services and supports has grown. Home care is typically preferred, but not always feasible for a variety of reasons. The acuity of care needs, availability of family resources to meet the needs of family members, access to transportation to and from care resources, and the ability to care for their loved ones safely and effectively must all be considered.

In 1995, Washington’s Legislature recognized the importance of community-based services in a statute that directed further development of a system of supports that provides choice and flexibility paired with reductions in Medicaid and overall nursing home beds. At that time roughly 53 percent of all individuals receiving Medicaid funded long-term services and supports received their services in a skilled nursing facility.

This rebalancing of Medicaid-supported care helped the state adopt a primarily “aging at home” model. It was designed to be a non-medical model, focused first on the customer’s quality of daily life. The state created the home care aide position with a training program and funded the SEIU 775 Training Fund to support the 40,000 independent providers the state would be paying for with home care services. A network of community trainers was also developed to support training of LTC workers not covered under labor agreements with SEIU 775. Washington was lauded nationally for its model, which proved to lower the cost of LTC, making services more accessible, with increased satisfaction ratings from customers and family members. Costs were reduced because the need for skilled nursing care was greatly reduced.

Since that time, multiple governors and many state legislators have supported continual innovations in law with appropriations to create a responsive service delivery system. These responses include a statewide training and

certification for home care aides that is portable across settings and funding sources. It is the only certification of its kind in the nation (refer to Appendix 1 for a list of innovations). This program allows workers to begin work with five hours of training and then complete the remaining 70 hours of training while they are working. Most employers pay for the training and the certification exam, which is available in 12 languages to reflect the diversity of individuals who make up the direct care workforce.

Washington's success in this arena has made the state a national leader. The Public Health Institute (PHI) has ranked Washington as #1 in its Direct Care Workforce State Index for its public policies that support direct care workers and how these workers fare financially (PHI International, 2023). A majority, 91 percent of individuals receiving Medicaid-funded Long-term Services and Supports (LTSS), are served in their own home or community residential settings such as adult family homes, assisted living facilities, and enhanced services facilities (ALISA, 2023). Three quarters of these individuals live in their own homes. Further, Washington State is consistently ranked in the top two states by AARP in its scorecard due to its high-performing system of long-term services and supports (Long-Term Services and Supports State Scorecard).

While the state has a lot to celebrate, in terms of its actions to address issues in LTC workforce recruitment and retention, there is still a long way to go to move Washington from the Current State of LTC (see p. 7) to the Ideal State visualized by stakeholders.



PROJECT HISTORY AND APPROACH

A 2002 report, *“Exploring Pathways to Long Term Care Staffing Solutions,”* prepared by the Alzheimer’s Association in response to the healthcare staffing crisis, delivered recommendations that still ring true. A similar stakeholder approach was adopted for previous and current LTC initiatives:

1. *Advocates must be informed, smart, and sophisticated.*
2. *This requires a long-term commitment.*
3. *The approach must be comprehensive, multi-faceted, and strategic.*
4. *Advocates must be flexible and opportunistic.*
5. *Coalitions are essential.*
6. *Workers must be out front and visible.*
7. *Successful advocacy requires official champions.*

In Washington State, a 2017 budget proviso directed the Nursing Care Quality Assurance Commission (NCQAC, now Washington State Board of Nursing or WABON) to convene a LTC Workforce Development Steering Committee to:

“Assess the need for nurses, including nursing assistants, in LTC settings, and to make recommendations regarding worker recruitment, training, and retention challenges for long-term care providers in the sectors of skilled nursing facilities, assisted-living facilities, and adult family homes,” (Nursing Care Quality Assurance Commission, 2018).

Expanding the LTC workforce is critical to satisfying rising demand for services and supports from a rapidly aging population, but also to satisfy rising demand resulting from policies aimed at addressing the financial impact of aging and disabilities on Washington families.

The formation of the LTC Workforce Development Steering Committee was in response to strong anecdotal evidence that LTC settings were struggling to fill vacancies and retain workers. Career progression within these settings was “problematic” and training requirements and regulatory oversight needed an overhaul. The work of the current LTC Initiative draws heavily from the lessons of this Committee and those before it.

The NCQAC workgroup succeeded in developing a data catalog encompassing resources from numerous repositories including workforce data as well as training and testing data. A preliminary dashboard was also developed as proof of concept to capture known workforce shortages and ongoing demand for LTC direct care workers to inform policy decisions. The workgroup acknowledged that gaps in the data exist and that, “Full integration of data sources and other work, such as the establishment of data agreements and sustainable infrastructure for ongoing use, is beyond the scope of the workgroup.”

The workgroup thus recommended that ongoing research is needed to “integrate and validate disparate data from multiple sources; assure accurate, meaningful interpretation; and sustain ongoing data collection and monitoring of trends over time.” One of the recommendations of the workgroup was for a dedicated



position focused on LTC research. 2022 State funding for the LTC Initiative allowed the hiring of a full-time Healthcare Senior Researcher at the Workforce Board through FY25, but this is not a permanent position. Data-driven solutions indicate the “need for a long-term commitment” and “official champions” and make clear the persistence of the problem. Still, it remains a sensitive and difficult issue that tends to be passed around. It is time to act. A permanent initiative is needed to make this effort seamless and not subject to the starts and stops of multiple efforts. These efforts are admirable and necessary, but interruptions slow these efforts, creating critical time, experience, and financial losses.

When considering the challenges to staffing, the barriers to a stable workforce begin with what are arguably the most critical caregivers of the direct care LTC staff: HCAs and NACs. The NCQAC workgroup found multiple barriers to training, such as program variability leading to inconsistent training, high testing costs, and inadequate time to complete core competencies. Training modules were outdated, failing to address current needs such as increasing levels of patient acuity and needs with activities of daily living (ADLs), and bridge programs for HCAs to NACs were “ineffective.” More details about how the workgroup addressed many of the major issues identified in their work can be found in Appendix 6.

This critical group of caregivers, who are also the lowest compensated of the direct care staff, lack clear opportunities to career advancement. Traditional career growth pathways are often unattainable to these vital staff. Work schedules, loss of income, language barriers, and the high cost of additional education are impediments to pursuit of further education among these highly talented paraprofessionals. One solution came from the observation that there are no LPN apprenticeship programs in the state and the state’s need for innovative LPN programs to provide more diverse education pathways, such as hybrid, registered apprenticeship, and distance learning opportunities.

Bridge programs from HCAs, to NACs, to LPNs, to registered nurses (RNs) were also identified as mechanisms for enhancing career progression. Further complicating the expansion of education pathways and the development of more innovative training programs are potential regulatory and oversight barriers, such as approving training programs, credentials, and instructors.

A 2019 budget proviso (ESHB 1109) reconvened the LTC Workforce Development Steering Committee to act on the previous workgroup’s recommendation from the 2018 report. Priorities included:

“Improving the availability and use of workforce-related data; developing a common curriculum for nursing assistant training; revising testing for nursing assistants; and recommending requirements to improve skilled nursing facility staffing models and address deficiencies in resident care,” (Nursing Care Quality Assurance Commission, 2020).

The follow-up report, published in October 2020, detailed major outcomes for each legislative charge related to: Data, Common Curriculum, Testing, SNF Staffing, and an HCA-NAC-LPN Registered Apprenticeship Pathway. The report, prepared by the NCQAC, highlighted the successes of the collaborative; specifically accomplishments related to key challenges that include data collection and curriculum development. The curriculum accomplishments, which are significant and briefly described on the next page, are detailed in Appendix 2, along with the group’s data recommendations. In addition to identifying and implementing solutions related to the data needs of the efforts, the workgroups made significant strides in improvements of the curriculum for the caregiver training.

Impacts of COVID-19 on Long-Term Care Settings

In early 2020, the healthcare industry was taxed to its limits with the rapid spread of COVID-19, with devastating consequences. Individuals with chronic conditions and older adults are especially vulnerable to the virus. Acute care facilities were overwhelmed and ill-equipped to keep pace with the demands of the pandemic and experienced significant losses in staff to resignations, illness, and death. While acute care experienced horrific conditions due to the COVID-19 pandemic, the impact on the LTC workforce was devastating. Pre-existing staffing challenges would prove to be greatly exacerbated, with catastrophic results. As of October 2020,

“The impact of COVID-19 has been devastating to LTC facilities, their residents, and their staff. According to a recent report from the Department of Health, approximately 9 percent of total cases and 54 percent of total deaths in Washington have been identified as associated with a LTC facility (i.e., nursing home, assisted living facility or adult family home),” (Washington State Board of Nursing, 2020).

In Washington and across the nation, extreme isolation measures were implemented across LTC facilities, as well as mandatory quarantines for staff exposed to the virus. Safety protocols and the increased demand for taking care of sick residents put further stress on direct care workers. According to estimates from the Washington Department of Health (DOH) and WABON, the state lost nearly 5,000 NACs, or 6.7 percent of the overall NAC workforce, between January and October 2020 (NCQAC, 2020). Staffing levels still have not recovered as of the writing of this report (refer to Chart P: Composition of Nursing Discipline Hours per Patient-Day per Facility in Washington).

NAC training and testing processes, which were conducted in-person, had to be halted as the pandemic unfolded. At the state level, efforts quickly pivoted to facilitate a live online model for classroom training combined with virtual skills practice and an on-the-job learning model for clinical training (NCQAC, 2020) to maintain a steady stream of LTC workers during the pandemic. However, the testing process remained shut down for five months during the pandemic.

Emergency rules were enacted to extend otherwise strict certification deadlines. As of June 2021, an estimated 18 months would be needed to test the 5,000 NACs that completed training but had not yet been tested and certified. In the meantime, NACs that completed training, but were not yet certified, were temporarily allowed to work in SNFs past the 120-day limit for those not yet certified. The Steering Committee recommended mass testing and examination events to tackle the backlog.

Select NCQAC LTC Workforce Workgroup Accomplishments (Curriculum)

Development of a common curriculum for traditional NAC training programs.

Revamp of the HCA to NAC Bridge Program.

- Aligns with new NAC training.
- Recommended changes in the bridge program hours (adopted by the 2021 Legislature).

Testing improvements implemented from workgroup recommendations.

(for more accomplishments see Appendix 2)



As the pandemic began to recede, staffing across healthcare saw a recovery, except for LTC. Research into pre- and post-pandemic staffing indicated that while most of healthcare had returned to pre-pandemic staffing levels, post-acute care (LTC) is still struggling to recruit and retain staff needed for direct care and support staff in all services areas. Further, with the discontinuation of regulatory waivers and pandemic financial support from state and federal sources, LTC providers are forced to cut back services to maintain a quality of care for persons needing LTC services and supports, which impacts the broader healthcare system through increased hospital utilization.

Our Charge:

The Long-Term Care Initiative and Licensed Practical Nurse Registered Apprenticeship

It is abundantly evident that the quality of care provided in LTC settings⁴ is heavily dependent on the workforce. In Washington State, the LTC workforce is facing significant challenges related to recruitment, retention, and job satisfaction. A study by the Washington State Department of Social and Health Services confirmed that facilities with higher staffing levels had fewer deficiencies and better resident outcomes (Washington State Department of Social and Health Services, 2019).

To respond to these issues, in a 2021 Long-Term Care Workforce Proposal to the Legislature, Workforce Board and NCQAC staff wrote:

“The LTC workforce provides essential services to Washingtonians of all ages, races, and socio-economic status, and the need for these services continues to rise. Despite this ever-increasing need for services and the workers who provide them, LTC employers struggle both to recruit and retain workers, often citing low wages and stagnant professional growth opportunities.

There exists an opportunity to make significant progress in the provision of LTC, as well increase the recruitment and retention of quality LTC workers.”

-Workforce Board and NCQAC

On March 31, 2022, the Washington State Legislature passed ESSB 5693, the state’s operating budget, which included a budget proviso for the Workforce Board to follow-up and continue the work spearheaded by past steering committees. The bill appropriated funding “to conduct health workforce surveys, in collaboration with WABON, to collect and analyze data on the long-term care workforce; and manage a stakeholder process to address retention and career pathways in long-term care facilities,” (Washington State Legislature, “ESSB 5693,” 2022).

This included funding for the Workforce Board to hire a full-time Health Workforce Senior Researcher through June 30, 2025, in direct response to this need and other research priorities, such as monitoring and evaluating programs and policies designed to address healthcare and LTC staffing issues.

In addition, the budget proviso made available funding “for apprenticeship grants, in collaboration with the Washington State Board of Nursing and the Department of Labor and Industries, to address the long-term care workforce.” The funding for the apprenticeship provided an opportunity to establish alternative pathways to rewarding careers in nursing, thus opening an additional source of highly trained professional caregivers that are desperately needed now and for years to come.

² Long-term care settings include in-home care, skilled nursing facilities, assisted living facilities, adult family homes, enhanced services facilities (ESF), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

Occupations and Distribution of the Long-Term Care Workforce

As of May 2022, there are an estimated 182,560 direct care workers within the healthcare and social services sector employed in Washington State according to the Occupational Employment and Wage Statistics research by the US Bureau of Labor Statistics (refer to Charts A and B for the distribution of direct care workers).

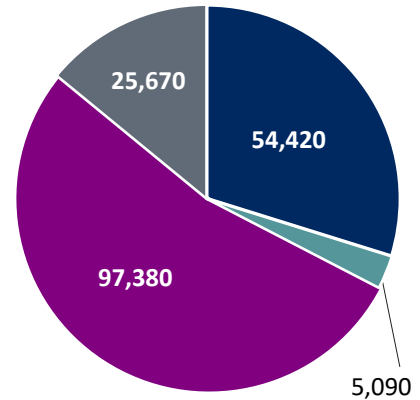
HCAAs account for most employment throughout the entire sector, except for the nursing and residential facilities sub-sector—where NACs and HCAAs have similar counts.

However, the actual count of direct care workers is much higher since the available data do not include family and other caregivers who are providing direct care on an unpaid basis. According to ALISA research:

“There are an estimated 850,000 unpaid caregivers in Washington State. The work of these unpaid caregivers is valued at \$10.6 billion per year. If 1/5 stopped providing care, [public] LTSS costs would double,” (Rector and Engels, 2022).

Median earnings for paid LTC work are low. According to the Washington State’s Office of Financial Management, per capita personal income for all Washington adult residents was \$67,126 in 2020. The median personal earnings for all direct care workers in the state was about one-third that, or \$24,000 in 2020 (refer to Chart C for Median Earnings of Direct Care Workers in Washington). For context, at the time of the printing of this report, Fall 2023, the minimum wage in Washington State is \$15.74 per hour. This works out to \$31,480 in annual earnings assuming full-time work at 40 hours per week for 50 weeks per year. It is important to note, as seen in Chart W; page 33, approximately 30 percent of direct care workers are part-time.

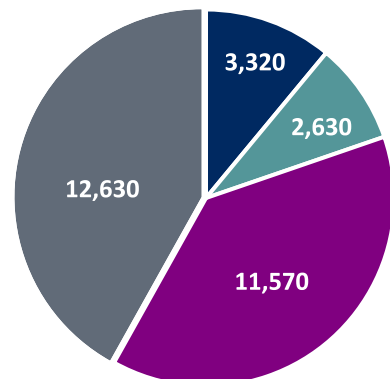
Chart A: Direct Care Workers in Healthcare and Social Services in Washington, 2022



Source: Bureau of Labor Statistics

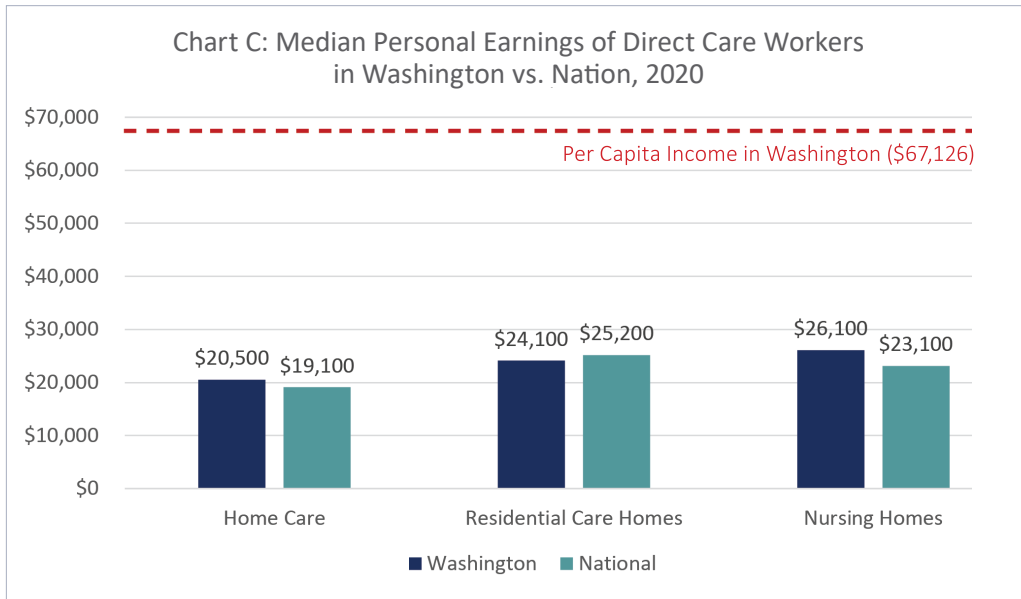
■ RNs ■ LPNs ■ Aides ■ NACs

Chart B: Direct Care Workers in Nursing and Residential Care Facilities in Washington, 2022



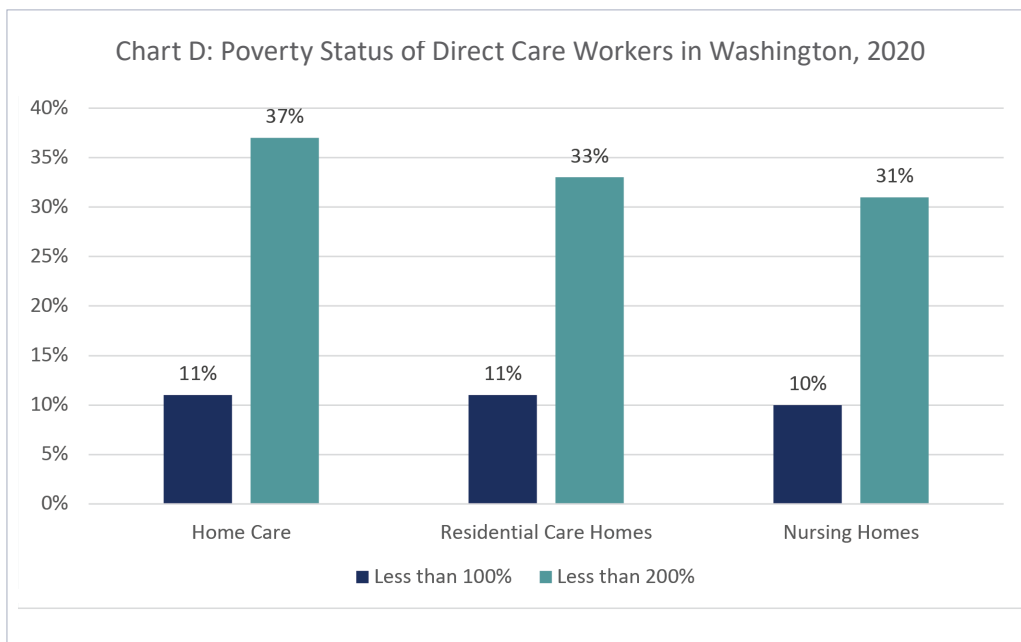
Source: Bureau of Labor Statistics

■ RNs ■ LPNs ■ Aides ■ NACs



Source: PHI, last updated 9/22/2022

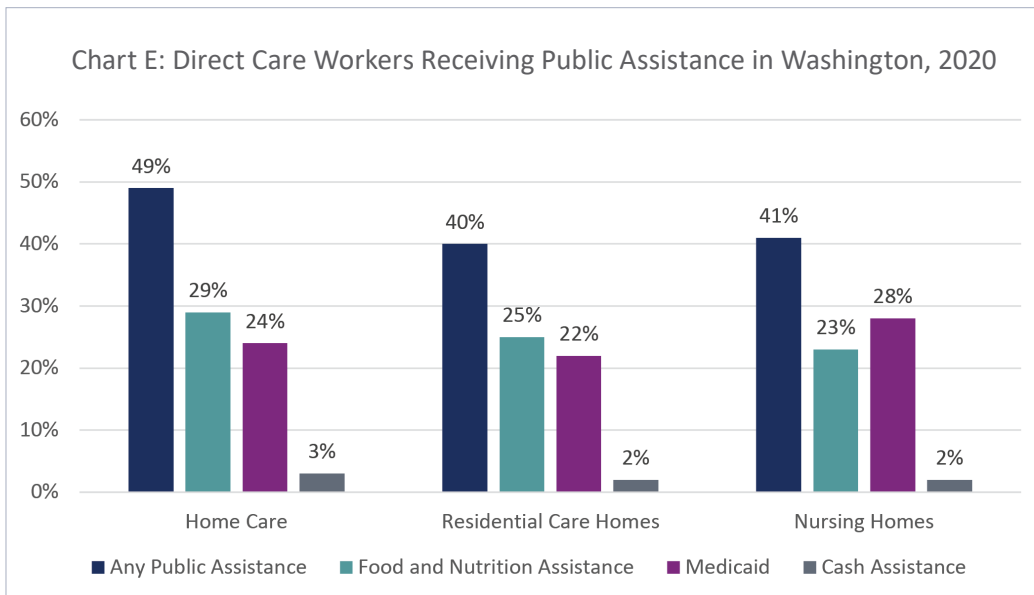
These earnings cause high levels of direct care workers to fall within 200 percent of the Federal Poverty Level (FPL), (refer to Chart D: Poverty Status of Direct Care Workers in Washington).



