

Job Design for Home-Based Care: Perspectives of Employers and Personal Care Aides

Research Report



About this Report

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About the LTSS Center

The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with a growing older population. LeadingAge and the University of Massachusetts Boston established the LTSS Center in 2017. We strive to conduct studies and evaluations that will serve as a foundation for government and provider action to improve quality of care and quality of life for the most vulnerable older Americans. The LTSS Center maintains offices in Washington, DC and Boston, MA.

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Key Takeaways

Home-based care has evolved tremendously since the Medicaid program began paying for home care services in the 1960s. Initially, home-based services were provided primarily through nonprofit home health and home care agencies. As the home care field expanded, however, the range of business models grew while information about how home care work is organized became more limited. This study was designed to fill this information gap. Key findings include:

- ➔ **Altruistic Motivations:** Personal care assistants (PCA) said they were attracted to their jobs because they wanted to help people and provide older adults with the care and compassion they need to live independently. These motivations should be showcased in PCA recruitment campaigns.
- ➔ **One-to-One Recruitment:** PCAs reported learning about their current jobs through friends or family members who worked at home care agencies. This suggests that current PCAs and other home care staff could play a valuable role in filling vacant caregiving positions.
- ➔ **Onboarding:** Home care agency leaders identified quality onboarding as a key factor in the success of PCAs. Some agencies reported implementing job shadowing and peer mentoring programs to support PCAs and help them learn about the PCA role. However, several aides reported having limited access to these supports.
- ➔ **Communication:** Communication between home care agencies and PCAs is often one-way. Typically, PCAs alert their agencies about client-related issues and changes in a client's condition. However, most PCAs said that agency office staff and nurses do not follow up with them or provide feedback.
- ➔ **Supervision:** Agencies provide minimal supervision while aides work in client homes. Supervisors primarily use client feedback to assess PCA performance. Most aides said they want supervisors to engage more with them, provide feedback on their work, and show that they respect and acknowledge the contributions of PCAs.
- ➔ **Care Planning:** PCAs reported that they are rarely included in the care planning process. They said they want to have their insights and observations about clients acknowledged through a formal process featuring ongoing follow-up and feedback.
- ➔ **Career Advancement:** PCAs reported being aware of opportunities for promotion to office jobs at their home care agencies. However, many PCAs reported not knowing how they might move into higher-level clinical or managerial positions.
- ➔ **Recommendations:** Recommendations emerging from this study call for improvements in PCA preparation, compensation, support, evaluation, and career advancement opportunities; better communication between home care agencies and PCAs; enhanced integration of PCAs into care teams; and a greater acknowledgement of the valuable role that PCAs play in the home care field.

Background

Nonmedical home care is a rapidly growing sector that has become increasingly important to individuals, families, providers, and payers. In the U.S. alone, 2.4 million home health and personal care aides (PCA) provide nonmedical support to older adults and persons with disabilities in their homes and in community-based settings (U.S. Bureau of Labor Statistics, 2021). The need and demand for these services are expected to grow as our population ages and as care provided in the home plays an increasingly important role within the care continuum as an alternative to nursing home care.



Despite the importance of home care to the nation's system of long-term services and supports (LTSS), the home care sector struggles with instability that seems to grow more serious with each passing year. Low wages, lack of benefits, poor working conditions, inadequate training opportunities, inconsistent schedules, and physically and emotionally demanding work make it difficult to recruit and retain PCAs, the direct care professionals on whom older adults and their families—and home care agencies—depend. Turnover in the home-based care sector ranges from 40% to 65% per year, according to some estimates (PHI, n.d., Holly, 2021).

When the federal government began paying for home care services through the Medicaid program in the 1960s, most of those services were provided through nonprofit home health and home care agencies. In recent years, however, the home care field has expanded to encompass a range of business models, including:

- ➔ For-profit stand-alone organizations and corporate franchises.
- ➔ Agencies owned by health care systems and hospitals.
- ➔ Agencies operating within life plan communities and other service options, such as the Program of All-Inclusive Care for the Elderly.
- ➔ Technology-based data platforms that match consumers and caregivers.
- ➔ Worker-owned home care cooperatives.

The home care field's expansion, and the lack of available information about how work is organized within the field's new models, led researchers at the LeadingAge LTSS Center @UMass Boston to undertake a study that would document how home care agencies across different business models address job design and the work environment for nonmedical PCAs, also referred to here as "aides."

The LTSS Center study featured a convenience sample of 11 home care agencies representing all but two models of home care: hospital-based and technology-based models were not included. The research team interviewed leaders at all 11 home care agencies, and nine PCAs at six of the home care agencies.

Leaders at 10 of the 11 agencies also completed a survey designed to gather background information about their organizations, including:

- ➔ Business model type.
- ➔ Payer sources.
- ➔ Average number of clients per PCA.
- ➔ Use of consistent assignment.¹
- ➔ Training and mentoring of PCAs.
- ➔ Wages provided to PCAs.

This report synthesizes the information researchers collected about:

- ➔ Characteristics of the home care workplace.
- ➔ Design of home-based care work.
- ➔ The role of PCAs.
- ➔ Challenges and barriers perceived by employers and PCAs.
- ➔ How work is currently designed.
- ➔ Attributes of a positive workplace environment, as defined by PCAs.

