

Rural Development Council

A LONG TERM CARE PERSPECTIVE

DECEMBER 8, 2021



What we know

We are not prepared to serve Georgia's aging population

We have a numbers problem—both in human and financial resources

Georgia's 65 and older population is projected to be almost 3M by 2040 with greatest increase in the 80 yo and > demographic

Georgia's skilled nursing centers provide a major statewide economic impact

140 of GA SNFs participating in the Medicaid program are located in rural communities; often, the SNF is largest employer in the community

Approximately 42% of Georgia's population is rural

Pre-pandemic workforce shortage is now a crisis of major proportions

State expended millions of dollars to support workforce needs during the pandemic and it was not nearly enough

Without action, access to care and economic viability of Georgia's rural communities is severely threatened



SNF OCCUPANCY

Nursing Home Occupancy

Filter by State

GA

Latest Data

73.3%

Average Occupancy

Trend



Data Through: Week ending Nov 21, 2021

Sources: Payroll-Based Journal (PBJ) for 2019 Occupancy, NHSN for 2020-21 Occupancy

Microsoft Power BI

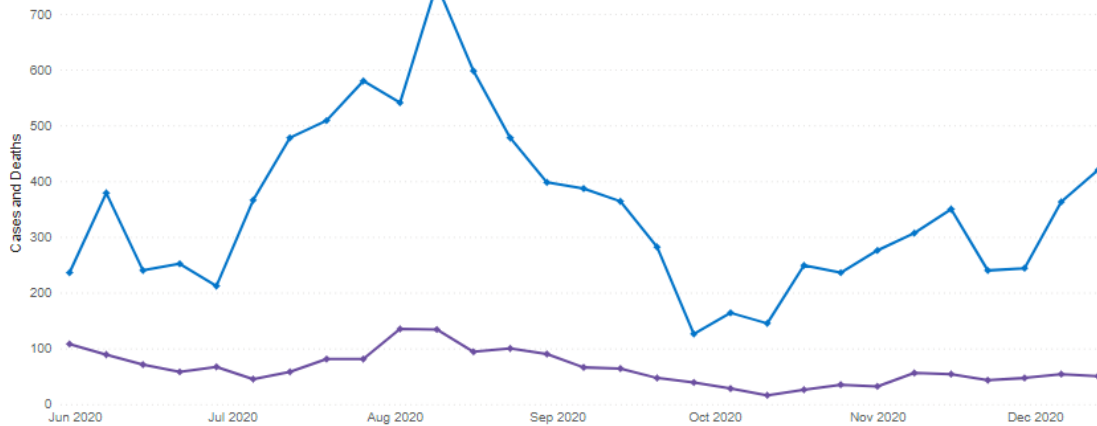


COVID-19 Among Nursing Home Residents

State	Timeframe	Cases	Deaths	Estimated Recoveries
GA	<input type="checkbox"/> Select all <input checked="" type="checkbox"/> Before Vaccines <input type="checkbox"/> After LTC Vaccine Clinics Began (12/18/20)	12,809	2,292	8,949

Trend of New Cases and Deaths

◆ New Resident Cases ◆ New Resident Deaths



Data Through: Week ending Nov 21, 2021 (*Latest week's data is preliminary and represents fewer nursing homes than other weeks)
 Source: NHSN Notes: May 24, 2020 includes collective historic data. It is excluded from the graph since it does not capture that specific week, but included in the total value at the top. Estimated recoveries made using a 3-week disease period using NHSN cases and deaths.

Microsoft Power BI



Note: The data begins at the end of May 2020 because nursing homes began weekly reporting to the federal government in mid-May 2020. Data prior to May 2020 be found by contacting state health departments. Visit the [CMS website](#) for more information.