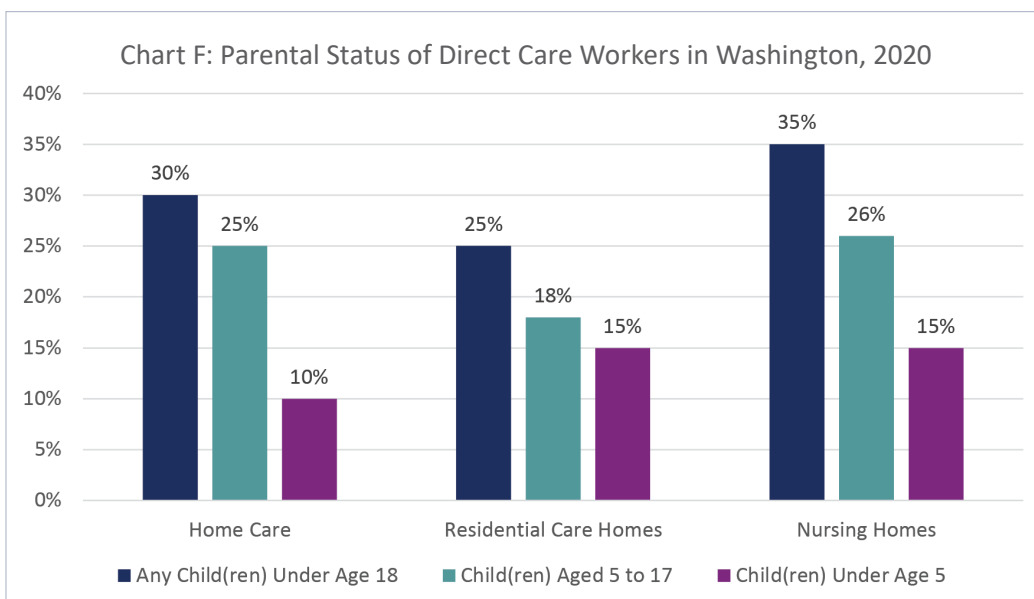
Source: PHI, last updated 9/22/2022

200 percent of the FPL for a single individual —about \$29,160 as of 2023—is the individual threshold to qualify for certain social support services and benefits (refer to Chart E for the percent of Direct Care Workers Receiving Public Assistance).

Moreover, about one-third of all direct care workers have at least one child under the age of 18 at home (refer to Chart F: Parental Status of Direct Care Workers). This may prevent some workers from being able to work full time or pursue further education and training if affordable access to childcare is unavailable.



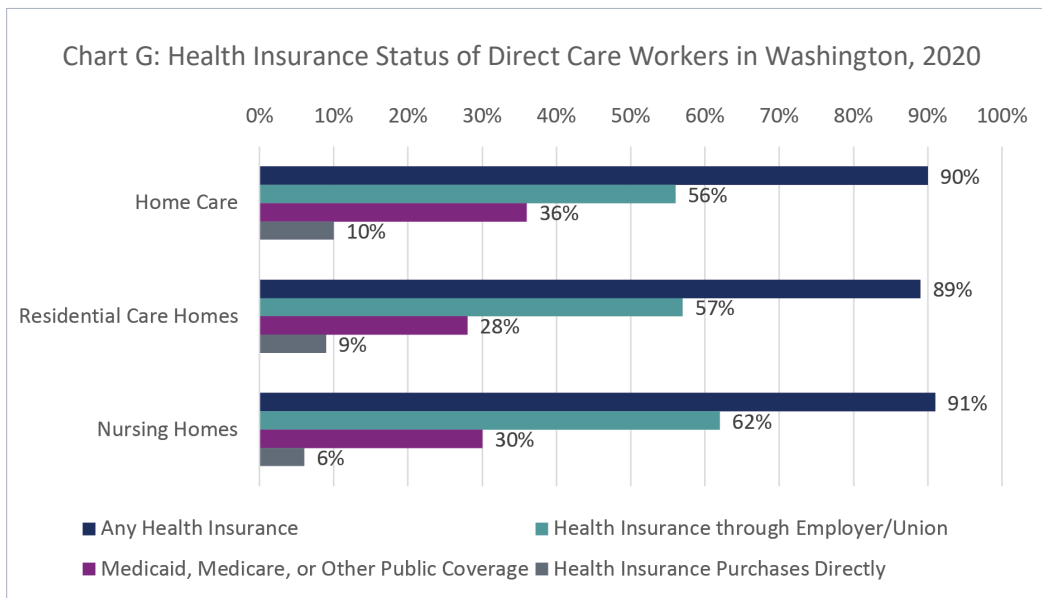
Source: PHI, last updated 9/22/2022



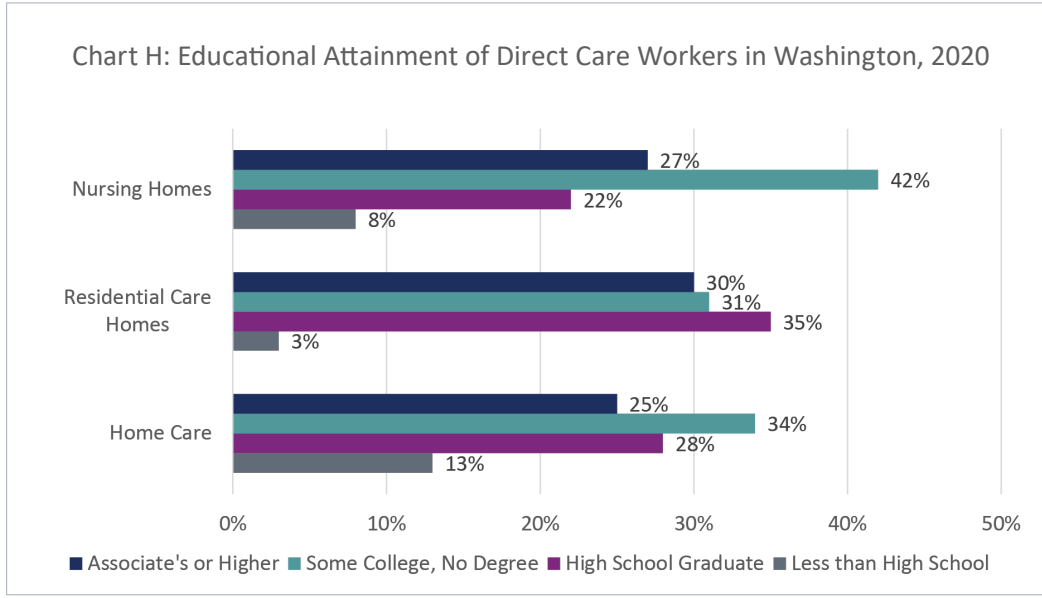
Source: PHI, last updated 9/22/2022

About 90 percent of direct LTC workers in Washington have health insurance. More than half receive health insurance either through their employer or union, with public benefits making up another third (refer to Chart G: Health Insurance Status of Direct Care Workers in Washington).

Although direct care work is far from ‘un-skilled’ labor that requires little or no training experience for satisfactory performance, direct care workers’ wages and educational attainment do not reflect that definition. For example, 63 percent of all direct care workers in the state have either some college, but no degree, or have an associate degree or higher (refer to Chart H: Educational Attainment of Direct Care Workers in Washington). In addition, a significant amount of required training is needed to fulfill direct care occupations despite little to no training or experience needed for jobs of comparable wages, such as a general laborer, retail/hospitality worker, or farm hand.



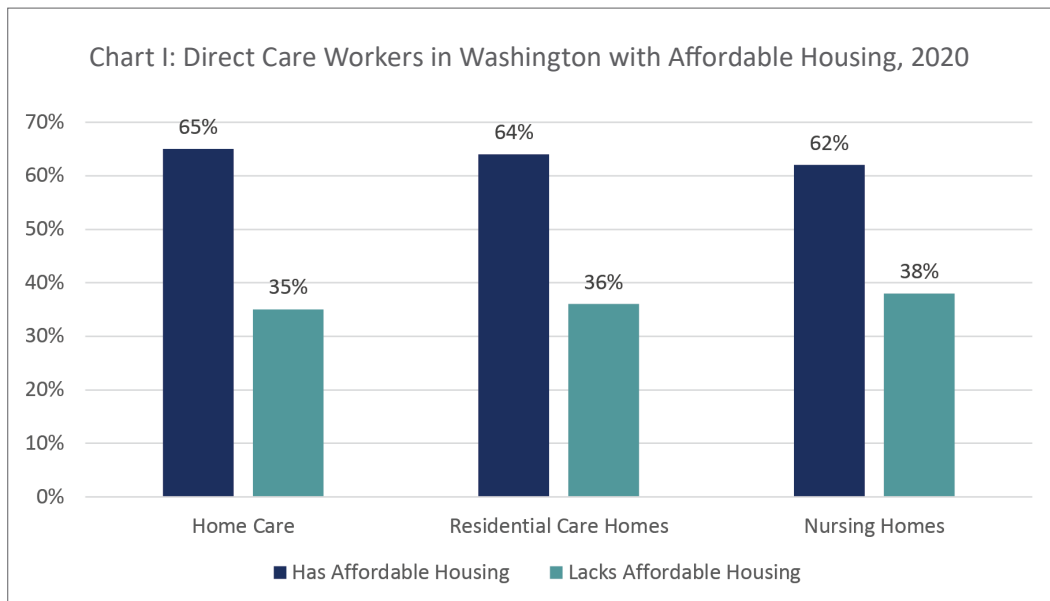
Source: PHI, last updated 9/22/2022



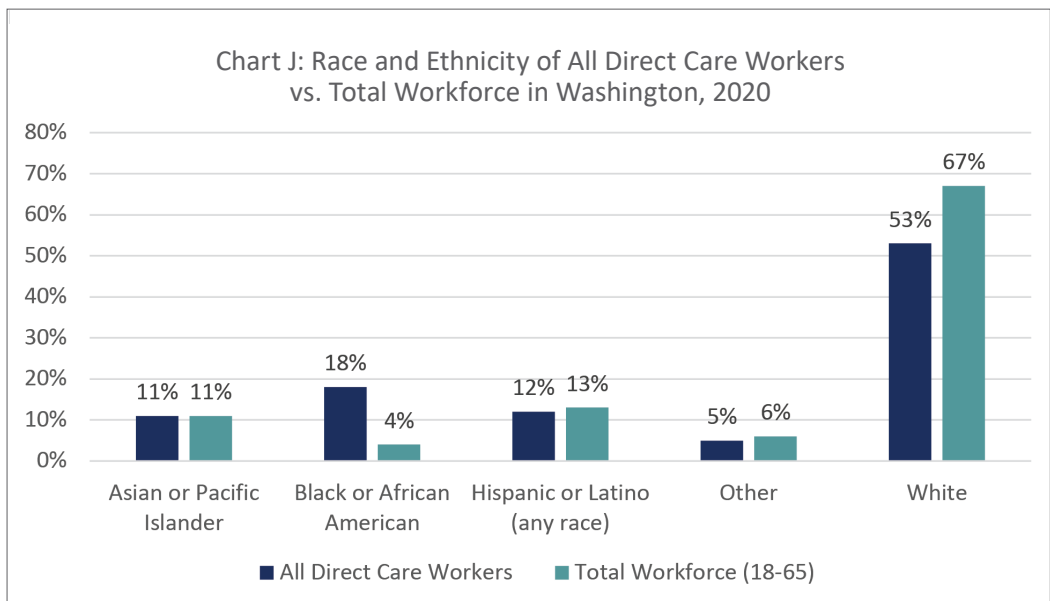
Source: PHI, last updated 9/22/2022

Access to affordable housing is another challenge the LTC workforce faces, with about one-third lacking such necessities (refer to Chart I: Direct Care Workers in Washington with Affordable Housing).

The LTC workforce is racially and ethnically diverse, characterized by employing large percentages of women, people of color, and immigrants. For example, Black or African Americans make up a disproportionate number of workers in LTC compared to the composition of all workers (aged 18-65) in the state (refer to Chart J: Race and Ethnicity of All Direct Care Workers vs. Total Workforce in Washington).



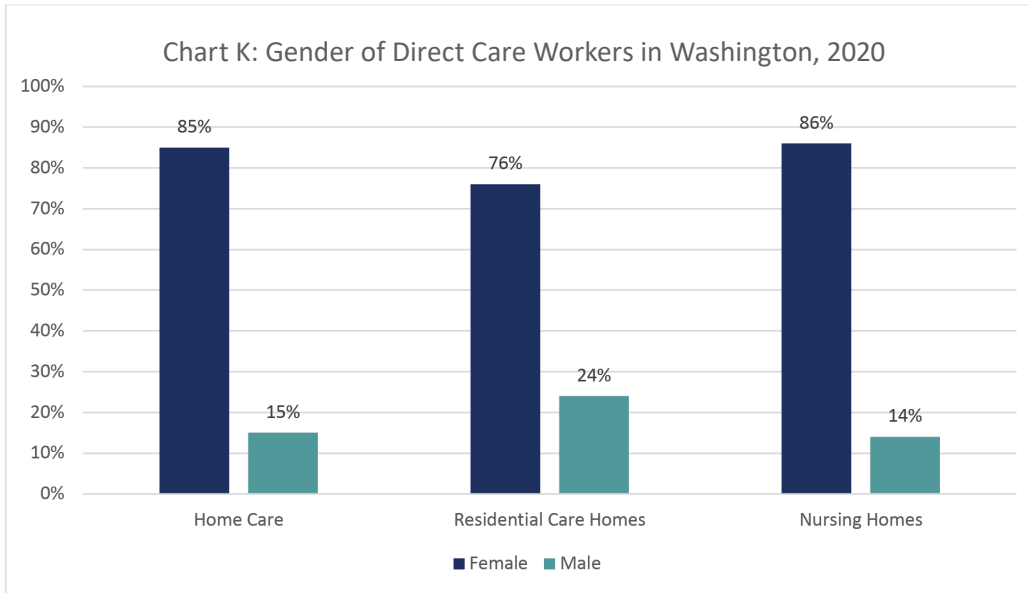
Source: PHI, last updated 9/22/2022



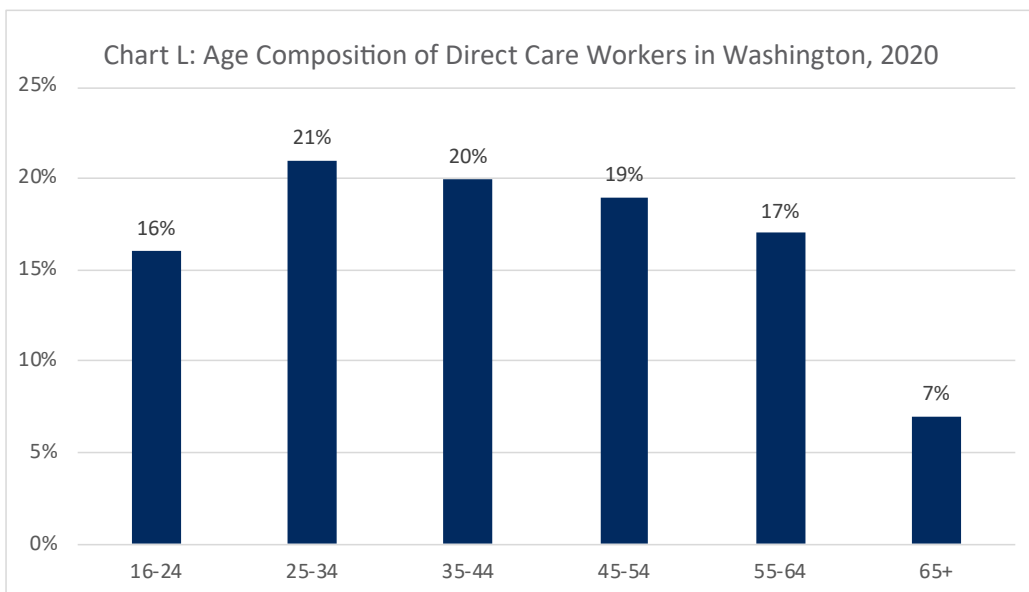
Source: PHI, last updated 9/22/2022

Over 85 percent of all direct care workers in Washington are female. This ratio is very similar across settings, with Residential Care Homes having a slightly higher share of males (refer to Chart K: Gender of Direct Care Workers in Washington).

More than one-third are immigrants: 19 percent are U.S. citizens through naturalization and 15 percent are non-citizens (PHI International, 2020). The age composition of LTC workers in Washington is also diverse (refer to Chart L: Age Composition of Direct Care Workers in Washington).



Source: PHI, last updated 9/22/2022



Source: PHI, last updated 9/22/2022

Nursing Home and Skilled Nursing Facility Staffing Statistics

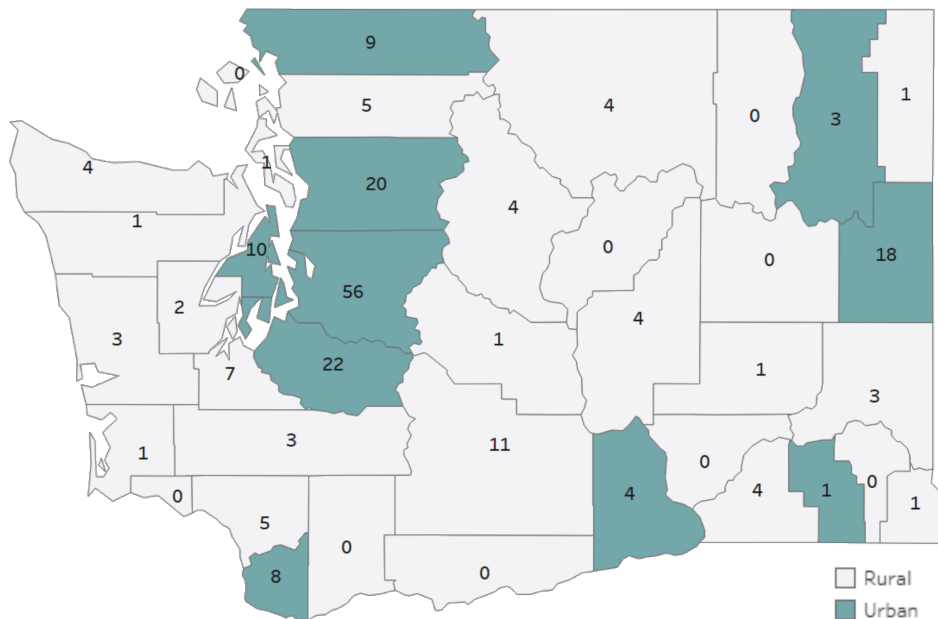
American Community Survey (ACS) and Bureau of Labor Statistics (BLS) data, the sources from which PHI derives their statistics presented in charts A through L, are not up-to-date, typically lagging by a year or more, and lacks critical details concerning characteristics and conditions within facilities. Alternative public use datasets (SNFs alone) are available from CMS, including data from Cost Reports, Nursing Home Compare, and the Payroll-based Journal (PBJ). These datasets contain highly granular data related to staffing, facility characteristics, and resident metrics related to needs and quality care outcomes that are required to be reported to CMS on a quarterly or annual basis. These data can be used for in-depth facility-level analysis (refer to Appendix 3: Public Use Datasets from the Centers for Medicare & Medicaid Services on Nursing Homes/Skilled Nursing Facilities).

