







Better Services for Better Aging

Workforce Shortage: Long-Term Supports and Services

Wisconsin's recovering economy, rapidly changing labor market, and inadequate Medicaid/Family Care payments are having a dramatic impact on the ability of Wisconsin's skilled nursing and assisted living facilities to attract and retain caregivers.

To assess the magnitude of the problem, our organizations conducted a joint survey of our respective membership to identify the nature and impact of staff shortages being experienced by Wisconsin's long-term care facilities. Responses received from approximately 200 of the state's skilled nursing facilities, CBRF, RCAC, and adult family homes validated that facilities are experiencing significant staff shortages.

Caregiver Vacancy Rates - Skilled Nursing Facilities

Total	8.95%
Vacancies	
CNA FTE	11%
LPN FTE Vacancies	7%
RN FTE Vacancies	8%

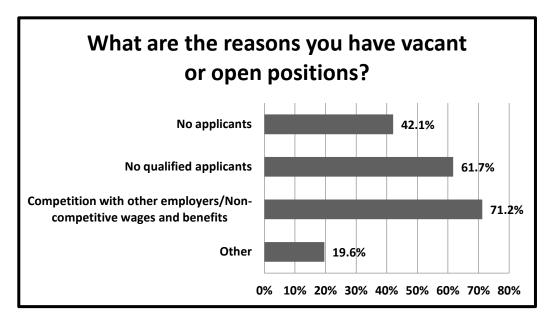
Caregiver Vacancy Rates - CBRFs, RCACs, and Adult Family Homes

RN FTE Vacancies	4%
LPN FTE Vacancies	7%
CNA FTE	9%
Vacancies	
Total	7.14%

As noted above, Wisconsin nursing homes are experiencing a staff vacancy rate of 8.95%; for assisted living facilities, the vacancy rate is a slightly lower 7.14%. While facilities reported significant vacancies in all caregiver categories, existing shortages are particularly profound for certified nurse aides (CNA), the primary caregivers in both nursing homes and assisted living facilities. Skilled nursing facilities reported an average CNA vacancy rate of 11%; reported CNA vacancies in assisted living facilities were only somewhat lower at 9%.

Factors Behind Increasing Vacancy Rates

Our survey revealed that the escalation in vacancy rates is attributable to a number of factors which are beyond the facilities' control: 42% of respondents expressed problems in securing any applicants for vacant positions while 62% found that job applicants did not possess requisite experience or qualifications. The inability to offer competitive wage/benefit packages was cited the most often (71%) by facilities as the reason for their inability to successfully recruit or retain caregivers.



The diminishing number of qualified and available CNA caregivers is further amplified by a recent report from the DHS Division of Quality Assurance. "Wisconsin Nurse Aide Registry Statistics 2012-2014" reveals that from 2012 to 2014, the number of new nurse aides entered on the DHS Nurse Aide Registry dropped by 17.97%, from 9,696 new CNAs in 2012 to 7,957 new CNAs in 2014. During that same period, the number of individuals who renewed their CNA certification dropped by 3,351 (13.7%), from 24,413 renewals in 2012 to 21,062 in 2014.

Wisconsin Nurse Aide Registry Statistics 2012 – 2014 (Division of Quality Assurance)

2012			2013			2014		
	New NA's	Renewals		New NA's	Renewals		New NA's	Renewals
January	834	2307	January	842	1885	January	636	2158
February	659	2102	February	687	1469	February	585	1651
March	625	1859	March	627	1610	March	610	1519
April	634	1786	April	691	1574	April	801	1603
May	836	2758	May	717	1596	May	522	1701
June	983	2333	June	1091	1998	June	841	1990
July	883	2180	July	644	1682	July	656	1829
August	1159	2158	August	758	1955	August	704	1935
September	944	1917	September	661	1668	September	810	1849
October	826	1942	October	683	1691	October	789	1822
November	692	1770	November	584	1565	November	595	1680
December	621	1301	December	557	1737	December	408	1325
Total	9696	24413	Total	8542	20430	Total	7957	21062

CNA courses continue to be offered at all 16 of the state's technical colleges but their numbers are down as well. According to one technical college representative, CNA numbers are down because there are "alternate employers," which was explained thusly: "According to tech college CNA instructors up north, there are many new 'Kwik Trips' going up, that pay between \$12-14/hour. In the southern part of the state, especially the Milwaukee area, there are many new Starbucks hiring and offering \$14/hour, plus up to 6 credits of college reimbursement. These employers are competing for the same employment pool as the nursing homes (and assisted living facilities), home health, and it is more money and 'easier' work." The most-recent Medicaid cost reports for nursing homes indicate the average nursing home CNA wage is \$13.13/hour; similar data is not available for CNA/resident care staff working in AL facilities, although their wage rates are presumed to be lower than those provided by nursing homes.

The "Wal-Mart Effect" can't be overlooked or underestimated, either. The retail giant announced February 19th its plan to increase minimum pay to \$9/hour in April and \$10/hour next February, part of a \$1 billion training and wage enhancement package that will provide raises for approximately 500,000 of the company's 1.3 million employees. The new compensation package went into effect April 1st and raised the wage for full-time Wisconsin employees to \$12.94/hour, slightly less than the average \$13.13/hour wage paid to nursing home CNAs in Wisconsin but most likely more than the average wage rate of assisted living resident care staff. The owners of TJX Cos., which operate the T.J. Maxx, Marshalls and Home Goods stores, followed suit a week later. Family Care providers, who are reliant on governmental funding that basically has remained stagnant for the past 5 years, now are being asked to compete with the Wal-Marts of the world who are able to offer a more attractive compensation package for "easier" work. The situation in nursing homes is not much better. That's a frightening prospect. It's also a sad commentary on the value we as a society place on our frail elderly and disabled.

The declining numbers of individuals preparing and willing to provide long-term care supports and services come at a time when the Baby Boomer demand for those services is beginning what's expected to be a steep ascent. The fear is that demand will begin to outstrip supply, unless individuals can be incentivized to undertake what everyone accepts to be very difficult but very fulfilling work. Unfortunately, SB/AB 21 provides no such incentives. We urge the Legislature to face those demographic realities and provide the funding necessary to incentivize workers to enter and remain in the long-term supports and services field. More importantly, we urge the Legislature to provide the funding necessary to ensure that our loved ones receive the quality of care they so richly deserve.