Missouri Alliance for **HOME CARE**
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July 22, 2021

Please find information related to the following:

- **HHS Extends Public Health Emergency**
- **Governor Parson Announces New Director of Department of Health & Senior Services**
- **Hiring CNAs for Home Health & Hospice**
- **HHS Updates Reporting Requirements for COVID-19 Relief Funds, Adds Spending Flexibility** *(from NAHC Report)*
- **Provider Relief Fund Reporting Portal is Now Open** *(from NAHC Report)*
- **CMS Proposes Sweeping Hospice Survey Reforms** *(from NAHC Report)*
- **CMS Releases Updated Emergency Preparedness Guidance** *(from NAHC Report)*
- **OSHA Issues New Emergency Temporary Standards for Healthcare Workers** *(from NAHC Report)*
- **OSHA Extends Comment Period for COVID-19 Emergency Temporary Standard** *(from NAHC Report)*
- **Hospice Quality Reporting Program Update** *(from NAHC Report)*
- **New Bill Aims to Support Direct Care Workforce, Family Caregivers** *(from NAHC Report)*
- **Recent HCBS Memos**
- **CDC Vaccine Advisory Panel to Weigh Boosters' Necessity, J&J Side Effects**
- **Report: Home Care Workforce Crisis Requires Bold, Swift Action**

HHS Extends Public Health Emergency

The U.S. Department of Health and Human Services issued a declaration that a public health emergency still is in existence related to COVID-19. The previous declaration was set to expire July 19. The renewal will be effective for 90 days, or until Monday, Oct. 18.

Governor Parson Announces New Director of Department of Health & Senior Services

Governor Mike Parson announced that he has selected Donald G. Kauerauf to be the next Director of the Missouri Department of Health and Senior Services, effective September 1, 2021.

"We are excited to welcome Don to Missouri and look forward to the great work he is sure to accomplish in service to all Missourians," Governor Parson said. "Don is no stranger to state government and has more than 30 years of experience in public health and emergency management with the state of Illinois. It is obvious that he has a firm grasp on public health issues and the COVID-19 crisis, and we are confident in his ability to lead DHSS."

Mr. Kauerauf served as the Assistant Director of the Illinois Department of Public Health from 2016 until his retirement in 2018. More recently, he was selected to Chair the Illinois Terrorism Task Force and has served in that capacity throughout the COVID-19 crisis. In his position as Chair of the Terrorism Task Force, Mr. Kauerauf also served as Deputy to the Illinois Governor's Homeland Security Advisor and Policy Advisor to the Illinois Emergency Management Agency Director.

Mr. Kauerauf has more than 30 years of experience in state government and has served in various senior leadership positions in public health and emergency management. Mr. Kauerauf holds a Bachelor of Science in occupational safety and health from Illinois State University.

Hiring CNAs for Home Health & Hospice

Long Term Care Regulation and Licensure recently filed an emergency amendment to 19 CSR 30-84.020 effective June 28, 2021. This amendment, which includes changes to the CNA curriculum, will expire on December 24, 2021; however, a proposed amendment covering this same material has also been filed and should be final by time the emergency amendment expires.

The Bureau of Home Care and Rehabilitative Standards compared the CNA curriculum to both the home health and hospice aide regulations and have found them comparable.

Beginning **immediately**, if your agency hires a CNA who is in good standing with the State of Missouri, this CNA will not be required to complete and pass the bureau's written home health/hospice competency exam or skills check-off.

If you are hiring someone who is not a CNA, you will still be required to complete the Bureau's competency exam and skills check-off dated January 13, 2018.

Although you are not required to do the competency exam or skills check-off for a CNA, you will still be required to ensure the CNA is competent in his/her skills. One example of a means to ensure competency, *may* be using the bureau's competency exam and skills check-off. Your agency policies will dictate what procedure you plan to use.