COVID-19 Among Nursing Home Residents

State: GA |
 Timeframe: Select all, Before Vaccines, After LTC Vaccine Clinics Began (12/18/20)

Metric	Value
Cases	7,110
Deaths	991
Estimated Recoveries	5,512

Trend of New Cases and Deaths
 ◆ New Resident Cases ◆ New Resident Deaths



Data Through: Week ending Nov 21, 2021 (*Latest week's data is preliminary and represents fewer nursing homes than other weeks)
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CMS Visitation Guidance

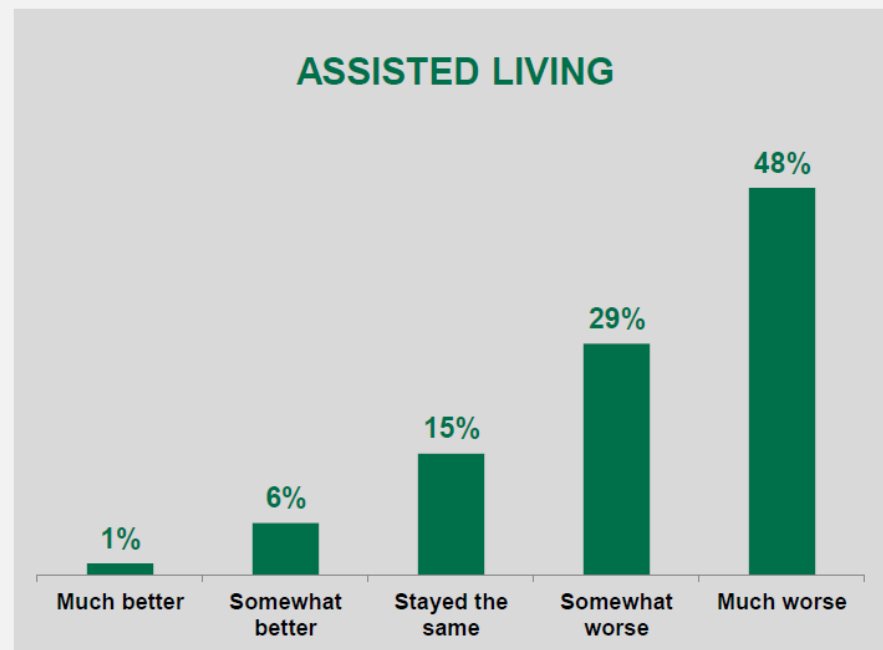
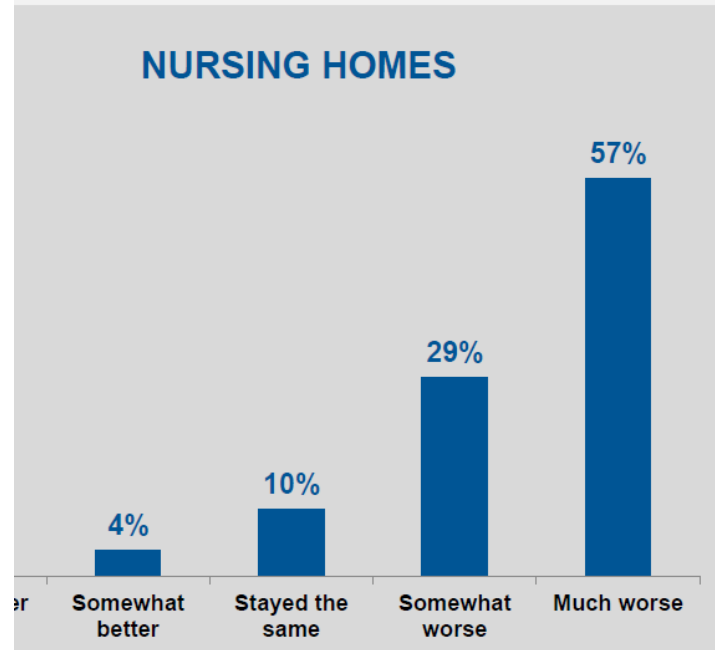
CMS QSO Memo 20-39-NH, effective 11/12/2021

Visitation is now allowed for all residents at all times.