Researchers at the UW CHWS used the PBJ data to examine the average number of patients, average staff hours, and the use of contractor staffing in Washington nursing homes between 2018 and 2022 as a supplement to ACS and BLS data for better understanding broad workforce conditions across the state.

SNFs are different from other settings in that they provide both facility-based LTC as well as short-term post-acute care; nonetheless, these data can be used to make broad inferences about staffing across other LTC settings (refer to Appendix 4 for a table with PBJ data).

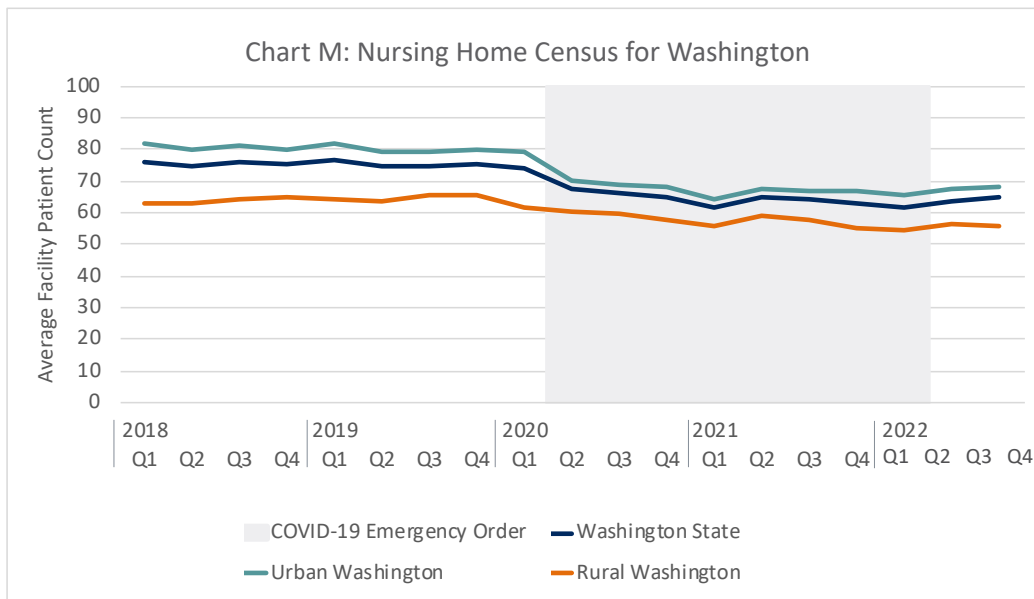
Across Washington’s 39 counties, there are 218 total nursing homes/SNFs. Yet of Washington’s 29 rural counties, nine counties do not contain any nursing homes/SNFs (refer to the map of Washington with SNF counts by county below, and Appendix 5 for the number of nursing homes/skilled nursing facilities in Washington).

Washington’s Nursing Home/SNF Counts by County, 2022

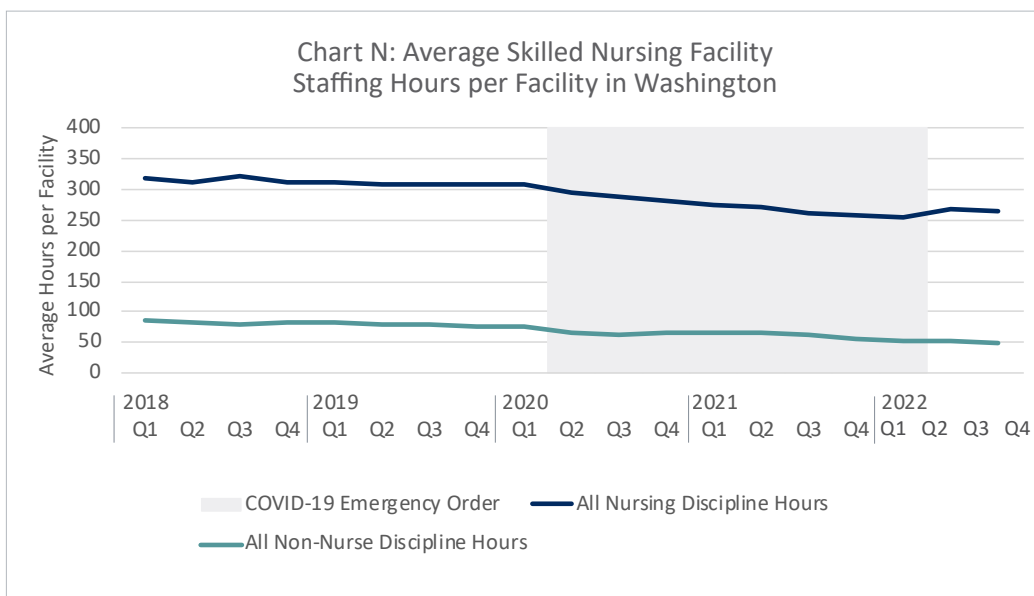


Between Q1 2018 and Q1 2021, the average total patient census in Washington nursing homes/SNFs, including both long-stay residents and short-stay post-acute patients, declined from an average of 76 patients to 62 patients. This decline is most apparent beginning Q1 2020 – the beginning of the COVID-19 pandemic. Throughout 2021 and into 2022, the average census has fluctuated. As of the latest data from Q3 2022, the average total patient census was 65 patients (refer to Chart M: Nursing Home Census for Washington).

During this same time frame, the total average staff hours per nursing home/SNF for both nursing (RNs, LPNs, and NACs) and non-nursing disciplines also declined (refer to Chart N: Average Skilled Nursing Facility Staffing Hours per Facility in Washington).



Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

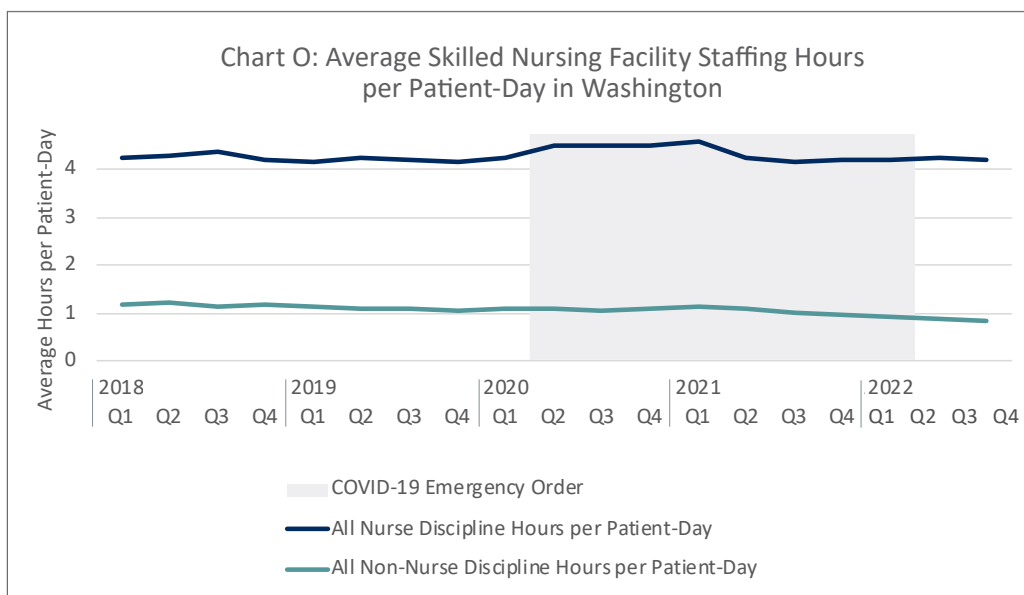


Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

Additionally, average per-patient staffing hours of non-nursing disciplines (e.g., administrative staff, nursing home/SNF leadership, activities staff, social works, etc.) remained stable until Q1 2021, after which the average hours declined (refer to Chart O: Average Skilled Nursing Facility Staffing Hours per Patient-Day per Facility in Washington).

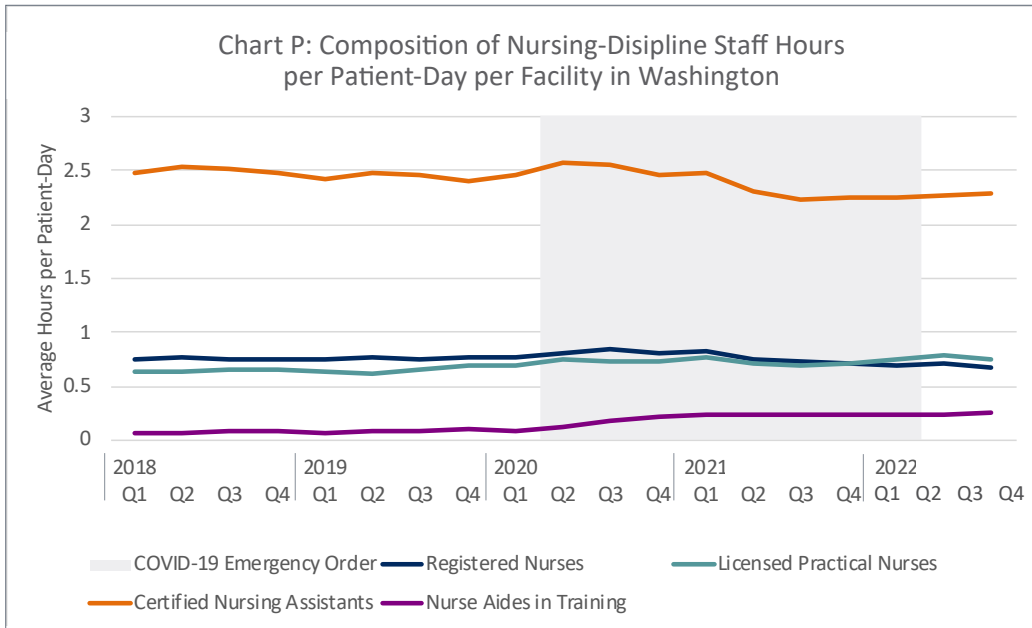
When accounting for the average total patient census, the per-patient nursing discipline staff hours have remained stable. Even if overall nursing discipline staff numbers have declined, the number of hours nursing staff have worked with patients has not declined due to a decreased average total patient census.

This presentation of the aggregate data (for nursing) hides a key fact—the composition of nursing staff has changed. **Where RNs and LPNs have remained relatively stable, NAC counts dropped through the pandemic and have not recovered.** These counts should hopefully return to pre-pandemic levels assuming increased numbers of nursing aides in training⁵ are enough to eventually offset the decline. Current hours per patient day for nursing aides in training is 0.11 hours below the necessary hours to replace separated NACs, which is equivalent to a 12 percent reduction in staff hours. Moreover, pre-pandemic levels of NACs were insufficient for Washington to realize its vision for ideal LTC services and supports, and NAC demand is expected to increase further (refer to Chart P: Composition of Nursing Discipline Hours per Patient-Day per Facility in Washington).



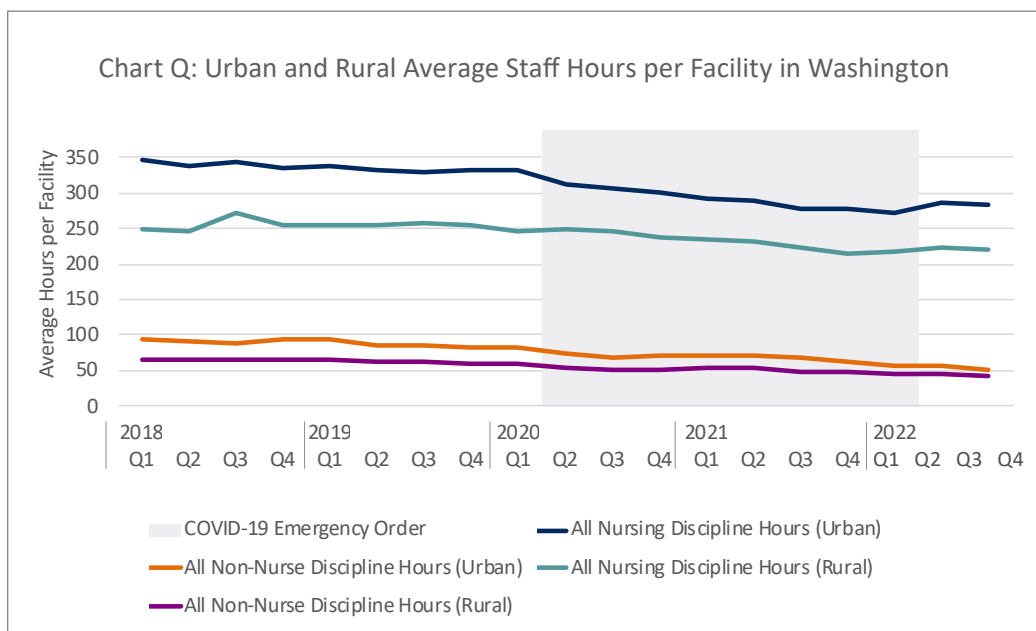
Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

³An individual who has not completed an approved nurse aide training course and competency evaluation and is demonstrating knowledge, while performing tasks for which they have been found proficient by an instructor. These tasks shall be performed under the direct supervision of a registered nurse.



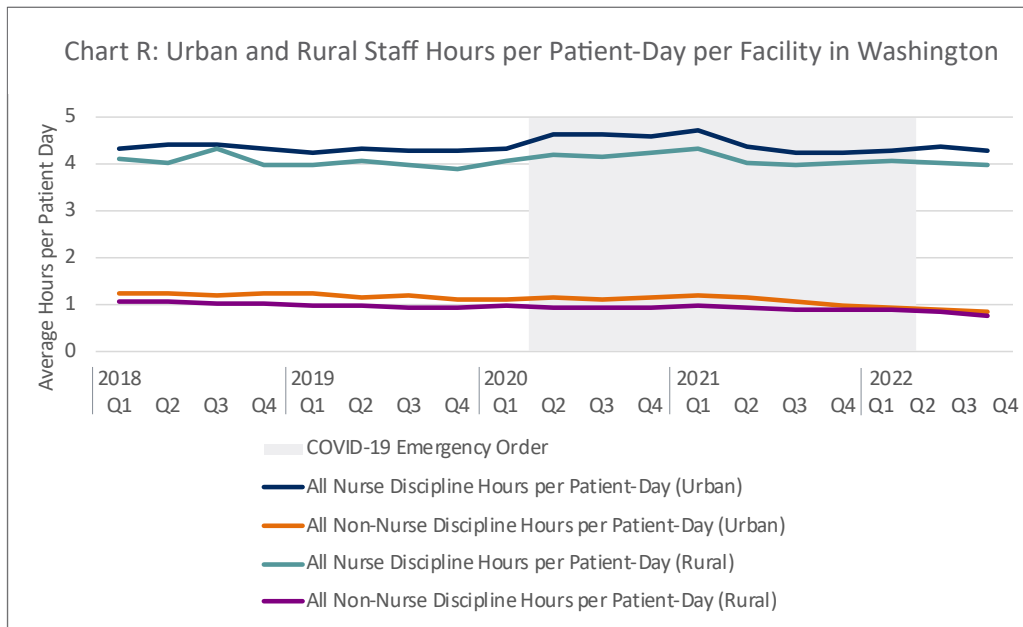
Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

When comparing urban and rural nursing homes/SNFs, both nursing and non-nursing staff hours are lower in rural areas. Rural nursing homes/SNFs were not significantly more impacted by staffing declines during the COVID-19 pandemic; rather, all facilities experienced similar patterns of staffing declines between Q1 2018 and Q3 2022 (refer to Chart Q: Urban and Rural Average Staff Hours per Facility in Washington).



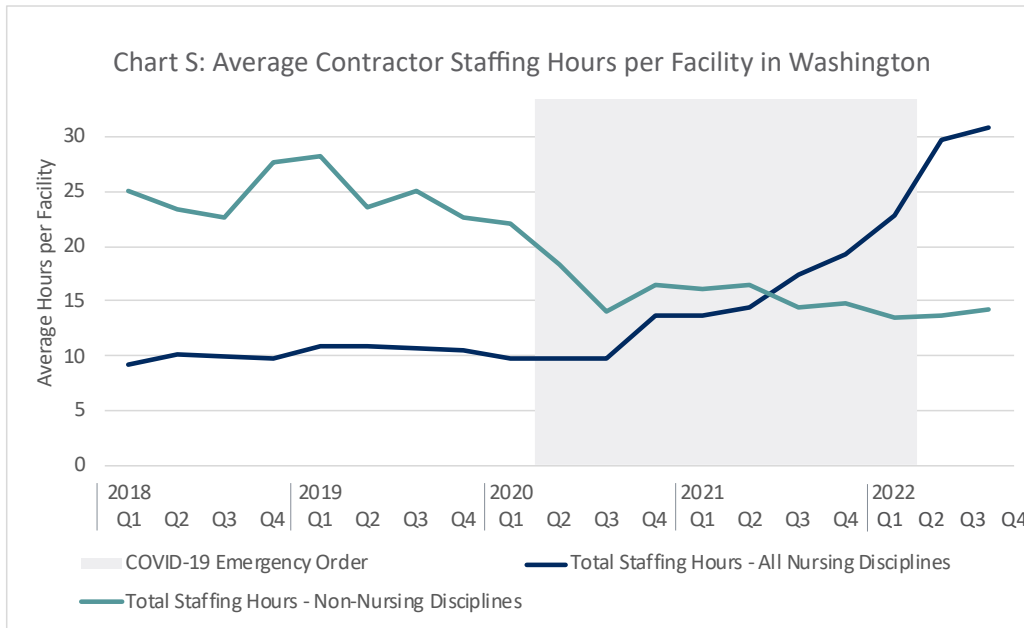
Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

Per-patient staffing is still lower in rural facilities, but staffing disparities between urban and rural facilities are smaller when accounting for the average total patient census (refer to Chart R: Urban and Rural Staff Hours per Patient-Day per Facility in Washington).