HHS Updates Reporting Requirements for COVID-19 Relief Funds, Adds Spending Flexibility *(from NAHC Report)*

- **Overview page**
- **Full guidance**

On June 11, the Department of Health and Human Services (HHS) released revised reporting requirements for the Provider Relief Fund, which bolstered health care providers facing major revenue problems during the COVID-19 pandemic. HHS also added flexibility for providers to spend funding if they received it after June 30, 2020.

However, any money a provider received from July 1 through December 31, 2020, must be spent by December 31, 2021.

The June 30, 2021 deadline for providers to use COVID-19 relief funds received from April 30, 2020 through June 30, 2020, remains intact.

Providers that received money from January 1, 2021 through June 30, 2021 have until June 30, 2022 to use those funds. Any money received from July 1, 2021 through December 31, 2021 must be spent by December 31, 2022.

"These updated requirements reflect our focus on giving providers equitable amounts of time for use of these funds, maintaining effective safeguards for taxpayer dollars, and incorporating feedback from providers requesting more flexibility and clarity about PRF reporting," said Diana Espinosa, acting Administrator of the Health Resources and Services Administration (HRSA).

Funding recipients must now also report for each payment received period when they received one or more payments over $10,000.

"We are pleased that the Department of Health and Human Services is providing a limited extension on providers' use of funds, and we are pleased to see some clarification on reporting," said NAHC President Bill Dombi in reaction to the news. "We do hope HHS will consider further extensions on the use of funds due to the immense pressures on providers brought on by the public health emergency."

The reporting requirements do not apply to COVID-19 coverage assistance funds, the Rural Health Clinic COVID-19 Testing Program, or the HRSA uninsured program.

A reporting portal for providers will be opened on July 1, 2021.

Reportedly, about $24 billion of the $178 billion in the provider relief fund has not been distributed.

Provider Relief Fund Reporting Portal is Now Open *(from NAHC Report)*

The Provider Relief Fund (PRF) Reporting Portal is **now open** for providers who need to report on the use of funds in Reporting Period 1. All recipients of PRF payments must comply with the reporting requirements described in the Terms and Conditions.

Providers who are required to report during Reporting Period 1 have until September 30, 2021 to enter the Portal and submit their information.

HHS released updated PRF FAQs which you can read HERE. There are some changes from their previous FAQ, released on June 11. HERE is a redline version of the changes between the June 11 and July 1 FAQ.

To Get Started
Review the updated Reporting Requirements Notice (June 11) and enter the PRF Reporting Portal. Portal registration is the first required step (if not already completed).

- Reporting resources like user guides, a data entry worksheet, updated Frequently Asked Questions, and more can found on the PRF Reporting web page.

Reminder: Reporting Timelines

Providers who received one or more payments exceeding $10,000, in the aggregate, during a Payment Received Period are required to report in each applicable Reporting Time Period. PRF recipients must only use payments for eligible expenses, including services rendered, and lost revenues attributable to coronavirus before the deadline that corresponds to the relevant Payment Received Period.

Period	Payment Received Period (Payments Exceeding $10,000 in Aggregate Received)	Deadline to Use Funds	Reporting Time Period
1	From April 10, 2020 to June 30, 2020	June 30, 2021	July 1 to Sept. 30, 2021
2	From July 1, 2020 to Dec. 31, 2020	Dec. 31, 2021	Jan. 1 to March 31, 2022
3	From Jan. 1, 2021 to June 30, 2021	June 30, 2022	July 1 to Sept. 30, 2022
4	From July 1, 2021 to Dec. 31, 2021	Dec. 31, 2022	Jan. 1 to March 31, 2023

Categories of Data Required for Reporting

PRF recipients may use payments for eligible expenses and lost revenues to prevent, prepare for, and respond to coronavirus. The following summarizes the types of data required for reporting. A Data Entry Worksheet is available to assist in data gathering prior to entering it in the system.