Profile of Home Care Agencies

The 11 home care agencies participating in this study included seven nonprofit and four for-profit organizations with a mix of business models. The study group included:

- ➔ Six stand-alone home care and/or home health agencies.
- ➔ Two multi-service agencies that provide home care, home health care, skilled nursing, and/or assisted living.
- ➔ One provider that hires, oversees, and manages PCAs for clients through its state Medicaid in-home supportive services program.
- ➔ One local for-profit home care franchise.
- ➔ One worker-owned cooperative.

Staffing Structure

The number of PCAs employed by agencies ranged from less than 100 to more than 7,000. Two agencies are unionized. In addition to PCAs, agencies typically reported employing:

- ➔ A client services manager, or scheduler, who is responsible for overseeing PCA schedules and client-aide relationships.
- ➔ A clinical manager who oversees clinical issues and care plans.
- ➔ A recruitment manager.
- ➔ A client services director or divisional director.

¹ Consistent assignment occurs when PCAs consistently care for the same clients.

Payers

Most agencies rely on a mix of private and public payers, including Medicaid and Medicaid managed long-term care. The ratio of public to private funds can vary from one agency to another. Medicaid regulations determine the:

- ➔ Staff person who opens the case and develops the care plan.
- ➔ Number of hours and types of services that each client will receive.
- ➔ Structure of a PCA's job.
- ➔ Resources available to support workers with training, supervision, and mentoring.



Wages

Only one agency reported paying PCAs for each visit they make to client homes. The other agencies reported paying PCAs a median hourly wage of \$13.75, with wages ranging from \$10 to \$22.75 per hour. All providers offer PCAs overtime pay, although many agencies try to minimize the amount of overtime that PCAs work.

Benefits

Agencies participating in the study offer a range of benefits for both full-time and part-time PCAs (see Table 1). Most agencies that offer health insurance reported that less than 20% of their PCAs participate in the employer-sponsored health care plan.²

Half of the agencies provide PCAs with supportive or wraparound services, either directly or through referrals to outside organizations. These services include:

- ➔ Transportation subsidies.
- ➔ Food subsidies or food distribution during an emergency.
- ➔ Childcare, including babysitting at the agency's office.
- ➔ Support groups.
- ➔ Funds that help PCAs give gifts to their children at Christmas.

The worker-owned cooperative included in the study reported that it provides PCAs with an ownership stake in the organization, dividends when the company is profitable, life insurance, automatic enrollment in a 401K plan, and a \$50 reimbursement that PCAs can apply to tax preparation fees.

² Three agencies did not know the percentage of PCAs participating in the employer-sponsored health plan.

Table 1:
Benefits for Full-Time and Part-Time Personal Care Aides
(n=10 Home Care Agencies)

Benefit	Full-Time PCA % (n)	Part-Time PCA % (n)
Bonuses	80% (8)	60% (6)
Retirement benefits	80% (8)	50% (5)
Health insurance for PCAs*	70% (7)	40% (4)
Health insurance for family members of PCAs*	60% (6)	30% (3)
Paid sick leave	80% (8)	70% (7)
Paid holidays *	50% (5)	50% (5)
Other paid time off, such as vacation or personal days	90% (9)	60% (6)
Tuition reimbursement or subsidy	40% (4)	40% (4)
Pay for travel time from home to the agency office or first client, and back home from the agency office or last client	50% (5)	50% (5)
Pay for unused hours when a client is hospitalized	40% (4)	40% (4)
Pay for unexpectedly accompanying a client outside the home (to an emergency doctor visit, for example)	90% (9)	80% (8)

* The collective bargaining agreement at one agency provides double time for PCAs who work eight designated holidays. The union administers health insurance for PCAs and their family members if the PCAs work 100 hours per month.

Transportation

Getting to and from client homes can be particularly problematic for PCAs who rely on public transportation. Some agencies interviewed for this study address transportation challenges by using Uber to transport aides to client homes. These agencies deduct the full Uber cost from the aide's paycheck, split the cost with the aide, or, as a last resort, pay for the Uber. One agency has an Uber budget, which the scheduler manages for each group of PCAs. As an incentive to reduce the frequency of Uber rides, PCAs receive a bonus if their group stays within the budget.

Background of Caregivers

PCAs participating in the study reported a median tenure of three years at their agencies; their reported tenure ranged from less than one year to 24 years. Study participants reported spending a median of eight years working as PCAs. Six of the nine aides in the study reported spending their entire careers working as PCAs at one agency.



Reasons for Becoming a Personal Care Aide

All the PCAs interviewed by researchers said they chose their profession because they wanted to help people and provide older adults with the care and compassion they need to live independently. Other reasons interviewees chose to become PCAs included:

- ➔ Prior experience caring for family members.
- ➔ Preference for the rewards of working in home care, as opposed to a nursing home. These rewards included being able to provide more personal care to clients and to work at each client's pace.
- ➔ Minimal requirements for entering the healthcare field.
- ➔ Independence of the job.
- ➔ Flexibility to pursue an education.

