

# HCP MANAGEMENT CONFERENCE & EXHIBITION 2025

*Confidence in Care: Resilience, Readiness, and Results*

# WELCOME

## TITLE

## Reimagining the Home Care Workforce: A New Staffing Model for a New Era

## MODERATOR:

Kevin Howell, MBA – Chief Strategic Consultant, CABS

## PANELISTS:

Amy Robins, Senior Director of Policy, PHI National

Sandy Lyons-Jackson, MS, RN, Director of Clinical Services, CCOR



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**Kevin Howell, MBA**

Chief Strategic Consultant, CABS

*CEO, Anchor Group*

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# KEY LEARNING OBJECTIVES

- Understand generational and cultural shifts in the direct care workforce.
- Identify structural limitations in the current staffing model.
- Evaluate future staffing models & approaches, weighing strengths and weaknesses.
- Explore policy and funding innovations that could enable workforce redesign.
- Explore replicable retention and recruitment strategies used by leading providers.

# THE DIRECT CARE WORKFORCE

- Nurses
- Therapists
- Nurses Aide
- Home Care Workers (PCAs & HHAs)

*These individuals include both unionized and non-unionized workers and may receive payment through Medicaid, Medicare, private insurance, or out-of-pocket payors.*

# FRAMING THE WORKFORCE REALITY

Regardless of payor source or agency structure, workers consistently seek:

- **Competitive pay** — it's a *buyer's market*.
- **Respect and recognition** — being valued for their essential role.
- **Training and career mobility** — clear paths to grow.
- **Incentives**
- **Wellness and wellbeing** — both physical and emotional.



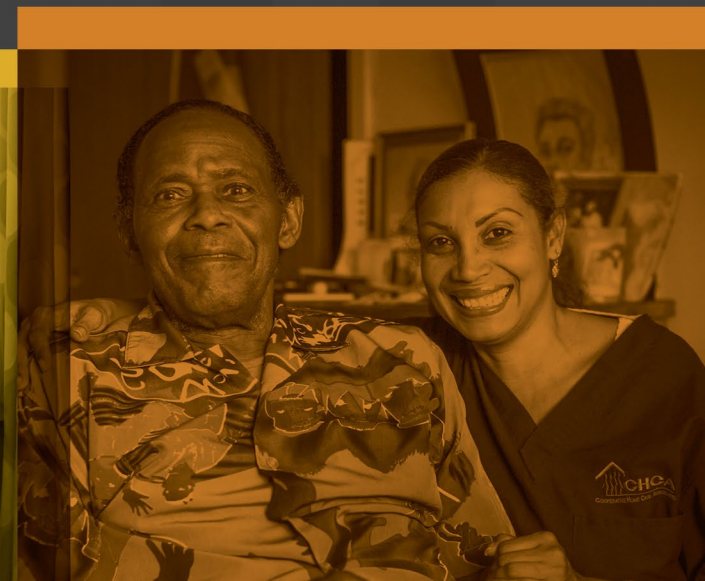
**Amy Robins**  
Senior Director of Policy  
*PHI National*

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# Reimagining the Home Care Workforce: A New Staffing Model for a New Era

**Amy Robins**, Senior Director of Policy, PHI

October 28, 2025



# Statistical Snapshot: The Direct Care Workforce Challenge

# THE DIRECT CARE WORKFORCE IN AMERICA

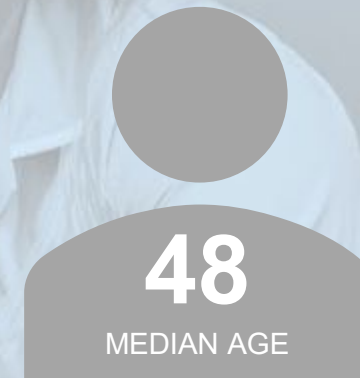
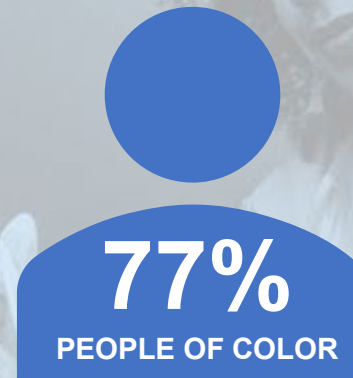
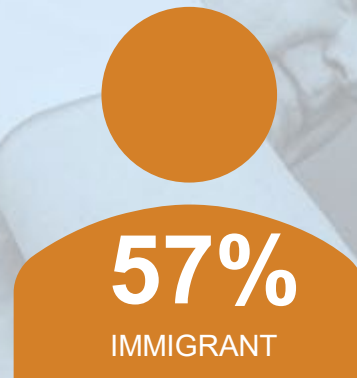
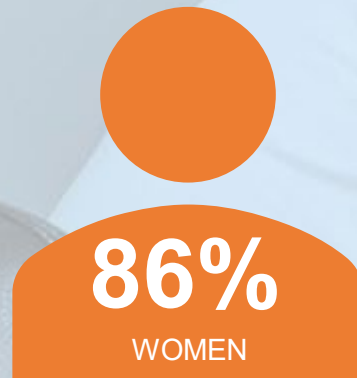
- 4.8 million direct care workers nation-wide; 708,000 in New York.
- Includes personal care aides, home health aides, and nursing assistants
- Provide paid care in private homes and residential settings like skilled nursing facilities or assisted living communities