- Reporting Entity Business Information
- Subsidiary Questionnaire
- Acquired/Divested Subsidiaries
- Interest Earned on PRF Payment(s)
- Tax and Single Audit Information
- Other Assistance Received
- Use of General and Targeted Distribution (including Skilled Nursing Facility and Nursing Home Infection Control Distribution) Payment(s)
- Unreimbursed Expenses Attributable to Coronavirus
- Lost Revenues Attributable to Coronavirus (and additional revenue information depending upon the option selected to calculate lost revenues)
- Personnel, Patient, and Facility Metrics
- Survey Questions

More information:

- PRF Reporting Webpage
- PRF Reporting Portal User Guide
- Stakeholder One-pager
- Stakeholder Toolkit
- Frequently Asked Questions

For additional information, call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday.

CMS Proposes Sweeping Hospice Survey Reforms *(from NAHC Report)*

In mid-2019, the Department of Health and Human Services' Office of the Inspector General (OIG) issued reports regarding hospice survey performance that raised considerable concerns in Congress, at the Centers for Medicare & Medicaid Services (CMS) and among hospice stakeholders. While the OIG's findings indicated that a relatively small percentage of hospice providers have serious deficiencies and/or substantiated complaints, the reports set off a firestorm of activity aimed at reforming the hospice survey process.

In late 2000, as part of the Consolidated Appropriations Act of 2021 (CAA 2021), provisions making sweeping changes to the hospice survey program were enacted. The National Association for Home Care & Hospice (NAHC) has developed a summary table outlining the hospice provisions of the CAA 2021, which is available HERE.

As part of the recently released Calendar Year 2022 Proposed Home Health Payment Rule, CMS issued proposed regulations designed to implement those reforms. Click here to access the full article from NAHC providing their initial summary of the hospice survey regulations.

CMS Releases Updated Emergency Preparedness Guidance *(from NAHC Report)*

The Centers for Medicare & Medicaid Services (CMS) has released emergency preparedness (EP) guidance for surveyors, as well as providers and suppliers, with assessing a facility's compliance with the EP requirements. **Both home health agencies and hospice providers must conduct exercises to test the emergency plan at least annually, and both inpatient and outpatient providers that activate their emergency plans are exempt from the *next* required full-scale community-based or individual, facility-based functional exercise.** This exemption is based on the facility's 12-month exercise cycle. The cycle is determined by the facility (e.g. calendar, fiscal or another 12-month timeframe).

The 2019 CMS revisions to the EP testing exercise mandates included, requirements for facilities to conduct exercises to test the facility's EP plan to ensure that it works, and that staff are trained appropriately about their roles and the facility's processes.

During or after an actual emergency, the regulations allow for a one-year exemption from the requirement that the facility perform testing exercises. There are different types of exercises required for inpatient providers and outpatient providers and which of these exercises was exempt after an actual emergency was causing some confusion for providers. This was compounded by the Public Health Emergency (PHE), and many providers are still operating under disaster/emergency conditions during the PHE, i.e., under an activated emergency plan.

For providers of inpatient services (includes inpatient hospice facilities):
These providers are still required to conduct two emergency preparedness testing exercises annually

- a full-scale exercise (or individual facility-based exercise when a full-scale is not available) annually *and*
- any one exercise of the "exercises of choice" which include another full-scale or individual facility-based exercise, table top exercise, workshop or mock drill annually.

When an inpatient provider activates its emergency program due to an actual emergency, the provider would be exempt from engaging in its next required community based full-scale exercise or individual facility-based exercise following the onset of the emergency event. Facilities must be able to demonstrate through written documentation, that they activated their program due to the emergency.

If the facility is still operating under its currently activated emergency plan, any currently activated emergency plan will be recognized by surveyors as having met the full-scale exercise requirement for 2021 (even if it claimed the exemption for the 2020 full-scale exercise). If the facility claimed the full-scale exercise exemption in 2020 based on its activated emergency plan and has since resumed normal operating status, the inpatient provider/supplier is expected to complete its required full-scale exercise in 2021, unless it has reactivated its emergency plan for an actual emergency during its 12-month cycle for 2021.