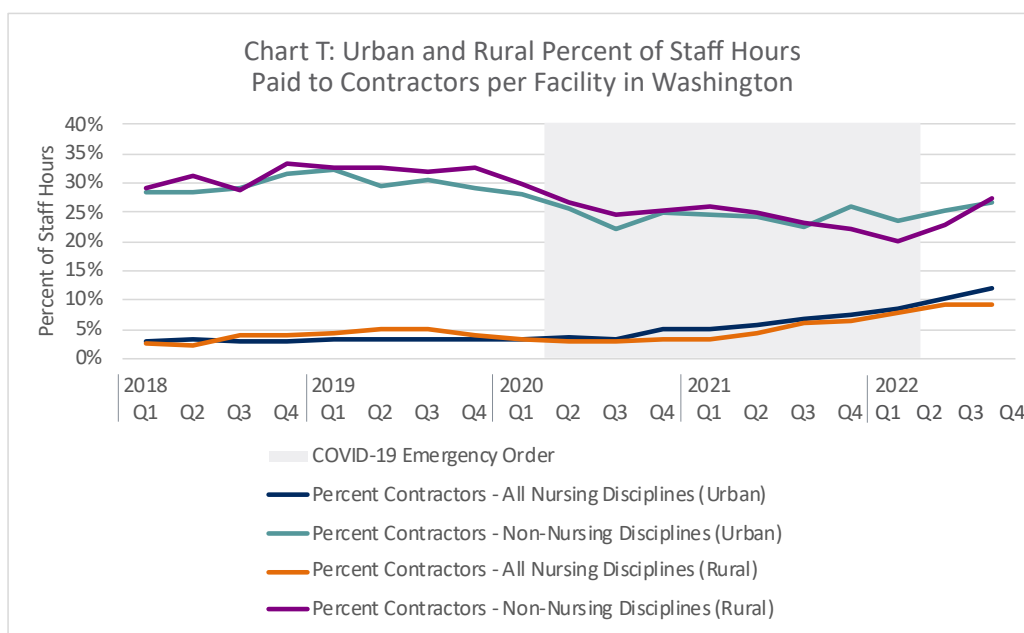
Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

There was a large increase in contractor staffing starting in Q3 2020, likely because of nursing homes/SNFs using contractors to offset NAC declines to maintain compliance with direct care hours per patient regulations. Contractors were also used to supplement non-nursing staff hours. The average contractor hours per facility for nursing disciplines increased from 8.9 hours per day in Q1 2018 to 27 hours per day in Q3 2022. In comparison, non-nurse contractor staff hours declined from an average of 22.8 hours per facility per day in Q1 2018 to 12.8 hours per facility per day in Q3 2022. Filling staffing gaps with temporary employees, such as contractors, is typically far more expensive, putting further upward pressure on facility costs (refer to Chart S: Average Contractor Staffing Hours per Facility in Washington).



Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

These contractor staffing trends were similar in rural and urban nursing homes/SNFs, with increases in contract hours for nursing disciplines and decreases for non-nursing disciplines. Compared to in-house staff, the percentage of hours paid to contractors was similar for urban and rural nursing homes/SNFs, and both urban and rural nursing homes/SNFs had similar patterns of increasing percentages of nursing contractors and decreasing percentages of non-nursing contractors (refer to Chart T: Urban and Rural Percent of Staff Hours Paid to Contractors per Facility in Washington).



Source: UW Center for Health Workforce Studies
Analysis of Centers for Medicare & Medicaid Services Payroll

Average staff hours per nursing home/SNF for NACs declined during the COVID-19 pandemic while hours for LPNs and RNs were stable and hours for nursing aides in training increased slightly. When examining these three primary nursing disciplines by urban versus rural counties, staff hours were lower for all disciplines except for nursing aides in training in rural nursing homes/SNFs compared to urban nursing homes/SNFs.

The impact of the pandemic thus put further stress on LTC workforce hours, which is simultaneously facing increased levels of demand given an aging population.

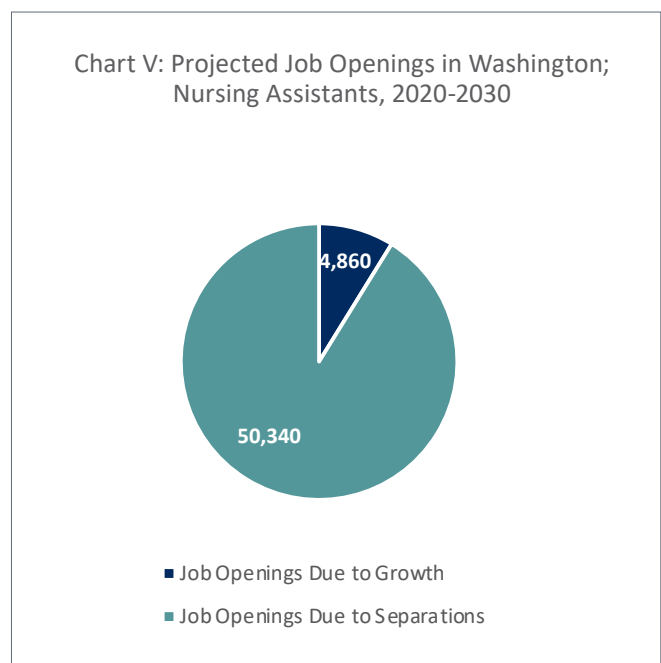
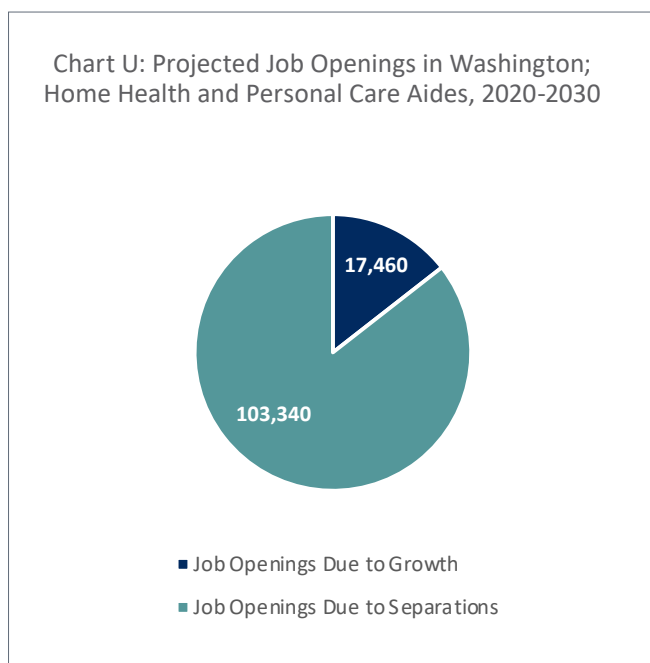
Projected Workforce Demand

Occupation projections of LTC openings are developed by the U.S Department of Labor (DOL) at the national level, and by the Washington State Employment Security Department (ESD) at the state level. These projections are defined by the Standard Occupation System and based on industry employment estimates within the North American Industry Classification System (NAICS) taxonomy.

The LTC sector is expected to experience substantial demand growth between 2025 and 2030. For all direct care workers, the total number of expected openings during this period is 176,000—a 23 percent increase. However, only 13 percent of total openings are expected to be from growth. The remaining 87 percent of openings are predicted to be from turnover.

The fastest growing occupations are estimated to be HCAs, reflecting a trend towards community health and aging in place. The need for NACs will grow substantially as well (refer to Charts U and V for projected job openings in Washington).

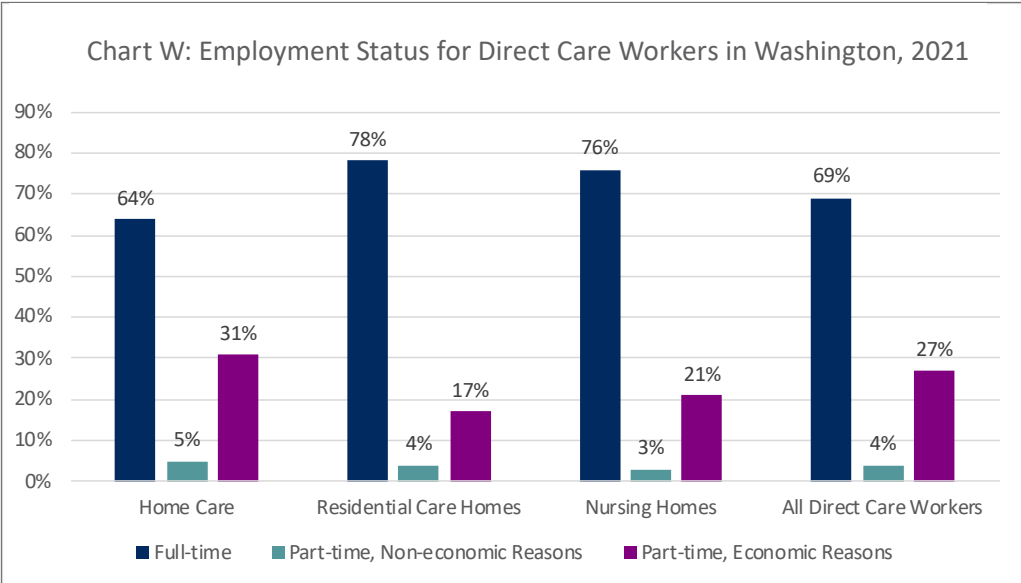
Between 20 percent and 30 percent of the LTC workforce are unable to work full-time due to economic reasons, defined as business conditions at individual workplaces or conditions within the broader labor market. Non-economic reasons include personal or family obligations and health problems (refer to Chart X: for Employment Status by LTC Occupation). These issues could be improved with investments into Medicaid reimbursement rates or programs for employers to better support their staff as referenced in Recommendation 7.



WABON provides a comprehensive [data dashboard](#) that tracks training, licensing, and credentialing outcomes for nursing education across 79 programs at 41 colleges or universities in Washington State. The 2021-2022 academic year produced 4,578 graduates in various nursing disciplines with a student body of 10,186 pupils instructed by 1,670 faculty members (Washington State Board of Nursing, 2023).

WABON has not historically tracked the number of graduates from NAC training programs but has tracked the number of test-takers as a proxy. Beginning in 2024, WABON will begin collecting data regarding the number of graduates from nursing assistant training programs and include them in the data dashboard. The Workforce Board collects data on graduates of many NAC training programs through its oversight of private career schools and Workforce Innovation and Opportunity Act (WIOA) monitoring of community and technical college programs; however, these data do not capture graduates from other types of NAC training programs offered in facilities for their employees. In 2022, the Washington State Department of Health (DOH) granted 6,146 nursing assistant certifications. Of these, the Bureau of Labor Statistics (BLS) estimates 50.5 percent work in nursing and residential care facilities, while the other half mostly work in hospitals and ambulatory health care services – sectors that traditionally pay higher wages. Between 2019 and 2022, there were 22,325 nursing assistant certifications, or about 5,581 per year on average, with 2,818 estimated to work in LTC settings. However, with the high rates of turnover, among a workforce with many who cannot work full time (because of disabilities, family obligations, etc.), simply training to the gap number is not sufficient to stabilize the staffing crisis.

A significant portion of the LTC workforce—between 20 percent and 30 percent—are unable to work full-time due to economic reasons, defined as business conditions at individual workplaces or conditions within the broader labor market. Non-economic reasons include personal or family obligations and health problems, presenting yet another bottleneck to adequate staffing (refer to Chart W: Employment Status for Direct Care Workers in Washington). These issues could be improved with investments into Medicaid reimbursement rates or programs for employers to better support their staff as referenced in Recommendation 7.



Source: PHI, last updated 9/22/2022

PROJECT SPOTLIGHT

The Long-Term Care Workforce Initiative

The LTC Initiative is identifying the root causes of the LTC workforce shortage in the state and is developing collaborative strategies to overcome these shortages. The Initiative’s multipronged strategy for addressing the challenges in LTC includes establishing a Leadership Team to guide the complex efforts of this initiative. The convened Leadership Team includes representation of state agencies, direct care providers, education professionals, labor organizations, LTC advocates and providers, and the business community.

Beyond the Leadership Team, a broad range of professionals have participated as stakeholders in larger group meetings. These stakeholders include LTC staff, facility owners, WABON, hospital groups, labor unions, educators (secondary, postsecondary, private training facilities), and researchers. The purpose of LTC Initiative meetings is for stakeholders to identify ongoing strategies, recognize opportunities for collaboration that have potential for success, and craft policy recommendations to be presented to policymakers in this, the first of three annual reports.

This preliminary report will serve as a ‘roadmap’ for the next two reports and includes a synthesis of stakeholder feedback on LTC workforce priorities, initial research findings, and next steps for follow-up research, such as quantitative analysis and key informant interviews performed by the UW CHWS. In addition, the LTC Initiative, in collaboration with stakeholders, will identify key performance metrics to monitor and evaluate programs and policies designed to address the LTC workforce crisis.

Initiative Strategies

The initial effort of this Initiative is built around a series of stakeholder engagement meetings that began in October 2022 on a recurring monthly basis. The meetings served to gather input regarding the history and current state of the LTC workforce from those with the most experience and interest in the issue across the state (refer to Attachment B for a list of stakeholders and organizations participating in these meetings). A total of 14 meetings have been held as of the writing of this report, including six subcommittee meetings focused on three specific, yet interrelated, topics within the LTC workforce: 1) Education and Career Pathways; 2) the LTC Ecosystem; and 3) Human Resources and Worker Support.

These three topic areas were prioritized through two surveys and the results reported in this document. The first of the two surveys asked the LTC Initiative’s Leadership Team to identify the ‘Ideal State’ of LTC in Washington, the ‘Current State’ (preventing Washington from realizing its vision of the ‘Ideal State’) and known LTC workforce issues. The results, while not unexpected, clearly identify the challenges.

There is a wide gap when one considers where LTC services are—the Current State—and where they want to be, the Ideal State, in Washington. Stakeholders worked to define these two states, along with problem statements and barriers that constitute the gap between vision and reality, and to develop policy recommendations meant to help move us from the Current to the Ideal. Survey responses from LTC professionals revealed their views of the two states and the existing gap.

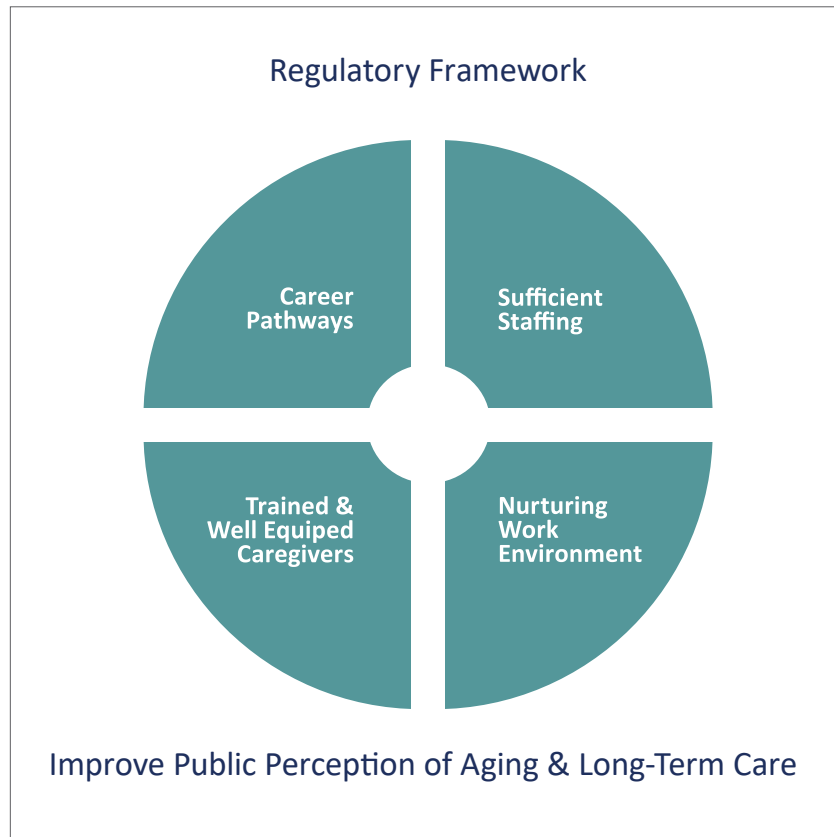


The Ideal and Current State of Long-Term Care in Washington

The Ideal State

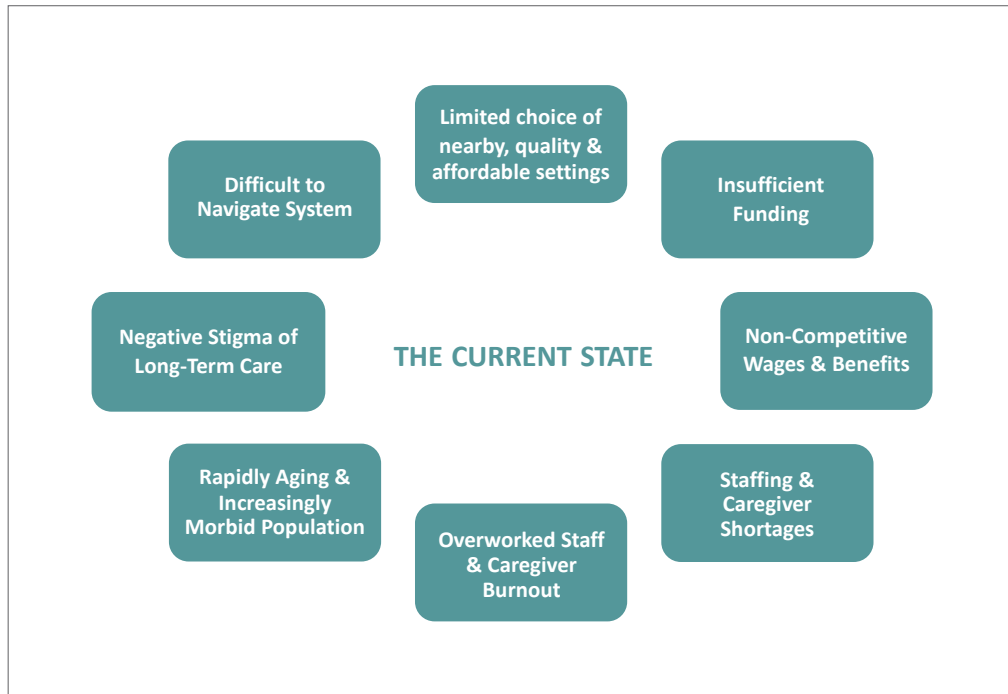
Stakeholders defined the Ideal State after a series of meetings and a survey distributed to LTC Initiative leadership, resulting in the following vision statement:

“A high-quality system of coordinated long-term care support services that provide accessible choices in care settings. A regulatory environment that encourages collaboration and support while still maintaining the focus on patient safety. A well-trained, equipped, and respected staff who provide quality, empathic care in a stable, nurturing work environment, supported by access to comprehensive career pathways, lifelong learning opportunities, and recognition of the value and skills provided by the direct care workforce.”



The Current State

Through the same approach, the group also worked on identifying numerous and interrelated challenges preventing the Ideal State from being realized. These challenges can be expressed in the following conceptual framework:



Given the challenges facing LTC services in the state, the LTC Initiative began a systematic prioritization of the needs of the industry and started exploring ways to alleviate the crisis projected to present significant ongoing problems into the foreseeable future.

A second follow-up survey was sent to a broader audience of participants, asking them to weigh in on the vision statement of the Ideal State and the Current State of LTC, to triage priority issues preventing Washington from realizing its vision of LTC, and to identify any other matters not identified by the Leadership Team.

Table 1: Composition of LTC Staff Respondents

Leadership / Management	68%
Direct Caregiver	6%
Administrative / Support	12%
Other	15%
n = 103	

The follow-up survey had 246 respondents, 42 percent of whom worked in LTC settings. The composition of respondents working in LTC settings is contained in Table 1.

Respondents not working in LTC settings were predominantly in government (65 percent), healthcare (10 percent), education (7 percent), and other (18 percent).

Other occupations included legal services, community-based organizations, and social services. The follow-up survey also asked respondents to identify how many years of experience they’ve had in their respective fields. Please refer to Table 2.

Overall, the second survey captures a diverse view of the respondents in terms of occupational roles, settings, and years of experience.

A 4-point Likert scale was used to gauge the respondents’ sentiment on the Ideal State developed by the Initiative’s Leadership Team (strongly agree, agree, disagree, and strongly disagree).