Recruitment

Agency leaders reported using a variety of methods to recruit candidates for PCA positions:

- ➔ Attending in-person and virtual job fairs.
- ➔ Posting jobs on online platforms, such as Indeed, myCNAjobs.com, and Craigslist.
- ➔ Building relationships with local businesses or places of worship and using fliers, postcards, billboards, and yard signs to advertise positions.
- ➔ Asking PCAs to post jobs within their personal networks. One agency travels into the community to interview potential job candidates where they live.
- ➔ Advertising in local newspapers.
- ➔ Using social media, including Facebook, Snapchat, and TikTok.
- ➔ Soliciting referrals from current employees and offering those employees a referral bonus.
- ➔ Partnering with organizations that help people in the local community prepare for and connect to jobs.

Most of the PCAs interviewed by researchers reported learning about their current job through friends or family members. Another popular job-referral source included online job platforms. PCAs said they prefer employers that offer free training, have strong leadership, and provide hours and shifts that are sufficient and match the times aides are available and want to work.

Recruitment Challenges

All agency leaders interviewed by researchers reported having difficulty recruiting staff and said the pandemic has exacerbated their recruitment challenges. Fewer people are applying for home care jobs, applicants don't show up for interviews, or new hires may attend an onboarding session and not return to start their jobs. Leaders attributed the shortage of applicants to:

- ➔ Competition from other employers who can offer higher wages.
- ➔ A reduction in the flow of immigrants to communities in which home care agencies are located.



One agency is reviewing and making changes to its recruitment process to address these challenges. Believing that recruitment of qualified PCAs is paramount to its success, the agency reported:

- ➔ Hiring a chief growth officer responsible for developing the agency's client base and recruiting PCAs.
- ➔ Working to shorten the hiring timeline.
- ➔ Communicating regularly with applicants to provide updates on the hiring process.
- ➔ Providing new hires with scheduled shifts before the end of their orientation.

Screening Process

Home care agencies use the interview and screening process to identify the skill sets of applicants and weed out people who are not the "right fit" for a PCA position. During this process, recruitment managers:

- ➔ Explain job requirements and expectations for the PCA role.
- ➔ Assess the readiness of applicants to take on the PCA role.
- ➔ Determine what support new hires will need—including childcare or food stamps—to overcome barriers that prevent them from being successful.
- ➔ Conduct background checks.
- ➔ Learn about the personalities, experiences, and work preferences of applicants.

Most providers do not include established PCAs in the interview and screening of new PCA candidates. Several agency leaders and aides noted that office staff participating in the hiring process are former PCAs. These staff members can offer important insights about whether a new hire will "fit" the job and organization.

“All agency leaders interviewed by researchers reported having difficulty recruiting staff and said the pandemic has exacerbated their recruitment challenges.”

Orientation and Onboarding

A structured and meaningful orientation and onboarding process can help a home care agency build a strong foundation for new team members and ensure their long-term retention and success. Orientation and onboarding should cover administrative policies, including an overview of the agency, scheduling, who to contact with questions, and payroll practices. The onboarding process can also offer agencies an opportunity to improve the skills of PCAs and build relationships with them.



Onboarding Strategies

Introduction and Check-In: The clinical supervisor or nurse introduces a new aide to the client on the first visit, answers questions, and helps the PCA feel comfortable. The supervisor or nurse also walks the PCA through the entire care plan to ensure the aide understands the plan and can provide the required care. The nurse or the agency's scheduler checks in periodically with the new hire during their first one-to-three months on the job.

Job Shadowing: Some agency leaders reported using job shadowing to provide newly hired aides with the opportunity to observe experienced PCAs while they are caring for a client. Job shadowing allows new aides to see and understand the nuances of the PCA role and offers experienced PCAs the opportunity to provide feedback to the agency about whether new aides require more job shadowing or specific training to fill knowledge gaps. Aides who did not receive this type of support said they felt it would be beneficial.

Peer Mentoring Programs: A peer mentor can help the PCA transition from being a trainee supported by the nurse and other staff to working alone with the client in the home. Two-thirds of leaders indicated that their agencies have peer mentoring programs for new hires. However, most aides reported that either their agencies did not have peer mentors or that they were not assigned a peer mentor when they started working at the agency.

Agency leaders described a peer mentor as someone who supports PCAs by introducing them to clients, helping them understand client needs, coaching them, reducing their sense of isolation, providing them with comfort, minimizing their fears, and resolving any direct care or administrative challenges. Peer mentors, who are experienced PCAs, typically work with new hires for three or four weeks. One agency customizes the timeframe for the mentor-mentee relationship, depending on the needs of the new aide. All agencies train their peer mentors and most pay mentors a higher wage while they are working with new aides.

One agency established a dedicated hotline that new aides can use to ask nurses and schedulers questions and have those questions answered immediately. The agency leader reported that aides use the hotline even after the onboarding period ends, and that PCAs who use the hotline when they are new to the organization are more likely to stay on the job.