**Ricardo Araujo**  
Home Health Aide, CHCA  
New York, NY

## An Increasingly **Diverse** Workforce in New York

There is significant occupational segregation in direct care; the typical direct care worker is a woman in her 40s and many are immigrants and/or women of color. **The demographics are changing.**



# HIGH DEMAND/HIGH GROWTH SECTOR

- **318,500 new jobs** over the last decade (increase of 82%).
- **More new jobs are expected** this decade than any other single occupation in New York.
- An estimated **1 million total job openings** from 2022 to 2032.



# DIRECT CARE WORKERS EARN POVERTY WAGES



Median hourly wages: \$18.81



Part-time employment: 39%



Median annual earnings: \$27,971



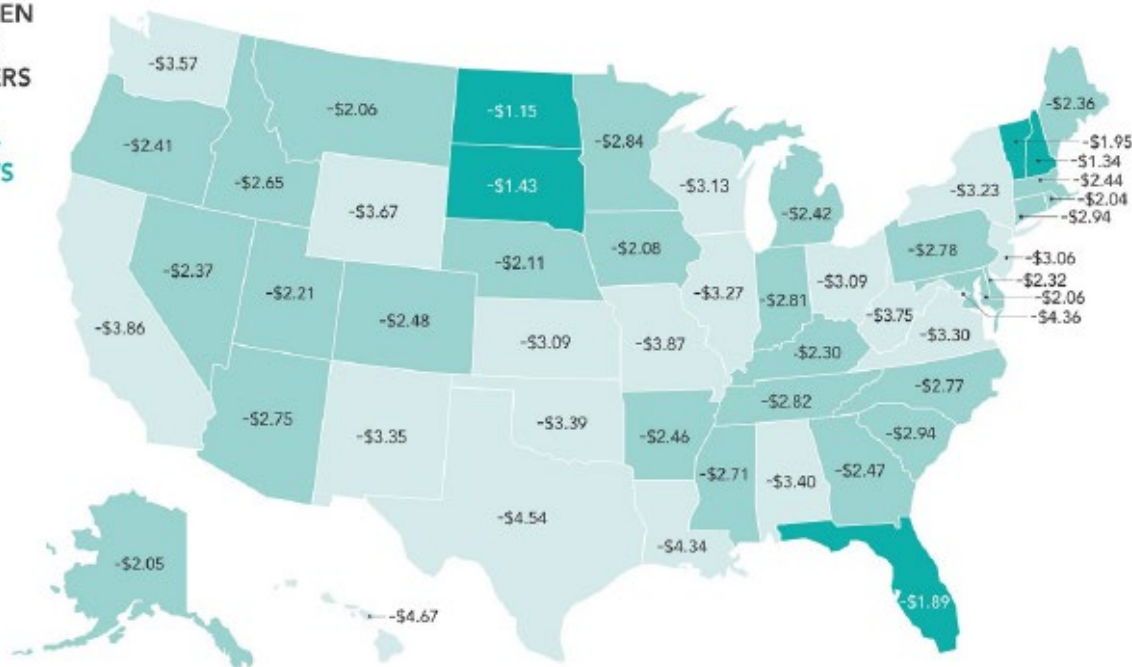
**Maria Marero**  
Certified Home Health Aide  
Totowa, NJ

# DIRECT CARE WAGES ARE NOT COMPETITIVE WITH SIMILAR OCCUPATIONS

In all 50 states and the District of Columbia, the direct care worker median wage is lower than the median wage for other occupations with similar entry-level requirements, such as janitors, retail salespersons, and customer service representatives.