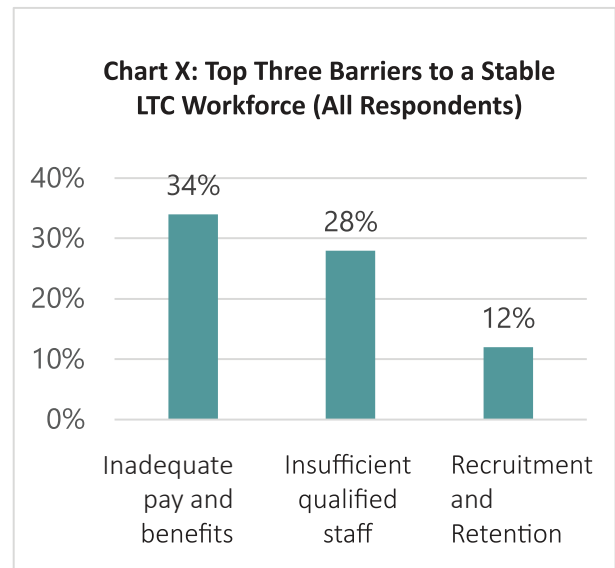
In the survey, 91 percent of the respondents either strongly agreed or agreed, with 50 percent strongly agreeing. Respondents from LTC settings mirrored the sentiment of total respondents.

Similar sentiment was observed for the Current State, in which 88 percent of respondents either strongly agreed or agreed (56 percent strongly agreed). Respondents from LTC settings were more in agreement, with 63 percent strongly agreeing and 28 percent agreeing with the Current State.

Finally, respondents were asked to select the top three barriers to a stable LTC workforce. These barriers were initially identified in earlier stakeholder meetings as well as the first survey (in no particular order):

- Negative perceptions of LTC
- Insufficient qualified staff
- Insufficient career development
- Insufficient training opportunities
- Inadequate pay and benefits
- Recruitment and retention
- Burnout
- Challenges related to regulatory oversight
- Competition between facilities
- Credentialing failures
- Other

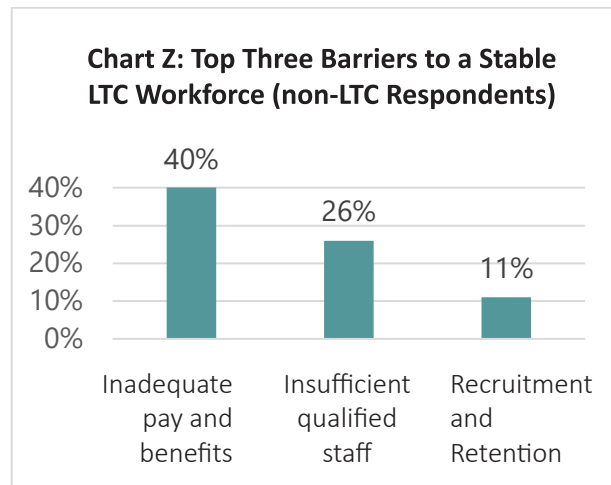
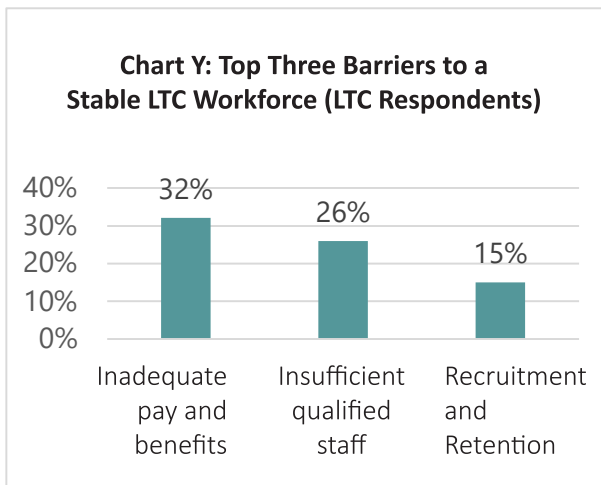
< 1 year	13%
1 — 5 years	32%
6 — 10 years	21%
11 — 20 years	19%
20 + years	15%
n = 238	



Total response count for the respondents selecting the top three barriers was 199 and accounted for 74 percent of all selections (refer to Chart X for Top Three Barriers to a Stable LTC Workforce, all respondents).

Responses to selecting the top three barriers somewhat differ depending on whether respondents work in LTC settings (refer to Charts Y and Z for Top Three Barriers to a Stable LTC Workforce, LTC vs non-LTC respondents).

Although the top two barriers are the same between LTC and non-LTC respondents, LTC respondents identified recruitment and retention as a higher priority barrier than negative perceptions of LTC (refer to Charts Y and Z for survey responses).



Stakeholders then refined the definition of the Current State into the following statements:

“LTC providers in Washington are struggling. Current caregivers are emotionally and physically taxed. While Washington has specific training regulations in place, the industry faces continued challenges with training and testing delivery. Existing staff shortages, inflexible work environments, insufficient Medicaid reimbursement rates, low pay and benefits, a lack of acknowledgement of direct care workers as a critical part of the healthcare delivery system and the impacts of regulatory oversight that can feel punitive rather than solutions-focused all contribute to the issues impacting the LTC workforce.”

Services are often delayed and/or are not available in a customer’s chosen form (e.g., home care vs. facility care). Yet, when and where care services are available, Washington’s LTC provider community continues to offer a range of care options supported by a professional workforce that is engaged and committed to providing quality services. Facilities, agencies, and caregivers provide compassionate, skilled care, often through innovative programs for their staff as well as those receiving care.”

The findings concerning the Current State from these stakeholder surveys are aligned with the findings of past research efforts and are further supported by empirical evidence.

PROJECT SPOTLIGHT

Licensed Practical Nurse Registered Apprenticeship for Long-Term-Care Settings

The second LTC initiative is a continuation of the development and implementation of the HCA/NAC to LPN Registered Apprenticeship Program. This effort builds on the previous work of WABON in 2021-22 that created a coalition, identified early adopters and program testers, and provided a draft plan for the development of the program. There has been significant progress on this project. One of the most tangible indicators of progress are the NACs and HCAs currently working on their prerequisite courses in anticipation of submitting their application to the LPN Registered Apprenticeship Program for Fall 2024.

The program has shown significant progress as the first year of the Workforce Board's management of state funding ends. Under the guidance of the Workforce Board, WABON, and LNI, the stakeholders in the program's development continue to push towards a Fall 2024 launch date for the first apprentices. In addition to the three state agencies, three employers (Pennant, Hyatt Family Facilities, and Brookdale), and two community colleges (Edmonds College and Yakima Valley College) have committed significant time and resources to this project.

A high-level view of the key features of the pilot model includes:

- The pilot model requires students to complete the required prerequisite coursework before applying to enter into the apprenticeship pilot.
- Students must successfully complete the prerequisite coursework and be accepted into the practical nursing program prior to acceptance into the pilot as an apprentice.
- Prospective apprentices meet the same standards for acceptance into the practical nursing program as other students.
- Once they are accepted into the practical nursing program and the apprenticeship pilot, they can begin their journey to “earn while they learn.”
- The pilot is based on a part-time LPN program model and provides financial support with tuition, books, and other needs—all of which are intended to support a reasonable balance of school and work hours for students. This means students work part-time and go to school part-time as they complete their nursing education program. They do work full-time in the summer months when classes are out.
- When students begin the practical nursing program, their work role is that of a nursing assistant. After they successfully complete their first term that includes a clinical rotation, students in good standing in the nursing education program may apply to work in the role of a practical nursing technician in the nursing home where they are employed. The practical nursing technician works under the direct supervision of an RN who is immediately available, in accordance with RCW 18.79.350.
- While the pilot allows students to complete a portion of their clinical hours in the nursing home where they are employed, students in the pilot still need to complete additional clinical hours in other clinical settings, just like all students in the practical nursing program. This plan is critical



for meeting the requirements of WAC 246-840-537 (Curriculum for approved nursing education programs) and WAC 246-840-539 (Curriculum for practical nurse nursing education programs), which supports our vision for graduates of the pilot meeting all the same standards for nursing education and nursing practice as other practical nursing graduates.

Program accomplishments include:

1. A total of 37 HCAs/NACs are currently enrolled in prerequisite coursework.
2. Edmonds College has successfully led a group of nursing educators in the development of a hybrid LPN curriculum. This hybrid program will serve as the nursing curriculum utilized for the LPN Registered Apprenticeship Program. This hybrid curriculum will serve as the nursing curriculum for the apprenticeship coursework in 2024.
3. Three employer partners, representing facilities all over the state, are actively engaged in the program development and are supporting their staff as they pursue additional education with the goal of entering the LPN hybrid program.
4. The Workforce Board hired and trained two Apprenticeship Navigators who support the HCA/NACs currently enrolled in prerequisite coursework at the community colleges.
5. As part of the federal HRSA grant, (more on page 41) the Merit Group is working with the partners on customization for a digital wallet. The wallet will offer a process for the participants to track their progress and credentials.
6. A solicitation process has selected the Washington Health Care Association, a nonprofit LTC industry association, to act as the apprenticeship sponsor. The sponsor will manage the daily operation of the apprenticeship program.

While an extensive amount of progress has been made, much remains to be completed before the first apprentices begin the formal nursing program education and on-the-job training component in Fall 2024, as well as building enough capacity across the program aspects to ensure sustainability after the state funding ends (see Recommendation 1, on page 46). A great deal of interest in the program has been expressed across the state from employers, educators, and potential apprentices alike. The program developers have received inquiries from HCAs and NACs regarding the general availability of opportunities for enrollment as apprentices.

Department of Veteran Affairs Apprenticeship Exploration

One such inquiry led to conversations between the Washington Department of Veterans Affairs (DVA) and the Workforce Board regarding a potential partnership in the development of an LPN Registered Apprenticeship in the four DVA nursing homes in the state. In January 2023, the Workforce Board entered into discussions with DVA leadership to explore an opportunity to pilot a registered apprenticeship program within one of the four homes. Although the DVA registered apprenticeship and the private employer registered apprenticeship may develop along similar lines, it was determined that public and private employers were structured differently enough to require separate programs. The DVA program will be distinct from the efforts with the private employers but



will draw from the experiences of that effort. Having two LPN apprenticeship models will broaden the applicability of the programs to a variety of potential employers.

With guidance and funding support of the Workforce Board, WABON, and LNI, DVA has recruited and hired a Program Navigator to lead an exploratory effort to examine the potential for establishment of an independent, yet parallel, Registered Apprenticeship Program. DVA is working to develop a new job classification for their facilities – nursing technician. This classification already exists within the private facilities. The nursing technician classification is a key step in the transition into LPN and ensuring wage growth for apprentices.

DVA received financial support for the exploratory portion of this project from the Workforce Board. Students will start prerequisites at Olympic College in the Fall of 2023. DVA has already begun receiving inquiries from their staff about the program and are enthusiastic about this opportunity. These efforts were further recognized when DVA was awarded a federal Department of Labor grant administered by LNI in August of 2023 for the development of the LPN registered apprenticeship, complementing the work already done in the exploratory effort.

Project Partners

The success of this program will depend upon the partners and their diverse contributions. In addition to the support and guidance of the state agency partners and staff, the program’s development depends upon the contributions of education institutions, the employers in the development partnership, and the apprenticeship sponsor.

Yakima Valley College: In 2022, Congressional funding was secured by U.S. Senator Patty Murray and U.S. Representative Dan Newhouse for the development of an NAC/HCA to LPN Registered Apprenticeship in the state. The Health Resources Service Administration (HRSA) disbursed the funds to Yakima Valley College (YVC) as the Administrator of the funds. Working with Edmonds College, the employers, and state agencies, Yakima Valley College, in their role as grant administrator, play a key support role in the continuing development of the apprenticeship program.

From the onset, YVC’s role provided vital contributions to program’s growth and development. YVC’s primary contribution has been the management of the federal funding, establishing parameters for the disbursement of funds to partner agencies and HCA/NAC students who are actively engaged in prerequisite coursework, and enrolling students in prerequisites. The support provided by YVC came despite challenges to staffing that arose as the grant was initially awarded. YVC’s management of the \$1.7 million federal funding provided key financial

The Path to Registered Apprenticeship

Working with an LNI Apprenticeship Consultant, the program sponsor and the Apprenticeship Committee will develop a set of Apprenticeship Standards to govern the program. These Standards and the educational curriculum must be approved by the Washington State Apprenticeship and Training Council (WSATC) in order for the program to become a Washington State Registered Apprenticeship.

The first year of the program is a provisional year, after which LNI Apprenticeship will conduct a compliance review and WSATC will determine whether or not to grant permanent registration status to the program.

The anticipated timeline is to apply for provisional WSATC approval in April 2024 and to start the apprenticeship, including the hybrid nursing program through Edmonds College, in Fall 2024.



support to the program components contributed by YVC and the partners. The college’s support of the program and grant administration will allow other NACs and HCAs to enter the career pathway into the future.

Edmonds College: Edmonds offers a well-established nursing program designed for working healthcare professionals to continue their education. Utilizing a hybrid curriculum allows students to attend online lectures while still maintaining their employment as LTC workers.

The proposed LPN Registered Apprenticeship curriculum through Edmonds College follows the same successful hybrid model as Edmonds’ existing nursing program, but the key difference is that some of their clinicals will be done in the same LTC facilities where student apprentices currently work. Student apprentices can continue their jobs, but as they progress through the program and become a nursing technician, they can expand their scope of practice, applying skills as they learn, with appropriate clinical supervision and preceptorship.

The apprenticeship model opens the door to employees with the potential to be excellent LPNs who would not otherwise have the resources to attend a traditional nursing program. Many of these employees have never participated in a traditional college program. Many migrated to this country and speak English as a second language. A large percentage have young children to care for, and some are already working over 60 hours per week to make ends meet. However, the apprenticeship program’s employment and educational standards are high. Potential apprentices must be nominated by their LTC employers and apply to the program to be considered for the LPN Registered Apprenticeship. An Apprenticeship Committee, composed of equal numbers of employer and employee representatives will select the HCAs and NACs from staff who meet program qualifications.

Edmonds staff have taken the lead to develop plans for the apprenticeship curriculum, skills labs and simulations, and prerequisite navigation, with a goal of formal admission to a pilot program beginning in Fall 2024. As part of the HRSA grant, the faculty developed a hybrid curriculum with an online didactic component, which has been approved by WABON. The development of the online didactic curriculum—combined with the development of four simulation skills labs in LTC facilities in the state—will allow apprentices to complete their education “in place” from multiple areas across the state with strong support from on-site preceptors and college faculty via live-streaming video. The online curriculum will be available as an open educational resource through the State Board for Community and Technical Colleges, which could support scaling of the program to other colleges in the state.

The first group of students admitted to the pilot LPN Registered Apprenticeship Program are projected to begin in Fall 2024. Workforce Board staff, agency partners, the sponsor, researchers, and the college faculty will analyze the success of the program.

The goal of the Apprenticeship Program is for LTC employers to have better access to increase the number of qualified nurses and incentives for recruiting direct care workers. This will help save on turnover costs and generate improved quality care outcomes. Employees will receive higher wages, career progression, and recognition. Ultimately, the program offers job choices to a group of caregivers who might not otherwise get

“It’s a real win-win. Students win with on-the-job training hours and higher pay as they progress to become nurses. Facilities win because they get to retain their employees who continue to increase their skill levels with what they’ve learned in school.”

*- Kyra McCoy
Director of Nursing, Edmonds College*

the chance to move forward in their career. The significance of this program is summed up nicely by the Director of Nursing at Edmonds College, Kyra McCoy:

“Our students are first generation—the first people in their entire family to ever go to college. These are people who have been told ‘no’ all of their lives. Either their English was not good enough, or they didn’t have the right credentials, etc., etc. But with this program, we are able to tell them ‘yes, you CAN do this—and we will help.’

We’re diversifying our workforce and improving our staffing shortages while lifting everybody up.”

-Kyra McCoy, Edmonds College

Navigator Impact

The success of the apprenticeship is directly linked to the success of the students. Providing connections to support services and guidance throughout the program (prerequisites and Apprenticeship) is the responsibility of Apprenticeship Navigators. The Navigators are Workforce Board staff members Rebecca Adams and Erica Wollen. Both Navigators bring passion, enthusiasm, and experience as they provide guidance to the HCAs and NACs. Navigators are an integral part of the LPN Registered Apprenticeship Program. This direct support can make a profound impact on students. After a relatively short time in the program, they are already seeing the positive results.

Wollen admits that sometimes something as simple as forwarding an email to the right person can go a long way. But others need considerably more help.

Both Navigators point out that the job is a series of ongoing challenges—some mundane, others extraordinary. The challenges range from conducting an orientation to the activities related to enrollment and course selection. However, as evidenced below, the navigators and students have worked hard to overcome these challenges.

In March, one of the students enrolled in prerequisite coursework shared her story with Governor Inslee on TVW. See how [Dulce Brambila](#), a NAC at Pennant Healthcare Washington and a student going through prerequisites at Edmonds College, represents the challenges for the state’s NACs struggling to improve their lives and provide for their families (time code 34:40).

“I want to be able to provide resources during the application process, set up placement tests, fine tune schedules, help students find childcare, figure out transportation—whatever it takes to get them through school.”

*- Rebecca Adams
Workforce Board*

“There are a lot of little things we do to help our students but keeping them encouraged is most important to me.”

*- Erica Wollen
Workforce Board*



Employer Contributions

When employers support employees furthering their education, both parties' benefit. Not only do employees get opportunities they would not have otherwise, but they build confidence and skills that they can use to level up their careers and give back to their employers for believing in them. The employer contributors to the LPN Registered Apprenticeship have done just that. By taking the innovative step of adopting a registered apprenticeship in their workplace, a world of opportunity opens for direct care workers, and they feel supported and encouraged to do something they never thought possible.

Key partners in the LPN Registered Apprenticeship Program are the LTC employers who are dedicating their time, efforts, experience, and their valuable employees as students to build a first-of-its-kind program from square one. Three employer groups in LTC have taken charge to pave the way for this Apprenticeship and change the state of LTC in Washington—for the better. These employers are making an impact on the lives of employees, the outlook of their own facilities, and the future of the state through expansion of the program. They have steadfastly worked to create this program and remain committed to the LPN Registered Apprenticeship.

Mindy Schaffner, employer with Pennant Healthcare Washington, explains how this program is not only helping employees and their employers, but is also bringing providers together (who would traditionally be in competition with each other) to work for the greater good.

“It’s important that we’ve all come together for a common goal—working closely with each other and being supportive of one another. Everyone recognizes the need for the good of the whole LTC system, not just skilled facilities but assisted living, and home care too.”

-Mindy Schaffner, Pennant Healthcare Washington

Schaffner’s current employees who are completing prerequisites for hopeful admission to the apprenticeship program are thankful for the program and see it as a privilege and opportunity. When they succeed, their employer succeeds.

Program Expansion

With three statewide employers helping get this program off the ground (and many more needed to sustain it), others are intrigued and are following closely. The current employers involved recommend additional organizations coming on board as soon as they are able — for the sake of their own facilities and for the future of the entire state. Jane Davis, Administrator at Hyatt Family Facilities - Landmark Care and Rehab, explains that she has already been approached numerous times with interest from potential participants in the program, especially after the three employers received the *2023 For the Good of the Order Award* for their work on the Apprenticeship pilot at the Washington Health Care Association’s annual convention:

“This program is made for HCAs/NACs. The fact that we are able to give so much support is why we’re going to get more LPNs. If it wasn’t for this Apprenticeship, these HCAs/NACs would be struggling. Participants just need a little bit more support to make things run smoothly.”

*- Rebecca Adams
Workforce Board*



“Being recognized for what we’re doing is a real honor. We’re going to be able to set a precedent in this state—to be a leader in making change. In fact, other states like Idaho are already looking to us as an example of how they could follow suit.”