Agency leaders were more likely than aides to describe the agency’s onboarding processes as robust. Several PCAs said they did not believe the onboarding process was sufficient, that they received limited information during the process, and that they were on their own after orientation and forced to “go in blind” when visiting their first client. On a few occasions, leaders and PCAs from the same agency provided conflicting information about whether aides received the supports described above. It is not clear whether the agency’s onboarding process is not implemented consistently by office staff, or whether the specific supports offered to incoming PCAs depends on their level of experience.

Training

Nine of the 10 agency leaders who completed the study’s survey reported having formal, entry-level training for prospective or newly hired PCAs. Three-quarters of the agencies offer training in-house. The other two agencies use an outside organization or offer a combination of training provided in-house and by an outside organization. All the agencies cover the cost of training; 75% pay aides for the time they spend attending the training.



All home care organizations in the study reported offering annual in-service training for PCAs, either online (two agencies), in-person (three agencies), or through a combination of on-line and in-person sessions (five agencies). Annual in-service training hours range from six to more than 20 hours and can depend on state requirements. PCAs said their agencies also provide resources on specific topics, including Alzheimer’s disease.

Some PCAs reported that their agencies require aides to undergo annual competency checks. Aides who do not pass the competency tests are retrained on specific skill sets and can visit clients again once they retake the competency test and receive a passing grade.

PCAs expressed their desire for more training to help them care for someone with Parkinson’s disease and Alzheimer’s disease, which are prevalent among their clients. Aides who do not feel prepared to care for a client reported either conducting their own research to find the information they needed or relying on clients or family members to demonstrate techniques for providing care. While aides said family-provided training was helpful, questions remain about the quality of this training and whether agencies are taking steps to ensure that family-provided training is appropriate and correct.

“PCAs expressed their desire for more training to help them care for someone with Parkinson’s disease and Alzheimer’s disease, which are prevalent among their clients.”

Staff Assignments and Scheduling

Schedulers at home care agencies fill open shifts with aides who can provide the services that specific clients need. Several agencies have at least some schedulers who are former PCAs. Aides said they believe these schedulers have a better understanding of the challenges of the PCA's job, are more empathetic, and are more likely to explain their reasons when making schedule changes. PCAs admitted that they may not like schedule changes, but they appreciate when schedulers take the time to explain why changes were made.



Role of the Scheduler

A scheduler is responsible for a group of aides that can range from eight to more than 50 PCAs. To create a good match, the scheduler will factor in the hours that PCAs are willing to work, their location preferences or proximity to clients, their experience, and their preferences for type of client.

Many employers require PCAs to work at least one weekend shift a month. A few agencies assign PCAs to a geographical zone to minimize travel time to client homes.

Ensuring a Good Match

When asked to identify the key factors considered when developing schedules and matching clients with aides, agency leaders were more likely to mention that schedulers consider the skill set and experience of aides when making assignments. PCAs, on the other hand, emphasized that their preferences for hours and their proximity to the client were key factors in determining how schedulers matched them with clients. It is possible that schedulers consider the experience and skills of PCAs when matching aides with clients, but do not discuss these factors with aides.

Flexibility in developing aide schedules varies among agencies. Agencies with flexible schedules work with PCAs to make sure that hours, location, and type of client match the needs of PCAs. As one agency leader stated, "finding clients who are a good match is most important for the retention of the personal care aides."

Some agency leaders expressed the feeling that finding good matches between clients and PCAs is particularly important, given the shortage of workers. They described PCAs as being in the "driver's seat" and able to refuse client matches that do not meet their preferences. PCAs may even compare the schedule available at one agency with the schedule they could get at another agency before making decisions about where to work, the leaders reported.

Agency leaders said that schedulers also try to ensure a good match between the client and aide by:

- ➔ Taking the time to understand the PCA's needs.
- ➔ Providing detailed information about the client's conditions and diagnoses so the aide can decide whether they want to care for the client.
- ➔ Allowing the PCA to provide care on a trial basis.

Replacement Aides

Inclement weather, personal issues, or vacation/personal time can keep PCAs from visiting their regular clients. In addition, aides may request to be removed from a case. In these situations, the agency must find a replacement aide. Replacing an aide can be challenging, especially if the aide works with clients requiring weekend or overnight shifts or with clients who live in areas where few PCAs live.



Agencies reported that, unless safety is a concern, they typically ask aides who want to be removed from a case to give the agency one or two weeks to find their replacement. However, a few aides reported that their agencies encourage aides to “stick it out for longer” or remind aides that they could be written up if they refuse to provide services to a client.

Agencies rely on two different pools of PCAs to replace aides who are not able to cover a shift.

- ➔ **On-Call PCAs:** These aides are part of the agency’s replacement pool and do not have regularly assigned clients. They typically are paid a higher wage and may receive extra gas reimbursement beyond their travel pay.
- ➔ **PCAs with Open Shifts:** The scheduler contacts aides who have open shifts. Agencies reach out first to PCAs who know the home and client. Some agencies offer incentives to replacement PCAs. Those incentives might include entering the PCA in a drawing for a \$50 gas card, covering the cost of an Uber ride, or increasing the PCA’s hourly pay for the covered shift.