Example: Facility Y conducted a table-top exercise in January 2020 as the exercise of choice and was exempt from its scheduled full-scale exercise in November 2020 due to the COVID-19 PHE (that began in March 2020) and activation of its emergency plan. The facility in March 2021 resumed normal operations and is no longer operating under activation of its emergency plan. Since the facility is no longer under its activated emergency plan, the facility is required to conduct its full-scale exercise or individual facility-based exercise.

For providers of outpatient services (includes home health agencies and non-inpatient hospice facilities): These providers must still conduct annual testing – a full-scale exercise (or individual facility-based exercise when a full-scale is not available) every two years and in opposite years conduct any one of the "exercises of choice," which include another full-scale or individual facility-based functional exercise, table top exercise, workshop, or mock drill. In other words, outpatient services facilities are required to conduct one annual exercise- alternating full-scale and exercise of choice. Outpatient providers will continue to follow the guidance issued in 2019, as the facility was either exempt from the full-scale exercise in 2020 or in 2021, depending on its cycle of testing exercises.

Example: Facility Y conducted a table top exercise in January 2019 as the exercise of choice and conducted a full-scale exercise in January 2020. In March 2020, Facility Y activates its emergency preparedness program due to the COVID-19 PHE. The facility is exempt from the January 2022 full-scale exercise for that "annual year". However, the facility must conduct its exercise of choice by January 2021, and again in January 2023.

OSHA Issues New Emergency Temporary Standards for Healthcare Workers *(from NAHC Report)*

The Occupational Safety and Health Administration (OSHA) is issuing an emergency temporary standard (ETS) to protect healthcare and healthcare support service workers from occupational exposure to COVID-19 in settings where people with COVID-19 are reasonably expected to be present. During the period of the emergency standard, covered healthcare employers must develop and implement a COVID-19 plan to identify and control COVID-19 hazards in the workplace.

Covered employers must also implement other requirements to reduce transmission of COVID-19 in their workplaces, related to the following:

- patient screening and management;
- Standard and Transmission-Based Precautions;
- personal protective equipment (PPE), including facemasks or respirators;
- controls for aerosol-generating procedures;
- physical distancing of at least six feet, when feasible; physical barriers;
- cleaning and disinfection;
- ventilation;
- health screening and medical management;
- training;
- anti-retaliation;
- recordkeeping;
- and reporting.

The standard encourages vaccination by requiring employers to provide reasonable time and paid leave for employee vaccinations and any side effects. It also encourages use of respirators, where respirators are used in lieu of required facemasks, by including a mini respiratory protection program that applies to such use.

Finally, the standard exempts from coverage certain workplaces where all employees are fully vaccinated and individuals with possible COVID-19 are prohibited from entry; and it exempts from some of the requirements of the standard fully vaccinated employees in well-defined areas where there is no reasonable expectation that individuals with COVID-19 will be present.

According to OSHA, certain workplaces and well-defined areas where all employees are fully vaccinated are exempted from all of the standard's requirements, and certain fully vaccinated workers are exempted from several of the standard's requirements.

According to the new rule, "OSHA will continue to monitor trends in COVID-19 infections and deaths as more of the workforce and the general population become vaccinated and the pandemic continues to evolve. Where OSHA finds a grave danger from the virus no longer exists for the covered workforce (or some portion thereof), or new information indicates a change in measures necessary to address the grave danger, OSHA will update the ETS, as appropriate."

MAHC's partner, SESCO Management Consultants released a Client Alert – OSHA Issues COVID-19 Workplace Standard. Click here to access the alert.