86% of nursing homes and 77% of assisted living providers said their workforce situation has gotten worse over the last three months.

In 2021, would you say your organization's overall workforce situation has generally gotten better or worse?



American Health Care Association & National Center for Assisted Living Survey of 1,183 Nursing Home and Assisted Living Providers, September 2021

Thank you

Service throughout the pandemic and solution-driven approach

Support of state approved waivers throughout the pandemic has been a lifeline, i.e., Temporary Nurse Aide Program

Certified Medication Aide Legislation

Demand

The workforce grew by half within a decade, from 3 million in 2009 to 4.6 million in 2019. The Long term care sector is expected to add an additional 1.3 million jobs, primarily direct care aides, from 2018-2028—more new jobs than any other occupation in the US economy.

Source: *Caring for the Aging: The Power and Potential of America's Direct Care Workforce*



Direct care worker profile

Predominantly female- approximately 92% in SNFs

Median age of 41

24% of all direct care workers are aged 55 or older

Only 40% possess a high school diploma

Source: *Caring for the Aging: The Power and Potential of America's Direct Care Workforce*



Barriers

- Curriculum design and testing process
- Student acceptance rates/Instructor availability
- Program approval process
- Clinical site collaboration
- Ban on Nurse Aide Training Programs
- Clinical instructors
- NATP clinical evaluation process
- Significant testing delays
- Public image

Short and Long Term Solutions

Multi-factorial; sometimes obvious but not easy solutions

- ❖ Pipeline
- ❖ Attraction and Recruitment
- ❖ Program Design



Pipeline



Formation of workforce coalition(s) to identify barriers with commitment of timely resolution/mitigation when possible



Leverage data, i.e., YouScience, to target audience. Must identify and capture student interest earlier in education process



Coordinated data sharing related to student enrollment, job interest, vacancy and turnover rates

Program Design

Background

Code of Federal Regulations requires 75 hours training that includes 16 hours of practical training

Georgia requires 85 hours of training

100% accuracy on skills evaluation **prior** to CNA testing

State written and clinical exam is required for certification

TNA Program requires 8 hours online training and skills competency evaluation

Georgia presently requires all TNAs to complete 85 hour training program before eligible to test, with some credit given for experience

Extensive process for Nurse Aide Training Program approval

Program Design

- ❑ Standardize CNA and CMA curriculum that may be augmented at program discretion
- ❑ Increase the number of nurse aide training programs at College & Career Academies and Technical Colleges
 - Grants for equipment, physical plant and resources
 - Design regional model that ensures accessible education & training site(s) relative to healthcare settings/employers
 - Consider online instructor for multiple settings
 - Clinical adjunct instructors employed at healthcare setting (cost sharing)
 - Consider similar grant support for SNFs and ALs that offer NATP
- ❑ Develop online CNA testing process and increase number of clinical test sites
- ❑ Allow online testing and skills demonstration/competency evaluation for TNAs to be proctored by the facility

Program Design

- ❑ Provide HOPE funding for CNA training that is exempt from 30 hours reserved for dual enrollment
- ❑ Consider HOPE funded CNA to LPN pathway that can be accomplished in a secondary/post-secondary hybrid
 - Complete CNA in 10th grade to include clinicals/internship at SNF
 - Core schedule should be designed with transition to LPN pathway post CNA certification
 - Complete LPN training in 11th & 12th grade (to include clinicals) with requirement for six-month LPN residency in SNF post training
 - Design collaborative agreements for adjunct clinical instructors in employer setting
 - Address any age barriers (or perception of) to CNA practice
 - Curriculum design should consider LPN to RN transition with scholarship funding if RN education commences within 12 months of LPN program completion.

Attraction, Recruitment and Retention

No TNA left behind

Well designed and intentional upskilling, i.e., HOPE funded pathways for Career CNAs with commensurate rate increases

Coordinated data sharing related to student enrollment, job interest, vacancy and turnover rates

Centralized job posting

Unified voice of value and appreciation

Thank you

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