If the home care agency cannot find a replacement for a PCA, and the client needs services during a scheduled shift, clinical directors and schedulers who are former PCAs will cover the shift.

Agency leaders reported that replacement staff can prepare for their new assignment by viewing the client’s care plan on the agency’s electronic platform or at the client’s home. Nurses at some agencies will orient the replacement PCA over the phone or in person at the client’s home, they said. However, many PCAs said they often have limited information when they serve as replacement aides and learn about the person by reviewing the tasks and hours in the care plan. Aides reported that they begin the first visit with the client by familiarizing themselves with the care plan and talking with the client to get additional information.

“ Replacing an aide can be challenging, especially if the aide works with clients requiring weekend or overnight shifts or with clients who live in areas where few PCAs live. ”

Job Design

Agency leaders participating in the study said they recognize the critical role that PCAs play in their organizations. They described these aides as the “eyes and ears” of the agency and a lifeline for clients who may have no other connection to the outside world. In addition, aides reported that they:

- ➔ Provide a wide variety of services and supports, ranging from delivering personal care and making meals to running errands and housekeeping.
- ➔ Take time to talk with their clients, build a relationship with them, and provide emotional support.



A visit between a PCA and client can be as short as 15 minutes or as long as a 12-hour or overnight shift. Each PCA cares for an average of five clients each week, but aides may have a caseload as small as one client or as large as 13 clients. PCAs with higher caseloads typically work for agencies affiliated with life plan communities. These aides make short visits to clients who reside in the community’s independent living or assisted living settings. The visits typically involve offering medication reminders or providing personal care, such as helping the client take a shower.

Building Relationships

Building a personal relationship with clients by spending time conversing with and getting to know them is an important aspect of the PCA’s role, according to aides participating in the study. However, PCAs reported that family members do not always value or approve of aides taking time to interact with clients, even though a PCA is sometimes the only person visiting the older adult. Two aides discussed situations in which family members discouraged them from having these conversations and viewed the conversations as “wasting time.”

PCAs expressed pride in the contributions they make to an older adult’s independence and ability to live at home. These aides shared that they work hard to ensure that a client receives quality home care services and is happy with those services. To achieve this goal, aides may go above and beyond assigned tasks to provide high-quality care or advocate for clients who request additional hours or services.

“**Building a personal relationship with clients by spending time conversing with and getting to know them is an important aspect of the PCA’s role, according to aides participating in the study.**”

Consistent Assignment

Agency leaders said they strive to assign PCAs to the same client or group of clients. This consistent assignment benefits aides and clients and contributes to their stability, while also easing the responsibilities of scheduling managers. Three agencies practice consistent assignment; six agencies reported a combination of consistently assigning aides and rotating aides among different clients. Agency leaders pointed out that not all situations allow for consistent assignment. Some clients do not want to set a regular schedule for aide visits. By the same token, not all aides want to commit to working with the same client or group of clients.

Care Plan

A care plan guides the PCA's work and serves as a bridge between the nurse and the PCA who works with a client. Depending on payer requirements, a registered nurse (RN), licensed practical nurse/licensed vocational nurse (LPN/LVN), or case manager will open the case and develop the care plan. Typically, PCAs are not involved in the development of care plans and do not participate in care plan meetings with clients and family members.

Some agency leaders discussed the importance of having a nurse or scheduler educate PCAs about the care plan before they start working with new clients. These leaders maintained that PCAs who are oriented to the plan of care are more likely to notice changes in the client's health status and report those changes to the agency.

Preparing for a New Client

PCAs and agency leaders did not always agree on how their agencies prepare aides to work with new clients. Some PCAs agreed with agency leaders that aides receive sufficient training and information about the client. For example, aides at one agency described how their employer provides a comprehensive picture of new clients, including behavioral and emotional issues, allergies, and any other information the aide should know. A few aides said they received guidance from their agencies on how to handle a variety of situations.

Other aides reported not knowing what to expect when visiting new clients and suggested that their level of preparation often depends on the scheduler or nurse. These PCAs said they receive limited background information about the client beyond the services and hours outlined in the care plan. Aides reported that their agencies cited HIPAA policies for this lack of information.

Aides said that information gaps leave them unfamiliar with:

- ➔ The client's health condition(s) and behavioral or emotional issues.
- ➔ Family members who either live in or often are at the client's home.
- ➔ The safety of the neighborhood.

Aides expressed the feeling that this lack of information represents one of the dangers of their job and described the information gaps as scary and "nerve wracking." Employers could provide a more comprehensive picture of the client and the home situation, aides maintained. That information would prepare aides to handle situations that arise during the shift.

“ If PCAs are involved in the care plan, they feel like they're really participating in the care. That's a really good engagement and retention tool. ”

– Agency Leader

Input into the Care Plan

Most agencies do not have a formalized structure for PCAs to provide input into a client's existing care plan, based on what the aide observes in the home and with the client. Instead, PCAs often use checklists to document the services they provided to clients, the services they did not provide, and the reasons for not providing the services. Aides also report clients' refusal of services, lack of compliance with the care plan, and requests for additional services or devices.