OSHA Extends Comment Period for COVID-19 Emergency Temporary Standard

(from NAHC Report)

As reported in the previous article, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) to protect healthcare and healthcare support service workers from occupational exposure to COVID-19 in settings where people with COVID-19 are reasonably expected to be present. During the period of the emergency standard, covered healthcare employers must develop and implement a COVID-19 plan to identify and control COVID-19 hazards in the workplace.

On Thursday, July 8, OSHA announced it will publish a notice in the Federal Register to extend the comment period for the COVID-19 healthcare emergency temporary standard (ETS) to August 20, 2021. OSHA is extending the comment period by 30 days to allow stakeholders additional time to review the ETS and collect information and data necessary for comment.

Comments can be submitted electronically for Docket No. OSHA-2020-0004 via the Federal eRulemaking Portal at www.regulations.gov. Follow the online instructions for making electronic submissions. More information about the ETS is available at: https://www.osha.gov/coronavirus/ets.

Hospice Quality Reporting Program Update

The Centers for Medicare & Medicaid Services (CMS) has recently completed its review of hospice provider compliance with the Hospice Quality Reporting Program (HQRP) requirements. Hospices that were determined to be out of compliance with the requirements for calendar year (CY) 2020 can find the non-compliance notifications in their CASPER folders in QIES.

Hospices that receive a letter of non-compliance will have a 2 percent reduction in their fiscal year (FY) 2022 annual payment update (APU). In addition to the CMS notification, the hospice's Medicare Administrative Contractor (MAC) will also send notification.

If a hospice receiving such notifications believes CMS' calculation of non-compliance is in error, the hospice may request a reconsideration. It must do so **no later than 11:59 PM on August 13, 2021**. The request must be submitted via email. This, and other instructions about the reconsideration request, can be found **here**.

Due to the COVID-19 Public Health Emergency (PHE), CMS did not use any data submitted by providers during Q1 and Q2 2020 as these quarters were exempted from the HQRP requirements.

Beginning with FY 2024, the APU penalty doubles, from two percent to four percent. However, CY 2022 begins the data submission timeframe that impact FY2 2024. Hospices will need to ensure that they are meeting all submission requirements, both Hospice Item Set (HIS) and CAHPS Hospice Survey, for CY 2022 in order to avoid the four percent penalty.

Visit the Hospice Quality Reporting Program Training and Education Library for more information on the HQRP requirements. The HQRP Quarterly Update for April – June 2021 can be found here.

New Bill Aims to Support Direct Care Workforce, Family Caregivers *(from NAHC Report)*

A bipartisan group of Senators led by Sen. Tim Kaine (D-VA) have introduced the *Supporting Our Direct Care Workforce and Family Caregivers Act* (S. 2344), a bill to provide $1 billion in grants to states and other eligible entities to support innovative projects and programs focused on recruitment, retention, and training for direct care workers, as well as family caregivers.

This legislation is the Senate's version of the recently introduced House bill focused on the same issues, the *Direct CARE Opportunity Act* (H.R. 2999).

Both bills reflect broader federal policymaker interest in formalizing more assistance for direct care workers, especially those that work in home and community-based settings, including home health and hospice. The general momentum amongst lawmakers has been catalyzed by President Biden's call for a $400 billion investment in HCBS services and workforce, components of which are now actively being considered for inclusion in any forthcoming major reconciliation legislative package later in the year.

Like its House counterpart, S. 2344 would award grants to states or other eligible entities for initiatives to build, retain, train, and otherwise promote the direct care workforce. Unlike the House bill, the Senate legislation would include grants not just for frontline care staff, but also for managerial or supervisory positions, an important addition given that there is a shortage amongst the home care leadership pipeline in addition to the challenges facing the direct care workforce.

Another provision in the Senate version absent from the House bill is the inclusion of grants focused specifically on unpaid (or paid) family caregivers. Given the strain caregiving often takes on a patient's family, the grants proposed in this bill would allow entities to design programs tailored to educate, train, and provide respite to these individuals. Also of note is the Senate bill's much more detailed and expansive definition of who qualifies as a "direct care professional".