-Jane Davis, Hyatt Family Facilities

Misrak Mellisie of Brookdale Senior Living encourages other employers to join the program:

“Given the opportunity, any organization should be happy to join because there is literally no downside—every way you look at it, there is a benefit to join forces.”

-Misrak Mellisie, Brookdale Senior Living

For full interviews with Edmonds College, Employers, and Navigators, see Appendix 6.



STAKEHOLDER DRIVEN POLICY RECOMMENDATIONS

Recommendations

In response to the critical needs of long-term care and its workforce, the coalition of stakeholders developed this initial list of policy recommendations. The development of these policy recommendations was the result of a methodical process that involved the Leadership Team and stakeholders in the LTC Initiative. Working in collaboration with the Workforce Board research team, two separate surveys were conducted to define the Current and Ideal States of the LTC workforce in Washington. The survey results subsequently drove the creation of three subcommittees including: 1) Education and Career Pathways, 2) Human Resources and Worker Support, and 3) the LTC Ecosystem. In a series of subcommittee meetings, specific barrier concerns were identified and used to develop preliminary recommendations (See the Appendix 7 for the full list of barriers).

In June 2023, the preliminary policy recommendations were brought in front of stakeholders at two separate in-person meetings on each side of the state: in Spokane and Port Angeles. The two groups developed this series of early recommendations for presentation to policymakers with items that were not quite ready added to Items for Further Study (see page 50) for continued stakeholder work in 2024.

1. Continue funding the developing LPN Registered Apprenticeship Program (current funding expires in 2025). Ensure consistent funding through at least 2027 to allow time for the program to become self-sustaining.

The current HCA/NAC to LPN Registered Apprenticeship has drawn upon the expertise of WABON, LNI, the Workforce Board, three employers representing more than 50 facilities across the state, two community colleges, and multiple other stakeholders. The process has been arduous and fraught with a range of challenges due to the complexities of creating this nontraditional apprenticeship. However, this program has also seen many successes with the development of a hybrid training program at Edmonds College that will be used for the apprenticeship, an employer-led application process for recruiting HCAs and NACs into the program, the development of draft Standards of Apprenticeship, and the development of a prototype for a digital wallet for potential use by the student/apprentices and sponsor group. The procurement process to select an Apprenticeship sponsor organization identified a non-profit awardee (Washington Health Care Association) in early August. Currently, 37 direct care workers employed in LTC facilities are enrolled in prerequisite coursework at Edmonds College and Yakima Valley College.

The program has had great success in its early stages, with a committed employer base, support from multiple stakeholders, and an engaged, excited group of frontline staff in the program. More work is needed to ensure that this budding program can become fully registered, scaled up to include more employers, and that the employer business model is established to ensure the program is self-sustaining. The Initiative members calculated that another two years beyond the current end date of state funds is required to meet these objectives (current sunset date is June 30, 2025). The early expiration of the funding could significantly hamper enrolled apprentices' ability to complete the program, as well as the program's expansion and stability, which go hand-in-hand.



2. Expand the resources for Edmonds College’s role in the LPN Registered Apprenticeship Program to accommodate the increased student participation.

Edmonds College has taken the lead in the development of a hybrid curriculum that will serve as the the required supplemental component of the HCA/NAC to LPN Registered Apprenticeship Program. Their work is critical to the continued success of the apprenticeship, and the College’s continued leadership and guidance will be necessary for the establishment of additional programs as other colleges commit to the support and training of apprentices. Edmonds College will need additional staff capacity—including additional FTEs for instruction, administration, and support—to continue their work and provide education to the hybrid participants across the state while additional capacity is being developed in other institutions offering LPN training. Other resources needed may include equipment and infrastructure for curriculum delivery.

3. Provide funding to expand enrollment capacity for related supplemental instruction dedicated to registered apprenticeship cohorts in the Edmonds LPN hybrid program, or other participating community and technical colleges, for applicants who have met all required prerequisites.

Funding would support a dedicated cohort of apprentices in this competitive LPN Registered Apprenticeship Program. LPN education programs are highly competitive. The LPN Registered Apprenticeship Program is meant to be a grow-your-own strategy, where partner employers support those individuals with a passion for caring for LTC patients to achieve LPN certification through a registered apprenticeship training modality. This program has a significant support structure for the participants, including navigation services for tutoring, childcare, housing, and more. If an apprenticeship candidate has met all of their prerequisite requirements, it is important to ensure that they can continue their education to finish their LPN credential. Therefore, this group proposes that policymakers expand enrollment capacity for registered apprenticeship cohorts in the LPN programs, beginning at Edmonds College and expanding as more colleges come on board, to ensure that these NACs and HCAs who have met the requirements of LPN programs can finish their studies.

4. To address critical recruitment and retention needs, policymakers should fund LTC reimbursement rates at the level necessary for LTC providers to provide competitive wages and benefits, including training benefits, and ensure rates keep pace with inflation. The additional reimbursement should be specifically dedicated to compensation for the LTC workforce in support of workforce stability, to the extent possible.

As evidenced by this report, the greatest impact on staffing is attributed to staff leaving the LTC workforce. Compensation and benefits have a significant impact on retention and recruitment across the direct care workforce. LTC workers tend to have lower average annual wages, which fail to provide stability to the LTC workforce. The annual salary for many LTC workers falls below the 200 percent poverty level. Increasing demands for workers across all sectors have created a salary competition with various other non-direct care positions. As a result, LTC workers have opportunities to make the same or more in terms of salary and benefits in retail, food service, and other places of work that do not require as much training.

Although not the only payer source in LTC, Medicaid clients make up a large portion of all LTC consumers. Medicaid reimbursement rates for LTC services have been below what LTC providers have indicated they need to maintain quality of care and a stable service sector. The continued funding levels, coupled with the inevitable labor costs, is not economically feasible and is only expected to worsen into the future. An example would be the funding associated with assisted living facility (ALF) rate methodology, where rates starting on July 1, 2023, are only funded at 79 percent of the labor component that is calculated in the rate methodology. For



SNFs, the estimated Medicaid costs that providers have reported exceeded the Medicaid reimbursement rate by 15-18 percent (Calendar year 2020, with the emergence of COVID-19, showed a 22 percent gap between reported Medicaid costs and reimbursement). Although the rates for adult family homes, which are collectively bargained, are better funded than ALFs, it is still funded below what is needed to fully cover labor costs. In-home workers, which make up 75 percent of the Medicaid provider network, also do not receive wages that are competitive with the private market or employees in other sectors.

As with many LTC Medicaid rate methodologies, the data used to calculate rates or inform rate negotiations do not account for emergent changes in costs in a timely manner. This makes it difficult for providers to address wage or inflation growth in real time where other healthcare sectors may have more flexibility in their revenue streams to adapt quicker. SNFs have also seen a significant increase in reliance on agency staffing, which is only reimbursed up to the in-house wages the provider is paying. Throughout the COVID-19 pandemic, agency staffing costs have increased significantly, meaning there is a growing gap between in-house staff wages and agency staff costs, which are not accounted for in the Medicaid reimbursement rate. SB 5547, adopted by the 2023 Legislature, implements registration and cost reporting requirements for staffing services providers in Washington. This information should help inform policy decisions related to reimbursement for labor-related costs.

5. Double the current number of Quality Improvement Program nurses in the DSHS program from 6 to 12 to allow more support and technical assistance for LTC service providers.

Quality Improvement Programs (QIP) run by DSHS are a key support to LTC service providers' ability to provide quality care for residents served. Established in 1992, the goal of the highly regarded program was to strengthen care, improve regulatory compliance, and prevent harm to vulnerable adults. The program by the regulatory division, Residential Care Services, offered support to all types of providers in a "non-punitive quality improvement approach." These services were discontinued in 2012 due to budget cuts. In 2021, the Washington Legislature authorized funding for six QIP nurses and the reimplementation of the program. The six nurses are responsible for providing QIP services to over 4,000 LTC service providers across the state. These six nurses provide a range of services that include focused reviews and visits, analysis of care systems, identification of provider goals, and provision of resources. These welcome services delivered to LTC providers ultimately improve the care of the residents, reduce the number of provider citations, establish a collegial relationship with RCS, and improve the efficacious use of public funds. This recommendation received rousing support from all stakeholders participating in the Initiative. The group would like to see a much larger investment but chose to recommend doubling the small current number of nurses as a starting place.

6. Review RCW 18.79.340 to allow nursing technicians to work in any LTC setting that meets statutory requirements for RN supervision.

In RCW 18.79.340, nursing technicians may work at specific types of employment facilities, spelled out as a hospital, clinic, or nursing home, with a requirement for RN oversight of this position. It is believed the original focus on these care settings was because they are known to have full-time RN nurses on staff during all opening hours. However, as the acuity of residents in non-nursing home LTC settings have evolved, the presence of RNs in many has increased. For example, many assisted living facilities (ALFs) have residents that require supported medication administration, diabetic care, and wound care. While not every ALF uses RN staffing to the level to accommodate nursing technicians, for those that do, nursing technicians have the potential to alleviate staffing challenges while employing students who are pursuing healthcare careers.

Among the stakeholders, there are ALFs who have been working as partners to implement the LPN Registered Apprenticeship Program, and they hope to offer their NAC employees who want to become LPN apprentices expanded roles as nursing technicians as they advance through their nursing program. This would allow the ALFs who qualify to “grow their own” nurses the opportunity to use the nursing technician role to build in wage progression opportunities as they advance through their LPN program coursework. Finally, it should be said that while ALFs are the example we have discussed here, other care settings such as adult family homes and community-based settings could benefit from the employment of nursing technicians if the statute were expanded to include them.

LPN Registered Apprenticeship Program stakeholders were mostly in agreement with this recommendation. There was, however, a minority who expressed concerns with this recommendation due to questions regarding whether the lower levels of patient acuity and medical needs in ALFs would address the full range of skills as offered in a skilled nursing facility, for example. However, there are potential options for the NACs in those facilities that would allow them to complete training and master all the skill sets required by the apprenticeship standards.

7. Provide additional funding to the LTC Initiative through, at minimum, Fiscal Year 2028, to develop a grant program for LTC settings to test new care models and workplace practices that will better support LTC workers while improving availability of high-quality care.

This recommendation emerges from a range of stakeholders willing to be part of a community of practice to help the state improve LTC and its accessibility to all Washingtonians who need it, when they need it. The Board will be bringing forward a formal ask for continuing the focus on LTC workforce policy with a funding request for the LTC Initiative in the 2025 Legislative Session. A vital component for the success of the LTC Initiative will be the continuation of current efforts. Staffing in LTC workforce policy, like all healthcare settings, needs consistency. The Board is hoping to continue the research and policy development work done in this report (and over the next couple of years); current funding ends in 2025 and will most certainly interrupt the momentum of this work.

There are a wide range of efforts across the state designed to improve recruitment and retention in LTC. Consistent coordination and communication of these programs are the best options for success. Continued funding through 2028 affords an opportunity to implement strategies and evaluate their success. To date, the LTC Initiative’s efforts have been enthusiastically endorsed by the stakeholders, and the number of participants in the Initiative continues to grow statewide.

The success of this work will further require sound research and innovative strategies to counter the current crisis. There has been research into what attracts and retains workers in LTC settings, as well as what impacts the perceptions of patients, residents, and their families about quality of care. However, LTC employers rarely have the expendable resources needed to test new methods of operation while continuing to meet all reimbursement criteria of the public payers. Currently, public reimbursement rates do not even include allowances for staff training and professional development at the frontline level.

Under this recommendation, as part of the extension of funding for the LTC Initiative the Workforce Board will be seeking funding to operate a competitive grant process to identify pilot projects to address these issues. Initiative stakeholders will help develop the criteria for selection. One absolute criterion is that projects will be developed with and overseen by a collaborative of administrators, frontline workers, and care recipients, at a minimum. An external evaluator will help assess the projects and support the shared learning of the community of practice.

The following gives an idea of early thinking from stakeholders about these projects:

- Have Workforce Development Councils/WorkSource offer services tailored to LTC workers.

- Create a financial aid pool including funds for supportive services (e.g., family needs) to keep workers in the workforce while accessing education/training opportunities.
- Fund enhanced childcare subsidies for LTC workers who have complex childcare needs.
- Use a public-private partnership to promote a feasibility study and pilot an LTC leadership certification program, which would offer mentor training and opportunities for higher wages.

An additional component to the novel research efforts will be the identification of published literature related to successful programs across the globe for consideration as demonstration projects in the state. Providing funding for demonstration projects to improve retention and job satisfaction for LTC workers is one proposal this group has explored to test promising practices, such as funding for predictive scheduling or providing consumer-directed care for daily activities.

Items for Further Study

This work generated a broad list of ideas on ways to address recruitment and retention issues and how to improve care. Areas of early consensus in the committees and stakeholder discussions are reflected in the recommendations. However, several ideas were offered that may still be potential items for future reports. A selection of these potential policy items is listed below, and these items may be considered by the group for inclusion in the next report in 2024.

- Provide financial incentives to encourage more LTC facilities to participate in the apprenticeship program as the program expands.
- Support increased access to evening, weekend, and instructor-led online courses to maximize flexibility for training options for providers.
- Review opportunities and requirements for LTC preceptors to potentially expand access.
- Explore more frequent reviews of the rules and policies governing state administration of LTC settings to identify duplication, unneeded requirements, and areas for improvement.
- Review the weighting of complaint reports to the Complaint Resolution Unit at DSHS for facility-reported and public-reported incidents.
- Develop a campaign to improve the perception of LTC, both from a recruitment and retention perspective as well as public understanding of the value of LTC services. Fund a dedicated FTE communications manager and a contractor to develop content and implement the communications plan over two years, including a dedicated website.
- Review available technology for recommendations on how to augment individual support – medication and care reminders, for example. Offer virtual service and/or mentorship options through phone and video.
- Increase opportunities for mentorship, skills improvement, and support for direct care workers in their first LTC role.
- Explore opportunities for retraining for older workers, or post-COVID workers, into less-strenuous roles. This would fill some needed positions and keep experienced staff in the field.



NEXT STEPS: CONTINUING THE INITIATIVES

Future of These Initiatives

The expansion of this effort to increase representation from federal, state, and local agencies, education, providers, direct caregivers, business communities, tribal leaders, and rural/underserved communities is currently underway. Year two of this project will build upon the initial year's work with continuing input from the stakeholders and committees. Further, an expansion of the subcommittees is already planned with establishment of a Rural and Underserved Communities subcommittee.

The ongoing work of both initiatives will be research-driven, drawing upon proven efforts or those efforts with strong potential for success. The research will be led by the Research Team at the Workforce Board. The team will be partnering with UW CHWS. The researchers will provide timely, state-specific information on key health professions and quality metrics to inform guidance and policy recommendations. This study will include a blend of quantitative and qualitative components, (see Appendix 8 for details on the research strategy). This information will drive the work of the leadership and subcommittees.

The LTC Initiative will build upon the work of the first year. An emphasis will be placed upon collaboration and elimination of silos, a message that has been voiced time and time again from partners in this effort. As the collaborative grows, the partners will look towards developing a long-term strategy, recognizing that this work is not a "quick fix" and will require efforts working well into the future. Subcommittee members will be encouraged to look toward innovative ways to approach the challenges of the workforce and consider potential opportunities that are supported by the existing and novel research efforts from the Research Team.

The further development and implementation of the LPN Registered Apprenticeship Program will be a priority as the effort moves toward a Fall 2024 launch date for enrollment in the LPN program. The team will continue monitoring and making needed changes, supported by the evaluation processes overseen by the research teams. As the pilot engages HCAs and NACs in Apprenticeship, expansion of the program across the state will be a priority to meet the directives established by the Legislature.

Conclusion

The road to a stable workforce, challenging and rife with obstructions, has been a state priority for over two decades, yet the problem has only become increasingly difficult to resolve. Dedicated and professional stakeholders recognize the workforce's immediate and long-term needs and are gaining a better picture of the crisis.

The efforts and commitment that are required to solve this challenge are significant, yet success is attainable. The policy recommendations presented in this report were developed as a starting place to help move Washington from the Current State to the Ideal State. With research dating back as far as 20 years in hand, now is the opportunity to make an impact with collaborative efforts supported by state funding. These efforts will improve the future of LTC in Washington to ensure that our family, friends, and loved ones receive quality, accessible care.

The need for continuity and stability in these efforts is critical to the success of these initiatives. Dedicated time and resources are required, especially for training and education programs like apprenticeships, which can take years to complete, and even longer for positive outcomes to emerge. Other similar efforts across the country have proven successful because of a long-standing commitment to the effort.

The task ahead of us is formidable. Resources are limited and must be utilized wisely and prudently. The unwavering commitment of all contributors involved in this endeavor is unquestionable. The partners' vast



experience demonstrates their dedication not just to this cause, but to the well-being of individuals who currently or will eventually require LTC services.

The Workforce Board is pleased to provide this year's report for the consideration of policymakers, but this is just the beginning of our work in this area. We have provided some early consensus areas from the stakeholders, as well as some introductory research and updates on the LTC workforce. The Workforce Board has funding for two more years for this project and will provide additional reports to policymakers in the summer of 2024 and 2025. However, any success in addressing the staffing challenges in LTC hinges on the collective contributions of dedicated stakeholders engaged in research and future planning, as well as the support of policy champions. The state has demonstrated that it possesses the foresight to see the complexity and the willingness to take the steps needed to guarantee that future LTC services needs of Washington residents will be met.



DEFINITIONS

Acronyms are a part of every industry. In healthcare, and specifically in LTC, acronyms abound—from the abbreviations of clinical positions to agency names. Here is quick guide to the acronyms used in this report.