PCAs can report their observations to the agency's office, either in writing or by telephone, or by answering "yes-or-no" questions about the client on an online platform at the end of a shift.

The responses to these questions can alert the office that a nurse should follow up. At a few agencies, aides are encouraged to report any changes in the client's condition and if they believe the client needs additional services or time with the aide. Agency leaders at a few agencies said that a nurse will connect with an aide about an expressed concern and the two will work together to brainstorm solutions. Generally, however, most agencies reported conducting follow-up only with the client.

Several agency leaders said they recognized the importance of moving PCAs beyond just executing the care plan, reporting what they are seeing in the home, and providing feedback to the agency. A few leaders acknowledged the lack of a formalized feedback process as a gap that needs to be filled, since PCAs are well-positioned to notice when services outlined in the care plan no longer match the client's current needs and to provide recommendations for change.

Involving Aides in Team-Based Care

PCAs spend more time with a client than anyone else on the client's care team. These aides are in the best position to observe changes in the client's condition, home environment, degree of social isolation and depression, and relationship with family or friends, and to alert other members of the care team when something changes or goes wrong.

Despite this key position, however, only a few agency leaders reported that they leverage the expertise of PCAs by training them to observe, document, and report changes in a client's condition. Supervisors at these agencies guide and encourage PCAs to talk with other members of the healthcare team, call the physician, and offer their observations when accompanying clients to doctor appointments.

Aides generally are not part of interdisciplinary teams, partly because the operational models of many agencies are not set up for coordination of care or interaction among members of the caregiving team. Aides may only see one member of the care team—the nurse—and most aides may not even see the nurse on a regular basis at the client's home. PCAs rarely or never see a social worker, therapist, or physician.

“Agencies are failing PCAs when they don't provide them with opportunities to inform the agency of their observations about problems with the care plan.”

– Agency Leader

Communication

Communication with the Agency

The primary goal of communication between the PCA and agency office staff or nurses is to report concerns about client-related issues and changes in the client's condition. In emergency situations, the aide calls 911 first and then calls the agency office to report the situation. The point of contact for reporting issues varies among agencies, and can include one of three options:

- ➔ **Direct Line of Communication:** The PCA reports nonclinical issues to the scheduler and clinical issues to the nurse.
- ➔ **Indirect Line of Communication:** The PCA reports issues to the scheduler, who directs the question to the appropriate person.
- ➔ **No Designated Line of Communication:** The office staff member who answers the phone forwards the PCA's message to the appropriate person.



Communication of concerns is typically one-way. After PCAs report a problem, a nurse, case manager, or another office staff person usually works directly with the client and/or family members to address the issue without involving the aide. Only a few PCAs reported that the nurse follows up directly with the aide to discuss a situation and identify a plan of action.

Communication with Co-Workers

In general, PCAs have little interaction or communication with each other. Aides caring for the same client may see each other during a shift change, while PCAs working at a life plan community see aides from their agency on the community's campus.

Aides may also see their peers at the agency's office. Most of this interaction takes place during required in-services and when aides are picking up paychecks or supplies. However, these office visits don't allow the aides to get to know or connect with each other.

PCAs caring for the same client often communicate through the treatment book in the client's home or through the electronic care plan. These tools provide the opportunity for aides to update one another about services completed, services not completed, and other issues that arise during the shift. PCAs assisting clients who need extensive or around-the-clock care share information in person during the shift change.

Few PCAs said they participate in any formal networks with their peers. One aide reported that team members caring for the same client set up a group chat to share updates or concerns about the client and to offer each other support with personal challenges. Another aide described how her manager connected aides via text so they could help and support each other.

“The primary goal of communication between the PCA and agency office staff or nurses is to report concerns about client-related issues and changes in the client's condition.”

Workplace and Community

Most aides define their workplace as the client's home. Aides said they rarely, if ever, visit the office except for their initial onboarding and orientation, or to pick up supplies, complete paperwork, or receive in-service training. Workplace events, rare before the pandemic, have decreased even more over the past two years. Attending these events can be challenging for aides, many of whom are working in client homes when events take place.



Agency leaders acknowledged that bringing PCAs together can be both beneficial and challenging. One employer's sentiment: "The idea of getting them together in a group, even though it's hard because of their schedules, really was hugely impactful for them in terms of building community among themselves."

Most aides interviewed for this study do not feel a sense of community at their agencies. More than half the aides expressed interest in creating a community with their co-workers that would allow them to share experiences and develop a support network. Other aides are content working by themselves.

Supervision

Most of the agency leaders interviewed for this study employ more than one supervisor to oversee PCAs. The titles and duties of the supervisor positions vary.

While most aides identified their supervisor as either the scheduler and/or clinical manager, some PCAs don't know the position of their supervisor and refer to their supervisor as "someone who works in the office."

“ More than half the aides expressed interest in creating a community with their co-workers that would allow them to share experiences and develop a support network. ”

Role of the Administrative Supervisor

The administrative supervisor position is filled by unlicensed staff who, in most cases, are former PCAs. While specific roles and responsibilities vary by provider, administrative supervisors typically are responsible for:

- ➔ Creating the aide's schedule.
- ➔ Conducting annual performance reviews.
- ➔ Managing the day-to-day relationship between the aide and client.
- ➔ Handling disciplinary actions.
- ➔ Managing client concerns.
- ➔ Carrying out other administrative tasks.
- ➔ Serving as the point of contact for the client.