The legislation would also create a centralized coordinating body run out of the Administration for Community Living (ACL), tasked with providing technical assistance and guidance to the grant recipients and other relevant stakeholders. This entity would help establish career development and advancement strategies for direct care workers, lead analysis to identify national data gaps, workforce shortage areas, and data collection strategies for direct care professionals, develop recommendations for training and education curricula for direct care professionals and family caregivers, and disseminate information and best practices from lessons learned through the grant projects.

Recent HCBS Memos

Multiple HCBS memo's have been released over the past couple of weeks.

> **Consumer Directed Services Tax Information Update**
> The Home and Community Based Services (HCBS) Manual has been revised to reflect updates to Policy 3.25 Appendix 1 Consumer Directed Services Tax Information.

Please refer to HCBS 06-21-02 and the revised policy at:
Memorandum - https://health.mo.gov/seniors/hcbs/hcbsmanual/hcbsmemos.php
Policy – https://health.mo.gov/seniors/hcbs/hcbsmanual/

Any questions should be directed to the Bureau of Long-Term Services and Supports at LTSS@health.mo.gov.

Web Tool Attachments Update
This memorandum is to advise of updates to the HCBS Web Tool. The following categories have been added to the Attachments section of the Case Activity page:

- PCCP Request
- EIN / Tax Documents

Staff and stakeholders are encouraged to use the PCCP Request category when attaching documents pertaining to a care plan change request or a request to close services.

The Online PCCP Request Form is the preferred method to submit a PCCP Request. Attaching a document in the Web Tool does not take the place of a formal PCCP Request submission. The online PCCP Request Form can be accessed on the Senior and Disability Services Page or the Provider Information Page.

Staff and stakeholders are encouraged to use the EIN / Tax Documents category when attaching documents pertaining to a Consumer Directed Services participant's Employer Identification Number or other appropriate tax information. Please review Policy 3.25 Appendix 1 for more information. For more information on the HCBS Web Tool, please visit the HCBS Web Tool Page.

Please refer INFO 06-21-05 at https://health.mo.gov/seniors/hcbs/infomemos.php

Any questions regarding this memorandum should be directed to Long Term Services and Supports via email at LTSS@health.mo.gov.

Updates to the Provider Reassessor Participation Terms and Conditions
This memorandum is to advise that a new Provider Reassessor Participation Terms and Conditions has been mailed to all Type 27 Providers for signature. Updates were made to the agreement to reflect expanded provider reassessor qualifications and to incorporate enhanced quality assurance measures adopted by the state.

The new Terms and Conditions will go into effect on September 1, 2021. All Type 27 providers must have the updated Terms and Conditions signed and returned to Missouri Medicaid Audit and Compliance Unit (MMAC) by that date in order to continue conducting reassessments on behalf of DSDS. Copies of the Terms and Conditions have been mailed to the address listed on file with MMAC. If this address is no longer correct or you do not receive a mailing, it is the responsibility of the provider to contact DSDS to request a new mailing. Click here to access a copy of the memo.

Questions regarding this memorandum should be directed to the Bureau of Long-Term Services and Supports (BLTSS) via e-mail at LTSS@health.mo.gov.

Structured Family Caregiving Waiver
The Home and Community Based Services (HCBS) Manual has been revised to reflect the addition of updates to the following policies:

- Index
- 1.00 Introduction and Legal Authority
- 2.00 Appendix 3 Medicaid Eligibility Codes
- Policy 3.60 Structured Family Caregiving Waiver

Please refer to HCBS 07-21-02 and the revised policies at:
Policies – https://health.mo.gov/seniors/hcbs/hcbsmanual/
Memorandum - https://health.mo.gov/seniors/hcbs/hcbsmanual/hcbsmemos.php

Any questions should be directed to the Bureau of Long-Term Services and Supports via email at LTSS@health.mo.gov.