ACS	American Community Survey
ADL	Activities of Daily Living
AFH	Adult Family Home
ALF	Assisted Living Facility
AHCA	American Health Care Association
AL TSA	Aging and Long-Term Support Administration (DSHS)
CHC	Community Health Center
CMS	Center for Medicare and Medicaid Services
CNA	Certified Nursing Assistant (see NAC)
CTC	Complex Transitional Care
DNS	Director of Nursing Services
DOH	Department of Health
DOL	Department of Labor
DSHS	Department of Social and Health Services
DVA	Department of Veteran Affairs
ESD	Employment Security Department
ESSB	Engrossed Substitute Senate Bill
HCA	Home Care Aide
HCF	Health Career Fund
HCS	Home and Community Services
HHA	Home Health Aide
IFAS	Institute for the Future of Aging Services
IPEDS	Integrated Postsecondary Education Data System
LNI	Labor and Industries
LPN	Licensed Practical Nurse
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MSA	Metropolitan Statistical Area
NASEM	National Academies of Sciences, Engineering, and Medicine
NAC	Nursing Assistant-Certified
NCQAC	Nursing Care Quality Assurance Commission (see WABON)
OEWS	Occupational Employment and Wage Statistics
PBJ	Payroll Based Journal
PCA	Personal Care Aide
PHI	Public Health Institute
RN	Registered Nurse
SNF	Skilled Nursing Facility
UW CHWS	University of Washington Center for Health Workforce Studies
WABON	Washington State Board of Nursing (formerly NCQAC)
WHCA	Washington Health Care Association
WSHA	Washington State Hospital Association
WTB	Workforce Board (Workforce Training and Education Coordinating Board)



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ATTACHMENT A

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ATTACHMENT B

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ATTACHMENT C

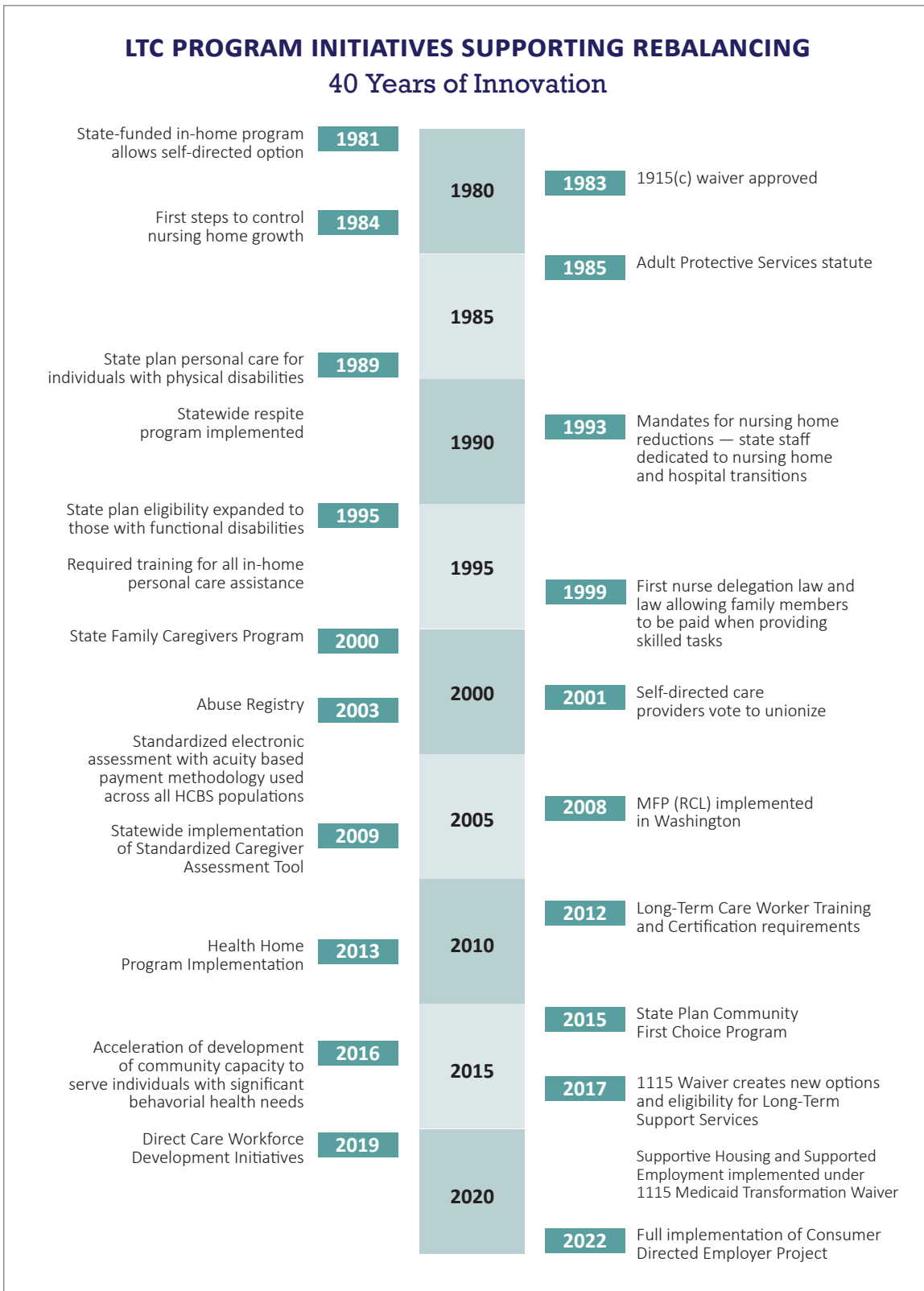
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APPENDIX 1

Innovations: Long-Term Care Program Initiatives Supporting Rebalancing



Source: DSHS ALISA 2022



APPENDIX 2

Summary Of NCQAC Long-Term Care Workforce Workgroup Accomplishments

Summary of Outcomes Data

- Identified and obtained 2019 data from over a dozen federal, state, and private sector sources related to LTC workforce.
- Prepared a high-level summary describing the data (data catalog).
- Integrated the data sources into a preliminary data dashboard with a supplemental detailed data table.
- Engaged with Regional Workforce Development Councils and the Workforce Training and Education Coordinating Board to examine and understand the data and geographic variations; began to identify ways to strengthen the workforce pipeline for LTC workers.
- Socialized and developed an HCA-NAC-LPN3 apprenticeship program, wrote two grants (pending decisions), and successfully won legislative funding for a planning year prior to piloting the program.

Accomplishments

The major outcomes of the workgroup include:

- A data catalog
- A preliminary data dashboard to capture what is known about workforce shortages and ongoing demand.
- Charts and tables showing data findings related to training, testing, and certification for HCAs, NAs, LPNs, and RNs; and
- Establishment of connections with the Regional Workforce Development Councils (RWDCs) for support in LTC workforce development. Two specific areas where work together is occurring include:
- Efforts to secure funding for the development and implementation of an HCA-NAC-LPN apprenticeship program; and
- Efforts to use data to target employment sites where LTC workers may need outreach and assistance to complete certification exams (which were delayed significantly due to COVID-19).
- Demonstration of the need for a full-time data analyst dedicated to LTC to:
 1. Provide an accurate depiction of the LTC workforce.
 2. Define more accurately the pipeline and staffing needs for LTC.
 3. Make decisions for intervention.
 4. Evaluate interventions: and
 5. Identify and respond to trends over time.
- Communication to the legislature of the need for a full-time LTC data analyst through the Steering Committee's last report and through a presentation to the Senate Health & Long-term Care Committee on January 27, 2021.



Curriculum

- Developed a person-centered common curriculum for nursing assistants that meets all federal and state requirements and centers the person receiving care as an individual deserving of respect, compassion, understanding, and autonomy. This is a marked shift from legacy curricula that focus on procedures and diagnoses.
- Built enthusiasm for adopting the new curriculum from training partners across the state by regularly seeking advice and including them in the development of the materials.
- Produced professional quality curricular materials, with instructional support, audiovisual components, and digital/printable content.
- Planned for pilot testing for the curriculum..
- Worked closely with the Testing Workgroup to link planned revisions for testing to the new curriculum.
- Incorporated three specialty training courses into the basic curriculum - mental health, dementia, and developmental disabilities.
- Achieved total program training hours that are near current program averages, even with the incorporation of 32 hours of specialty training. The total estimated hours for the new curriculum, including specialty training, is 138 hours: the average hours for existing programs, not including specialty training, is 136.7.
- Achieved training program hours that fall within the 150-hour limit for federal reimbursement to nursing home training programs.
- Analyzed and revamped the HCA alternate/bridge program to articulate fully with the new common curriculum for traditional nursing assistant training, which supports smooth progression of experienced HCAs. Additional training hours for this program were carefully designed to provide essential content and support improved pass rate averages. Pass rate averages for the HCA alternative/bridge students have been lower than those for traditional students over several years.
 1. The curriculum content includes knowledge and skills relevant to current nursing assistant practices and in fact uses a flexible framework to allow for currency with the natural evolution of practice- without the need for constant curriculum revisions.
 2. The curriculum meets all applicable federal and state laws, which has been assured through the completion of detailed crosswalks of the curriculum with those requirements.
 3. The curriculum integrates all three specialty trainings (dementia, mental health, and developmental disabilities) into the standard curriculum.
 4. The curriculum can support seamless progression from NAC into nursing through the development of an HCA-NAC-LPN Apprenticeship pathway. Work that has been done to realize this pathway includes a change in rules by the NCQAC to allow for an "LPN technician" employment position (mirroring the RN technician position). The LPN technician position allows a student enrolled in an LPN program and in good standing to work to the level of their education and training as it expanded and to be paid accordingly.



- Based on the proposal for this pathway, the state budget includes \$450,000 over the next year to plan the pathway for launch.
- Applied for pilot implementation funds through the congressional Community Project Funding opportunities in two areas of the state.
- If these attempts to receive funding are not successful, additional attempts to obtain fundings will be made.
- Changes to the traditional nursing assistant training program necessitated changes to the alternative/bridge program curricula:
 1. the workgroup analyzed the HCA alternative/bridge training program curricula in relation to the new common curriculum.
 2. to support improved pass rates for alternative/bridge program students and adjust the curriculum to align with the new common curriculum, the Steering Committee and workgroup proposed an adjustment to the current program hours, which are currently set in statute at exactly 24. They included language to allow an adjustment to alternative/bridge program hours in ESHB 1120, which passed in the 2021 legislative session.

Curriculum Updates Since the Report

- Piloted and refined the curriculum and made it available for voluntary adoption by training programs while we completed rules work to formally incorporate it into all training programs.
- Implemented approximately 30 training programs voluntarily implementing the new curriculum. Feedback is positive and pass rates on the state exam are increasing in Washington. We have formal plans for ongoing evaluation/continuous quality improvement related to the new curriculum; evaluation will include quantitative data (#s served, numeric ratings from instructors and students, instructor# testing, # passing, etc.) as well as qualitative data (i.e., narrative feedback from instructors and students). We would also like to conduct electronic surveys of employees regarding new NAC readiness for practice.
- Designed curriculum for flexible use—in-person or online delivery by training programs (live online or hybrid with asynchronous elements) to provide maximum access to training by all. When combined with use of the NAR Work Pathway, which we developed during the pandemic, students can complete didactic at a distance and complete skills lab and clinical on-site locally (and receive clinical credit for their work hours).
- Designed curriculum to successfully feed into the hybrid curriculum developed by Edmonds College for the LPN Apprenticeship.
- Established timelines for all programs to adopt the new traditional and alternative/bridge curricula by Sept. 2024 and supporting rules work has been completed. Full incorporation of specialty training will follow in 2025.

Testing Workgroup:

- Moved to secure remote-proctored testing so students can take the written exam via computer from home or other convenient location.
- Separated the written and skills tests so students can sign up for them on separate days if they want (they can also do them the same day). This helps students to focus on one test at a time. It also saves them time because they can schedule a specific testing time (they used to have to slate the entire day).
- Infused massive skills testing slots so that students can access in a timely manner (immediately following graduation), moving to allow training programs to provide skills testing for their students right after graduation.
- In early 2024, skills testing will move to a holistic evaluation approach, which will support the internalization of key concepts and the critical thinking nursing assistants need in the field. These concepts have been built into and reinforce throughout the curriculum so that curriculum and testing are fully integrated. This will improve pass rates and, more importantly, the care of the public. The four key concepts or principles for evaluation are: Did the student provide the care according to standard/acceptable steps overall; did the student do so safely; did the student do so without a violation of infection control; and did the student do so without a violation of resident or patient rights.



APPENDIX 3

Public Use Datasets from the Centers for Medicare & Medicaid Services on Nursing Facilities

DATASET	AVAILABILITY	UPDATES	DESCRIPTION
Payroll Based Journal (PBJ) – Aggregate Nurse and Non-Nurse Staffing	Q1 2017 – Q4 2022	Quarterly	Data on nurse and non-nurse staffing, including number of hours staff are paid to work each day by staff reporting category (e.g., RN, LPN, CNA, PT, OT) and daily census from the Minimum Data Set
Payroll Based Journal (PBJ) – Employee Detail Nursing Home Staffing	Q2 2020 – Q4 2022	Quarterly	Data on number of hours individual staff members are paid to work each day by staff reporting category using a system generated employee identification number, allowing for examination of staff working across more than one staffing category and turnover
Nursing Home Compare (NHC)	Jan 2016 – May 2023	Monthly	Data from the skilled nursing facility Quality Reporting Program data, including five-star summary ratings and individual measures of quality for long-stay and short-stay residents from the Minimum Data Set, Medicare claims, and health inspections
Skilled Nursing Facility Public Use Cost Report	2011 – 2019	Annually	Data on facility characteristics, utilization data, costs and charges by cost center, and financial statement data which represent a subset of data gathered from the Healthcare Provider Cost Reporting Information System (HCRIS)
Skilled Nursing Facility Change of Ownership (SNF CHOW)	Q1 2022 – Q1 2023	Quarterly	Data on ownership changes that occurred on or after Jan 2016, including buyer and seller, effective date, and type of change (change of ownership, acquisition/merger, consolidation); gathered from the Provider Enrollment, Chain, and Ownership System (PECOS)
Skilled Nursing Facility All Ownership (SNF Ownership)	Sept 2023 – May 2023	Monthly	Data on owners of SNFs currently enrolled in Medicare, including name, ownership type, ownership interest, and effective date; gathered from the Provider Enrollment, Chain, and Ownership System (PECOS)
COVID-19 Nursing Home Data	June 4, 2023	Weekly	Data on COVID-19 with respect to admissions, confirmed cases among residents and staff, deaths of residents and staff, staff shortages, availability of PPE, and vaccination of residents and staff
Skilled Nursing Facility Value Based Payment (SNF VBP)	FY2023	Annually	Data on SNF VBP rankings, scores for achievement, improvement & overall performance, achievement thresholds & benchmarks, & incentive payment multipliers by facility; FY2023 dataset represents baseline period FY2019, performance period FY2021, & payment period FY2023
Medicare Post-Acute Care and Hospice Public Use File (PAC PUF)	2013 – 2020	Annually	Data on demographic and clinical characteristics of short-stay residents/post-acute patients in SNF, service utilization, and payment groupings aggregated at the facility-level

APPENDIX 4

Staffing Disciplines Included in the Payroll Based Journal Dataset

PAYROLL BASED JOURNAL DISCIPLINES	
NURSING DISCIPLINES	
Director of Nursing	RNs with Administrative Duties
Registered Nurses	LPNs with Administrative Duties
Licensed Practical Nurses	Certified Nursing Assistants
Nurse Aides in Training	Medication Aide/Technician
NON-NURSING DISCIPLINES	
Administrators	Medical Directors
Other Physicians	Physician Assistants
Nurse Practitioners	Clinical Nurse Specialists
Pharmacists	Dieticians
Feeding Assistants	Occupational Therapists
Occupational Therapy Assistants	Occupational Therapy Aides
Physical Therapists	Physical Therapist Assistants
Physical Therapy Aides	Respiratory Therapists
Respiratory Technicians	Speech Language Pathologists
Therapeutic Recreation Specialists	Qualified Activities Professionals
Other Activities Staff	Qualified Social Workers
Other Social Workers	Mental Health Service Workers



APPENDIX 5

Number of Nursing Homes / Skilled Nursing Facilities in Washington

NURSING HOMES / SKILLED FACILITIES IN WASHINGTON			
COUNTY	NURSING HOMES	COUNTY	NURSING HOMES
Benton	4	Grays Harbor	3
Clark	8	Island	1
Columbia	1	Jefferson	1
King	56	Kittitas	1
Kitsap	10	Klickitat	0
Pierce	22	Lewis	3
Snohomish	20	Lincoln	0
Spokane	18	Mason	2
Stevens	3	Okanogan	4
Whatcom	9	Pacific	1
Adams	1	Pend Oreille	1
Asotin	1	San Juan	0
Chelan	4	Skagit	5
Clallam	4	Skamania	0
Cowlitz	5	Thurston	7
Douglas	0	Wahkiakum	0
Ferry	0	Walla Walla	4
Franklin	0	Whitman	3
Garfield	0	Yakima	11
Grant	4	218 TOTAL	

Source: UW Center for Health Workforce Studies analysis of Centers for Medicare & Medicaid Services Payroll Based Journal data

Urban Counties
 Rural Counties

APPENDIX 6

Licensed Practical Nurse Registered Apprenticeship Q & A with Edmonds College, Navigators & Employers

EDMONDS COLLEGE

Interview with Kyra McCoy, Director of Nursing at Edmonds College

How did the LPN Registered Apprenticeship begin at Edmonds College?

McCoy: During the critical staffing shortages during the COVID-19 pandemic, the state’s LTC community reached out for help from lawmakers. The response was an HRSA grant to increase the staffing pool in LTC. As a result of this grant, the Department of Labor and Industries, the Workforce Board, and the Department of Health convened to form a group and began meeting to try to solve workforce shortages in LTC. The Legislature had also recently funded another LTC group with similar goals to focus on creating apprenticeships, so the two joined efforts.

With a total of \$1.7 M awarded in funding for the program, three colleges were initially interested, but Edmonds College took the lead in building the state’s first-ever LPN Registered Apprenticeship program from the ground up. It’s a lot of work because several government agencies are coming together to do something brand new. But in the end, the concept is a good one—for both students and LTC facilities.

Can you explain the current nursing program at Edmonds?

McCoy: We offer a well-established nursing program designed for working healthcare professionals, such as nursing assistants and medical assistants, to be able to continue their education. Our program is hybrid, meaning students take didactic courses online, perform skills labs and simulations in-person twice a week on campus, and acquire clinical experience in the community at various facilities.

How does the LPN Registered Apprenticeship compare to your current nursing program?

McCoy: The LPN Registered Apprenticeship follows the same hybrid model as our existing nursing program, but the key difference is that clinicals are done in the same Long-term Care (LTC) facilities where students currently work. The difference with the apprenticeship is that students can continue their jobs (such as NAs assisting with showers, feeding, etc.), but as they progress through the apprenticeship program to become a nurse technician, for example, they can start using their new skills immediately in the workplace as long as they are supervised by a nurse.

It’s a real win-win. Students win with on-the-job training hours and higher pay as they progress to become nurses. Facilities win because they get to retain their employees who continue to increase their skill levels with what they’ve learned in school.



How does the apprenticeship work? What are the steps for a prospective student?

McCoy: In order to be considered for the LPN Registered Apprenticeship, potential apprentices must be nominated by their LTC employers, apply to the program, and be accepted. The facilities' executive directors pick out their best and brightest—the true rock stars of the facility—and ask them to apply. These folks have never been to college, many are immigrants and speak English as a second language, most have young children to take care of, and some are already working 60-80 hours a week to make ends meet.

What apprenticeship work has been done so far at Edmonds, and what are the next steps?

McCoy: We hit the ground running to develop plans for the apprenticeship curriculum, skills labs and simulations, and prerequisite navigation with a goal of formal admission in Fall of 2024.

First our faculty went to work to develop an online curriculum that now lives on the Washington State Board for Community and Technical Colleges website for all to access as an open educational resource. It was approved through the Nursing Board and they are working to make it available on Canvas (Washington's Learning Management System). The college is also developing four satellite labs around the state for skills labs and simulations using patient rooms in LTC buildings and video instruction from Edmonds.

We are currently working with 30 apprenticeship students to obtain all necessary prerequisites before formal admissions begin. To help students understand the system and the process, Navigators were hired to orient and guide apprentices. The Navigators also help students with tasks like scheduling, time management, transportation, childcare needs, food security, financial aid and more.

The first group of students admitted to the LPN Registered Apprenticeship are considered our pilot group. Once the pilot group begins the program in Fall of 2024, data will be collected to finetune the process and set up the permanent program. Nursing Consultant Mary Baroni of UW, Bothell has also conducted focus groups to get feedback since the students' prerequisite work began.

Nothing like this has ever been done before. Once we collect the data, we'll have a good idea of what does and does not work. We'll be able to iron out the creases so other schools can join us and provide opportunities to people in rural areas.

Rebecca Adams lives in Mason County. She worked at the Division of Youth Services (DYS), Child Protective Services (CPS), and was an NAC for the Department of Children, Youth and Families (DCYF). She is currently taking her nursing prerequisites so she knows what it's like to go back to school and how to apply her experience to help serve students.

Erica Wollen came to the apprenticeship program after more than a decade at the Workforce Board in Olympia. She also had personal experience providing 24-hour in home care for her grandparents and directly experienced the need for improvements in the LTC system. She is using both her work experience and personal passion for caregiving to improve opportunities for students and for the state of LTC in Washington.



What has driven you to build this program from scratch?

McCoy: Our students are first generation—the first people in their entire family to ever go to college. These are people who have been told ‘no’ all of their lives. Either their English was not good enough, or they didn’t have the right credentials, and the list goes on. But with this program, we are able to tell them ‘yes, you CAN do this—and we will help!’

The result is that LTC employers get better nurses and employees get better jobs while making a higher wage. And, if students choose to continue their education, this program will meet those requirements too. We are diversifying our workforce and improving our LTC staffing shortages while lifting everybody up.