Several agencies also reported using administrative supervisors to coach or mentor aides.

Role of the Clinical Supervisor

Clinical supervisor positions are almost always filled by licensed staff, such as an RN, LPN/LVN, or social worker. In a few cases, these positions are filled by unlicensed staff, depending on whether the payer source is a private payer or private insurance. Clinical supervisors are typically responsible for developing the client's care plan and ensuring the plan is carried out by the PCA.



Supervision in the Client Home

Most agency leaders and aides participating in this study acknowledged that agencies provide minimal supervision of aides in the home. The client is the main source of PCA supervision and brings any issues involving an aide to the administrative or clinical supervisor. Several agencies require the clinical manager to oversee aides working in client homes, but the frequency of visits to a home by the clinical manager varies by agency. Some agencies require annual visits, while others require quarterly visits. In some cases, the payer determines the number of required visits.

One agency has no requirement for in-home supervision because there are no regulations requiring it. Some agencies require a visit from the clinical supervisor if there is a complaint from the client about the PCA's work. In these cases, the clinical supervisor goes to the home to observe how the aide works with the client, and then addresses any observed issues.

Communication with Supervisor

Aides and clinical/administrative supervisors typically only communicate when there are issues, questions, or concerns about the client, the aide's schedule, or the aide's ability to come into work, according to study participants. Many aides reported that they rarely see or talk with their supervisors.

While not common, a few aides said they regularly communicate with their supervisors, either daily or once or twice a week. These supervisors check in with aides to see how they are doing, talk about schedule changes, or share client updates or concerns. Urgent communication typically takes place by phone, while regular client updates take place electronically. Some agencies hold weekly or monthly meetings so supervisors and aides can touch base.

“**The client is the main source of PCA supervision and brings any issues involving an aide to the administrative or clinical supervisor.**”

Performance Reviews

Clinical performance evaluations address the aide's work with the client and assess the aide's clinical skills and competencies. These evaluations take place in the client's home. For most aides, the clinical performance evaluation features client feedback rather than supervisor observation. Only two aides reported that the clinical supervisor comes to the client home for their annual evaluations.



Performance reviews from clinical managers provide an opportunity to retrain aides or demonstrate skills, when needed. If the clinical supervisor sees an aide completing a task incorrectly or hears concerns from the client during the performance review, the supervisor will coach or retrain the aide on the task. These reviews typically take place annually, but a few agencies conduct them more frequently.

Aides in the study group were less likely than their employers to report coaching and retraining sessions. Most of the aides reported that they ask for support or training on tasks they do not know how to perform, and that the retraining often is not instigated by the supervisor or by an assessment of competencies. These PCAs reported that clinical supervisors are responsive to their requests and will schedule a training when it is requested.

Administrative supervisors also conduct annual performance reviews. These reviews focus on the aide's job-related performance and include attendance and timeliness.

Resolving Client Concerns and Taking Disciplinary Action

Agencies take different approaches to handling complaints from clients, but all agency leaders noted that their course of action typically depends on the severity of the complaint. Agency leaders reported that if a complaint relates to a safety concern, they immediately remove the PCA from the case until the situation can be assessed further. Client complaints about the PCA's technique in delivering care often are addressed with additional training of the PCA and an assessment after the training to verify competency in the new skills.

Several PCAs reported that the management team backs up aides and handles client-related issues fairly. But other aides said they do not feel this level of support. These PCAs reported feeling that their agencies' management teams always side with clients who raise concerns and do not listen to both sides before coming to a decision. The aide is either reprimanded or taken off the case, they reported.

“ Performance reviews from clinical managers provide an opportunity to retrain aides or demonstrate skills, when needed. ”

Career Advancement and Advanced Roles

All agency leaders interviewed for this study acknowledged the importance of creating opportunities for PCAs to advance in their careers and supporting aides who wish to take advantage of those opportunities. Most career advancement opportunities involve moving to caregiving positions that require a higher level of training and skill. For example, aides might move from a homemaker to a personal care aide position, or from a personal care aide to a home health aide or certified nursing assistant (CNA) position.

Moving to a higher-level position brings with it an increased hourly wage if the aide uses those new skills when working with clients. Agencies offer trainings in-house or partner with local educational institutions to train aides for higher-level positions.



Most of the agencies also help aides earn certifications that increase their knowledge and skills in specialty areas such as behavioral health care or dementia care. Dementia care was the most common condition-specific certification identified by agencies. Specializations qualify aides to work with a specific client population and typically come with a small pay raise. However, the higher wage is only paid when the aide is working with a client that requires the advanced skills. One agency is working to create a certification for care of clients with Parkinson's disease.