CDC Vaccine Advisory Panel to Weigh Boosters' Necessity, J&J Side Effects

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices will convene July 22 to discuss a pair of recent issues related to COVID-19 vaccines. The agenda released ahead of the meeting includes discussion of the reported risk of Guillain-Barré Syndrome from the Johnson & Johnson vaccine, which recently prompted the Food and Drug Administration to update its vaccine recipient and vaccination provider fact sheets.

The committee will also discuss clinical considerations for additional vaccine doses in immunocompromised individuals; this represents the first formal consideration of boosters for individuals who have already completed a full dose regimen of the COVID-19 vaccines.

Report: Home Care Workforce Crisis Requires Bold, Swift Action

A looming critical crisis in the personal care workforce requires governments and stakeholders to radically rethink the role of caregivers, according to Building the Caregiving Workforce Our Aging World Needs, a new report from the Global Coalition on Aging (GCOA).

"This report is intended as a wake-up call for the urgent actions that must be taken to address the global crisis of care, which is already gripping nations around the world," said Home Instead CEO Jeff Huber, a co-sponsor of the report.

Immediate action is required to meet the expanding caregiving needs of the "silver tsunami," a population adding 10,000 new senior citizens every day, assert the report's authors. Approximately 70 percent of the elderly will have considerable need for long-term care.

These massive needs, combined with the overwhelming desire the elderly have to maintain their independence and age in their own homes and communities, will require a large and relatively stable

personal care workforce long into the future. While technology can take on many of the tasks of caring for the elderly, "it will never entirely replace the role played by professional caregivers in ensuring the mental, emotional and physical health of the world's aging population," reads the report.

Specifically, the report recommends:

1. **Change the perception of the caregiving profession** – champion campaigns to change perception of caregiving, from a low-skilled job of last resort to a valued, professional career of the future.
2. **Bolster training and education standards** – care providers and governments work to establish quality standards.
3. **Support and reward professional caregivers commensurate with the demands of the job and the value they provide** – employers across public, private and nonprofit sectors must pay more attention to the emotional and financial needs of professional caregivers – especially if they are to attract young, purpose-driven talent.
4. **Fully integrate the home care workforce into the health and social-care ecosystem** – the professional status of home care workers must keep pace with the demand for and value of this type of care.

"These recommendations are designed to act as a catalyst for action and collaboration from a multisector, multidisciplinary group of stakeholders," said Melissa Gong Mitchell, Executive Director of GCOA. "As aging affects each and every one of us – our parents and grandparents today and ourselves and our children in the future – innovation and action must start now if we are to build a robust, thriving workforce of professional caregivers. Each recommendation in our report builds on the others, and no single area can be ignored if we truly want to address this care crisis."

Failure to properly address the critical needs of the caregiver workforce will reduce care options for the disabled and elderly, according to the authors, as well as cause deteriorating health outcomes and higher health care costs.

The report's authors write that while "older people and their families recognize the value professional caregivers provide, caregiving is still too often considered low-status work," write the report's authors. "A variety of factors contribute to this lack of respect for caregiving, each of which makes it difficult to recruit and retain skilled professionals around the world. It is time for universally accepted ideas about the caregiving workforce to correspond with the shifts in supply and demand — and the increasing need of this work within society."

Annual turnover among home care workers in the United States is between 40 percent and 60 percent, according to the report.

"By ensuring our caregiving workforce around the world is recognized and appropriately rewarded for the value they provide to our aging society, we can also ensure that quality care can be achievable for all," said Francesca Colombo, Head of the Health Division at the Organization for Economic Co-operation and Development (OECD). "Further, as we make the caregiving profession more attractive, we will subsequently uplift families, health systems and economies by alleviating family caregiving burden, mitigating healthcare costs and fueling a job creation engine. In their new report, the Global Coalition on Aging and Home Instead have called out the conversation we need to be having about the future of care and the future of work, and we at the OECD look forward to working toward solutions, together."