NAVIGATORS

An incredibly valuable role in the LPN Registered Apprenticeship program, the Navigator guides students (mostly first-time students) through the entire process of nursing school—from the application process and fulfilling prerequisite courses to completing labs, simulations and clinicals in the field. What’s more, Navigators help students overcome the very barriers that kept them from further education in the first place. This help can include anything from assisting students with creating more efficient schedules that make time for study, work and attending classes to securing affordable childcare, getting assistance with rent and utilities, and more. Below we’ll hear from the program’s first two Navigators on what they do, how they do it, how their role benefits the students and the changes needed to ensure students’ success.

Interview with Navigators Rebecca Adams and Erica Wollen

What do you see as the most valuable aspect of your role?

Adams: I want to be able to provide resources during the application process, set up placement tests, finetune schedules, help students find childcare, figure out transportation—whatever it takes to get them through school. I help them figure out how to manage their time so they aren’t overwhelmed. A lot of our people are first time college students and don’t understand how to fit this new goal into their life, so I help them navigate all of that.

Wollen: There are a lot of little things we do to help our students, but keeping them encouraged is most important to me. Many students are very young and don’t want to tell anyone if they are not doing well in a certain class. They think they are going to let people down (us or their family). So I’m there to support them and just keep them moving forward through the program.

Have you seen a direct impact on the lives of the LPN Registered Apprenticeship participants through your work?

Adams: I love seeing how empowered all of the HCAs/NACs become. They’ll say things like ‘my dream was to be a nurse, I am working hard toward that lifelong dream now, and I was able to fit college into my schedule with work life and kids.’ In essence, they’re saying, ‘I can do this.’ Many of my participants have commented that they can’t wait to get to LPN now, and that they just want to keep going.

We are able to make a difference by helping them navigate school and life. I had a student falling behind in chemistry class, so I met with both her work and her school to arrange tutoring, childcare, and work schedules. She passed the class, accomplished her goal and learned from the experience.



Wollen: I've received many thank you notes and comments from students on how they couldn't do this without our support. Sometimes something as simple as forwarding an email to the right person can go a really long way.

But many students need significant support. I have one student who was having a hard time with her math class. This student kept calling into work saying she couldn't come in that day because she needed to study. That plan was not working out well for her or her employer, so I worked together with the student and her employer on planning a schedule that prioritized her learning while keeping her employer happy.

I also had a student who immigrated from Africa with her mother and three sisters. She had been going to school in Oregon when her program lost accreditation and was having to retake all her prerequisites. I was able to help her get on track instead of spinning her wheels.

When there is so much chaos in your brain—thinking you're going to fail a class, or you're letting your boss down at work, or let down your family who is counting on you to succeed—it's hard to see that you just need to stop and ask for what you need. As a neutral party, I step in and help.

What have been the biggest challenges of your work?

Adams: One of our biggest challenges is that this is a brand new program and because we are all learning as we go, we don't always have all the answers right away.

For example, orientation is a challenge because Navigators want to give students all the necessary information without overwhelming them—but it's too much information to not overwhelm them. So I break it up into steps and explain one step at a time, but it's not an easy task.

Another huge challenge is the Federal financial aid form. If students answer one question wrong, the entire process is compromised. It's very confusing and frustrating.

Wollen: The biggest challenge is education and how it's funded. We have resources, but the bureaucracy behind dispersing them is incredibly cumbersome. Say your pipes burst and you need assistance right away, it's not set up to help people in the now, in an emergency situation. We have got to make this happen to get out of our own way.

Are there any special strategies you have used to overcome these challenges?

Adams: One simple thing I've done to help overcome the challenge of not overwhelming students with information is to offer open office hours via Zoom to ask questions face to face. While our work is remote, it helps to see who you're talking to. In fact, I've driven to meet almost all my NACs in person at least once—whether they are in Longview, Montesano, or Marysville, I'll spend hours in the car to get to my students. Meeting in person helps immensely in building relationships and becoming someone students can feel comfortable with and confide in.

Are there any additional steps to take or resources you could use to help in your role?

Adams: Erica and I agree that the single best way to overcome their daily challenges is to have access to an emergency fund—a pool of funds that could help students *in the moment*. A flat tire means they aren't getting to school or work—where they need to be. Coming up a couple hundred dollars short on rent or bills could have

dire consequences. Of course we always check with community resources for low income assistance first, but if nothing is available, we could provide that if we had an emergency fund.

I honestly feel in my heart that this program is made for HCA/NACs. The fact that we are able to give so much support is why we're going to get more LPNs. If it wasn't for this apprenticeship, these staff would be struggling. We just need a little bit more support to make things run smoothly.

Wollen: If Navigators could gain access to same system and real time data sharing through the CTC link, it would be a game changer for us.

I would also like to see that we have both the time and the money to help students succeed. Our program needs to be properly funded and given the correct amount of time to be helpful and benefit the citizens of this state. We need to get established and grow, and it's going to take more than two to five years to do so.

EMPLOYERS

A key component of the LPN Registered Apprenticeship are the Long-Term Care (LTC) employers who are dedicating their time, efforts, experience, and their valuable employees as students to build a first-of-its-kind program from square one. Three brave and passionate individuals from noteworthy LTC facilities have taken charge to pave the way for this apprenticeship and change the state of LTC in Washington—for the better. Making an impact on the lives of employees, the outlook of their own facilities, and the future of the state through expansion of the program, here is how they are doing it.

Interview with Misrak Mellsie (Brookdale Senior Living), Mindy Schaffner (Pennant Healthcare Washington), and Jane Davis (Hyatt Family Facilities)

What impact has your participation in this program had on your employee participants?

Davis: We currently have four apprentices in the program and three more are being added in the fall. The program has impacted my employees' abilities to follow their dreams. I have one young lady who has been going to school forever and literally ran out of money because of it. She is already a medication aid and wants to be a nurse. This program was just the answer for her. Now she can take the classes she needs and it's all paid for. We're going to support her all the way through and she's going to be a great nurse!

Mellsie: We have 25 employees in the program currently working on prerequisites to start the program next year. While the full impact of the program is not palpable yet, the hope is. In assisted living we don't have CNAs, but our home care aides deserve the same opportunity. My personal involvement is different than the other employers because I had to fight for a seat at the table for my employees in assisted living to be included. There was a lot of push back, but I fought for them and refused to leave. Now we have created a special program for them. Going from being a home care aide to becoming a nurse is a big deal and now it's happening.

Schaffner: This program is not only helping employees and their employers, it is also bringing providers together (who would traditionally be in competition with each other), to work for the greater good. It's important that we've all come together for a common goal—working closely with each other and being supportive of one another. Everyone recognizes the need for the good of whole LTC system, not just skilled facilities but assisted living, and home care too.



Are your employees receiving the necessary support through this program to help meet your goals?

Davis: Yes. We're in desperate need of nurses in Yakima Valley. We actually fight over them. I've had a nurse opening here for an evening shift for over nine months now! This program will eventually help fill our staffing vacancies, which we've needed for quite some time and will continue to.

Schaffner: Our employees' needs have been evolving. First, we had to do the work necessary to get students into the pipeline. Then came academics. With the help of the Navigators, my employees are getting what they need to succeed. Keep in mind, many of our students have no experience with college (and neither do their families), so they don't even know what questions to ask. But they are excited. The word is spreading. And things are gaining momentum. People keep knocking at my door to ask when we are going to open the next applications. My current employees in the program are thankful for the opportunity and see it as a privilege. Once they succeed, the employer succeeds.

Mellsie: These are not traditional students. These apprentices have to work to pay for living expenses and they often have children as well. But if they can make it through the program, which employers are confident they can, both the student and the employer benefit greatly.

We have one student at Bates who had all the prerequisites done, but because of transportation and childcare challenges she gave up further education to work as a caregiver full time. She was never going to be able to be a nurse until she heard about this program. Now she has help navigating these challenges and she has hope she can be a nurse.

Are there any improvements to the program you would recommend?

Davis: I like to set a goal, realize it, and then move onto the next thing. But I've found it frustrating to be working at a different pace than state agencies involved in the program. We need to make decisions, be able to act on those, and move forward. With LTC staffing needs as urgent as they are, there is simply no time to waste in rehashing things multiple times. It might not be perfect, but things need to move forward, now.

Schaffner: I would like to see every process and procedure documented. It's hard to spend time documenting when you're working so hard just to get things done. But we have to get ahead of the academics and college calendars in order to get students in the program and increase our numbers. I am confident the process will get smoother with good communication and documentation.



From left to right: Vicki McNealy from the Washington Healthcare Association with employers Misrak Mellsie (Brookdale Senior Living), Mindy Schaffner (Pennant Healthcare Washington), and Jane Davis (Hyatt Family Facilities) receiving the *2023 For The Good of The Order Award* for their apprenticeship work at the annual convention.

Mellsie: Improvements are hard to pinpoint when it's not done yet! None of us are experts as this is all brand new, so we're learning as we go, growing every day. Things are very promising.

Would you recommend this program to other facilities, once established?

Davis: Absolutely! I have already been approached numerous times, especially after we received the award for our work at the Washington Healthcare Association's annual convention. Being recognized for what we're doing is a real honor. Numerous employers want to be involved—there are just such great opportunities. We're going to be able to set a precedent in this state—to be a leader in making change. In fact, other states like Idaho are already looking to us as an example of how they could follow suit.

Schaffner: Oh yes, definitely. I'm counting on it. We need it for sustainability and we can do so more once we have more in our pool. The next step is for the apprenticeship committee to hire a director so the program can start adding more employers to the group and expand the program.

Mellsie: For me, truly, I appreciate everyone involved in this; they are committed to bring this to fruition. My establishment wasn't in the original thinking process, but now everyone wants to accommodate us, so it means a lot to me and to these students as well.

Given the opportunity, any organization should be happy to join because there is literally no down side—every way you look at it, there is a benefit to join forces.



APPENDIX 7

Stakeholder-Identified Barriers to the ideal State of Long-Term Care in Washington

The following are a collection of problem statements, barrier areas and policy recommendations as developed by the three subcommittees.

Education & Career Pathways

Problem Statements

Barrier Area 1A: Insufficient Career Development and Training Opportunities

1. Proximity to education opportunities limits career development of promising LTC staff interested in advancing in their careers. Rural communities are particularly impacted by limited access to education and training programs.
2. Limited access to flexible course times, instructor-led training online, or hybrid training models, including registered apprenticeship, for care providers.
3. Insufficient clinical training resources limit the number of new staff preparing for careers in LTC.
4. Current standards for training LTC staff does not adequately promote LTC as a destination in healthcare.
5. The ability of educational institutions to train sufficient numbers of new staff to meet a growing need in the state of Washington is at risk due to staffing challenges and disincentives to work in education instead of in the field, due to the retirement of a generation of highly trained healthcare professionals and exacerbated by COVID-19.
6. Pursuing a career in healthcare through traditional pathways is often perceived as prohibitively expensive for many of the next generation healthcare workers who are forced to take on significant debt to advance their career choices.
7. LTC Leadership, driven by immediate needs of their facilities and financial goals, are struggling to offer opportunities for career development for direct care staff.

Problem Statements

Barrier Area 1B: Credentialing Failures

1. Navigating the process of training and credentialing is a barrier, including access to assistance for questions, and duplicative standards when requirements cross multiple agencies or regulators.
2. Testing availability, costs, and access to nearby testing locations, as well as delays in credentialing may contribute to the loss of potential LTC workers. – 40 percent
3. Staffing challenges and backlogs have slowed the completion process for credentialing authorization.



Long-Term Care Ecosystem

Problem Statements

Barrier Area 2A: Challenges Related to Regulatory Oversight

1. Need for a review of rules for LTC setting oversight to limit duplication and improve clarity of expectations.
2. Encourage a culture of support and education by quality assurance and regulatory bodies before punitive action, wherever possible for health, safety, and resident rights.
3. Lack of access to technical assistance, often fueled by insufficient resources and staff at the state level, to support workers and facility compliance with state, federal, and other regulations.

Problem Statements

Barrier Area 2B: Perceptions of LTC

1. LTC is often portrayed in a negative light by the media and public; leading to general misunderstanding about the quality of care provided by the majority of facilities and care providers in LTC.
2. LTC is not effectively marketed as a challenging, yet rewarding, career choice.
3. Students in healthcare training need more information for exploring the potential for a quality career pathway in LTC.
4. Lack of acknowledgement for LTC as an integral part of the healthcare system, often due to negative perceptions of the workforce (frequently women and marginalized populations) and those they are caring for every day (elderly and vulnerable individuals).

Problem Statements

Barrier Area 2C: Competition Between Healthcare Sectors

1. The disregard of LTC settings, including recruiting away LTC staff by other care settings, is causing negative impacts to the healthcare system as a whole and the quality of care. When LTC services are not available due to limited staff or other resources, this impacts family members who may need to leave employment to care for loved ones, harming the overall economic resiliency of our communities.
2. Workforce shortages of direct care staff has created a competition between venues, often based on available resources for higher wages and bonuses. This provides an advantage for some facilities over others resulting in a loss of staff due to the inability of some facilities to match higher wages and benefits.



Human Resources and Worker Support

Problem Statements

Barrier Area 3A: Recruitment & Retention

1. Staff are looking for employment that allows them to feel valued and supported as part of the healthcare team, pays a living wage with benefits, has predictable scheduling, and offers career growth and opportunities for additional responsibility.
2. LTC settings, including facilities and home care services, face staffing shortages and retention challenges at all levels (including care providers and support of that workforce—dietary, administrative, and environmental services, etc.), that continues to impact the care of the people that they serve as well as the stability of these service providers.
3. Many LTC settings offer competitive salaries that are enhanced by lucrative shift differentials, signing bonuses, retirement benefits, and OT pay, and yet still often struggle competing with larger providers with more resources.
4. Agency/traveler services offer higher salaries than most LTC settings can offer, or even plan for in their budgets. Additionally, the temporary nature of the services provided may impact the quality of care to clients, as those providers lack the continuity of care for that individual.

Problem Statements

Barrier Area 3B: Inadequate Pay and Benefits

1. There has been a systemic undervaluing of the caring profession in society. This is a critical point, as LTC services are overrepresented in terms of the general population by women, women of color, and immigrants.
2. The reimbursement rates for individuals served under Medicaid (and how those funds are distributed to the workforce) are insufficient to recruit and retain a high-quality workforce and cover the daily cost of care.
3. LTC entry-level salaries are comparable with salaries of other entry-level roles that don't require the same level of required training, licensing, and regulations. Many entry level staff are choosing to take higher paying jobs out of healthcare; jobs that have less stress, training, credentialing and responsibility for caring for a highly vulnerable population.
4. LTC settings cannot compete with many salary types in acute care facilities.
5. A significant amount of LTC is provided by unpaid family members. Attention to programs that support these caregivers is critical to their health and well-being, to the ability of individuals with disabilities and older adults to remain in their own homes and needs to be prioritized along with strategies to support paid caregivers.



Problem Statements

Barrier Area 3C: LTC Worker Expectations of Care & Burnout

1. Frontline supervision and mentorship—the engagement and availability of this support is a critical component of ensuring the success of the direct care providers and is not always available at the level necessary. Limited training opportunities for supervision, particularly at smaller organizations, also impacts the support needed for these new care workers.
2. LTC workers often feel unprepared and overwhelmed by the level of care expected of them in their work in their initial education/training and onboarding. LTC residents have an average of seven chronic conditions and 10 medications—the population served often has a wide range of physical and behavioral health challenges. The infrastructure of education, training, and support available to the workers lacks the ability to fully prepare individuals for the complexity and variety of conditions of the population served.
3. Staff are burned out from working short-staffed with mixed access to education and career advancement opportunities and have no relief in sight.
4. The prolonged COVID-19 pandemic exhausted LTC staff (physically and emotionally) and caused many to exit healthcare for less strenuous employment.



APPENDIX 8

Strategy for Ongoing Research Efforts

The University of Washington Center for Health Workforce Studies (UW CHWS) in collaboration with the Workforce Board will continue to study the LTC workforce in Washington to provide timely, state-specific information on key health professions and quality metrics to inform guidance and policy recommendations. This study will include quantitative and qualitative components.

Quantitative Study

The quantitative study will describe workforce trends in nursing homes/SNFs in Washington, examine variation by facility characteristics, and investigate associations between workforce characteristics and nursing home/SNF staffing and quality care outcomes. Findings from this work will be used to develop performance metrics for monitoring and evaluation of policies and programs designed to address the LTC workforce shortage, including evaluation of the LPN Registered Apprenticeship Program, which will be led by the Workforce Board.

Study Questions:

- What are the staffing trends, including longitudinal, seasonal, and weekday versus weekend trends, across nursing and non-nursing disciplines in nursing homes/SNFs?
- How do these staffing trends vary based on use of contract versus in-house employees?
- What is the rate of turnover overall across nursing and non-nursing disciplines in nursing homes/SNFs?
- How do staffing levels and turnover vary based on facility characteristics (e.g., profit status, size based on number of certified beds, chain affiliation, urban-rural status, percent Medicaid)?
- In what ways are staffing levels and turnover associated with nursing home/SNF quality, including the overall quality 5-star rating, short-stay quality measures 5-star rating, and long-stay quality measures 5-star rating?

Study Design and Data Sources

This study will be a secondary analysis of publicly available data from the CMS, such as the Payroll Based Journal, Nursing Home Compare, Skilled Nursing Facility Public Use Cost Reports, as well as additional data from other federal and state agencies, e.g., Occupational Employment Statistics from the Bureau of Labor Statistics.

Data Analysis

Data from multiple sources will be linked to examine staffing levels for each disciplines adjusted for the resident census. Descriptive statistics will be provided for each disciplines in nursing homes/SNFs, including contract versus in-house employees, and by facility characteristics; timeseries trends will also be provided. A mixed effects logistic regression model to be used to examine associations between staffing levels and 5-star quality ratings.

Timeline

Analysis will begin in Summer 2023 with the first round of findings presented in the 2024 report. Updates with the most recent data, as well as findings from any new analyses, will be presented in the 2025 report.



Limitations

Publicly available data being used for this study are aggregated at the nursing home/SNF-level and does not contain resident-level information. Therefore, analyses cannot examine resident interactions with specific staff. In addition, staffing data from the PBJ are collected as part of mandatory reporting of daily hours paid by type of staff, so any unpaid hours are not included. Finally, some data are missing for specific quarters, e.g., Q2 2020 during the initial wave of the COVID-19 pandemic. Finally, nursing home/SNF are only one type of setting. The Qualitative study will be inclusive of other settings.

Qualitative Study

The qualitative study will collect and analyze interview data in order to identify factors that influence recruitment, job satisfaction, and retention of the LTC workforce in Washington. Data from workers in a variety of direct care positions across multiple settings will examine the barriers and supports experienced by LTC workers.

Study Design and Data Sources

The UW CHWS team will develop, pilot, and deploy a semi-structured interview guide based on the study aims and informed by initial findings from the quantitative study. Questions for the staff participants will focus on challenges, support, and needs in performing their jobs as well as perspectives on what constitutes high quality of care and their perceived barriers and supports to providing high quality care.

Data will be collected using of interviews of paid LTC workers. Purposive sampling will be used with the goal of representing a range of staff across settings, including nursing homes/SNFs, assisted living facilities, and community based LTC setting in both urban and rural areas..

Data Analysis

Individual interviews will be recorded and transcribed with consent from participants. Thematic analysis will be used to analyze transcripts and summarize those themes with quotes for support. The researchers will code transcripts independently and develop themes through a reiterative process of coding and recoding allowing for discussion to refine codes and achieve consensus. Given the potential differences in LTC settings, and policy implications, constant comparative analysis may be used to examine how findings are convergent or divergent by settings.

Timeline

Participant recruitment is anticipated to begin in Fall 2023. We anticipate some preliminary findings to be available for the 2024 report.

Limitations

LTC staff in Washington have been increasingly asked to participate in research studies. As a result, research subject recruitment may require an extended time frame.