Agencies also offer the following career pathways:

- ➔ **Supervisory Positions:** Agencies prioritize advancement of aides into supervisory roles. Most management staff at one agency are former PCAs. The agency leader maintained that good supervisors need that PCA experience.
- ➔ **Peer Mentors and Team Leaders:** These PCAs provide support, guidance, and education to other aides and fill in when help is needed. The peer mentor and team leader roles come with an overall pay raise. In some cases, peer mentors and team leaders attend leadership meetings and participate in hiring and onboarding aides.
- ➔ **Office Roles:** A PCA may become a scheduler, who is responsible for overseeing PCA schedules and client-aide relationships.

“ Most of the agencies also help aides earn certifications that increase their knowledge and skills in specialty areas such as behavioral health care or dementia care. ”

- ➔ **Caregiver Engagement Specialists:** This position, created by one agency, is an advanced role and manager-level position for experienced PCAs. In addition to interviewing and onboarding new PCAs, the caregiver engagement specialist works with the scheduler, case manager, and new PCA to find clients who will be a good match and to facilitate the connection between the aide and client. The agency leader described caregiver engagement specialists as “trusted advisors” who PCAs turn to with questions or concerns. Caregiver engagement specialists also provide feedback to PCAs regarding their delivery of care.

Only a few agencies reported that they provide partial tuition reimbursement to aides who wish to become certified as home health or hospice aides, or aides who pursue higher levels of education, such as coursework for an LPN certification or a bachelor’s degree in nursing.

Awareness of Career Advancement Opportunities

Many PCAs are not aware of the career advancement opportunities available at their agencies. Some aides reported that they are not interested in these opportunities because they want to stay in their current positions, are in school and may plan a different career, or want to change career paths. Aides who are interested in advancing in their careers reported that they don’t know whether the option exists at their current employer. The agency may provide additional trainings or certifications, but the aides said they do not believe these opportunities lead to an advanced role with a different job title and increased salary.



PCAs said they believe most of the advanced positions available to them are office jobs. Several office schedulers at agencies are former PCAs. The agencies provide the training for these positions and the schedulers receive a higher salary. The scheduler position is not always appealing to current PCAs because it requires that they write reports, help clients who usually have a complaint, and give up their role as a direct care professional.

PCAs said they were not aware of any specialist positions to which they might advance. While they said their agencies would support an aide who wants to become an LPN or RN, none of the aides have pursued that path, and none could identify the type of support the agency would provide.

“ **Many PCAs are not aware of the career advancement opportunities available at their agencies.** ”

Conclusion

This report sheds new light on how home care agency leaders and personal care aides view the organizational structure, job design, and implementation of policies and procedures that support the recruitment, hiring, training, career advancement, and ongoing tasks performed by direct care professionals in the home environment. While not national in scope, the study confirmed how important it is to develop a better understanding of how nonmedical home care work is organized and supported in this country.



Recommendations

The following recommendations emerged from interviews with both agency leaders and aides:

- ➔ **Preparation:** Better prepare PCAs before they visit a new client by providing all relevant information about the individual, including diagnoses, behavioral or emotional issues, home environment, and other situations aides may encounter in the home.
- ➔ **Supervision:** Implement regular evaluations through which the supervisor observes aides and clients in the home and allows aides to discuss problematic issues. Supervisors should:
 - Have regular check-ins with aides and provide timely answers to their questions.
 - Coach and mentor PCAs and provide retraining when there are skill gaps.
 - Respond promptly to aides when they reach out about a client, even if an exchange must take place after work hours.
 - Demonstrate that they genuinely care about the feedback they receive from aides.
 - Regard aides as team members.
- ➔ **Schedules:** Provide aides with consistent hours and minimize travel time to clients.
- ➔ **Support:** Provide wraparound services and emotional supports that include transportation and childcare, a sense of community at work, and mental health support.
- ➔ **Communication:** Create more direct lines of communication between PCAs and agency staff members, including supervisors, who can address aides' concerns. Follow up with aides and involve them directly in decisions about actions that can be taken to address their concerns.
- ➔ **Integration:** Explore ways to better integrate PCAs into the care team, when appropriate. Since aides spend the most time with agency clients, they are uniquely positioned to monitor clients' health status, as long as PCAs have appropriate training, support, and sufficient work hours to perform these tasks.

“While not national in scope, the study confirmed how important it is to develop a better understanding of how nonmedical home care work is organized and supported in this country.”

- ➔ **Training:** Provide more training for aides. Aides should demonstrate new competencies and have established competencies assessed annually.
- ➔ **Advancement:** Provide PCAs with career advancement opportunities, including certifications, office positions, and advanced roles. These opportunities should be made known to aides, who should understand clearly how the agency will support their advancement.
- ➔ **Compensation:** Improve compensation for aides through higher wages and benefits, including paid sick leave.
- ➔ **Respect:** Respect and value aides and educate clients and families about the critical role of the PCAs.

This report reflects a first step in developing the knowledge base that is required to shape and support a healthy nonmedical home care field. Study findings underscore the need for more in-depth research to explore the growing home care field, including the organizational structure and job design practices of technology platform companies that match clients with aides.

Better information is also needed regarding the practices a home care agency should adopt so it can become a high-performing agency that can successfully recruit and retain staff and produce better quality outcomes.

“ Study findings underscore the need for more in-depth research to explore the growing home care field. ”

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