DIFFERENCES BETWEEN  
MEDIAN WAGES FOR  
DIRECT CARE WORKERS  
AND OCCUPATIONS  
WITH **SIMILAR ENTRY-  
LEVEL REQUIREMENTS**  
BY STATE, 2019

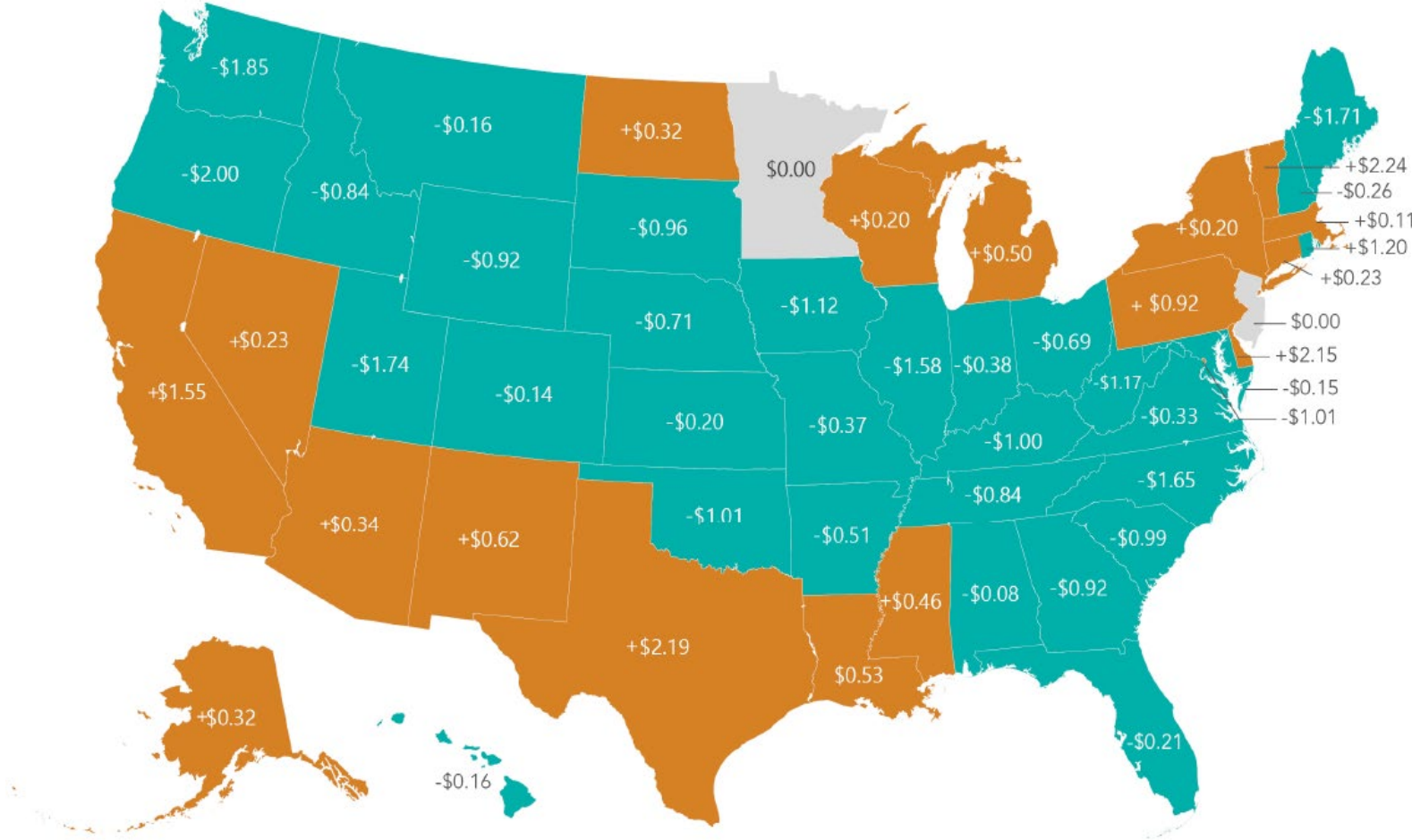
- -\$1.00 to -\$1.99
- -\$2.00 to -\$2.99
- -\$3.00 or Less



[Competitive Wage Report](#)

# CHANGE IN THE WAGE GAP BETWEEN DIRECT CARE WORKERS AND OCCUPATIONS WITH SIMILAR OR LOWER-ENTRY LEVEL REQUIREMENTS, 2014-2023

● Increase in the Wage Gap    
 ● No Change    
 ● Decrease in the Wage Gap

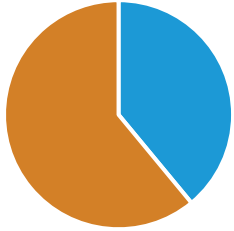


[Competitive Wage Report](#)

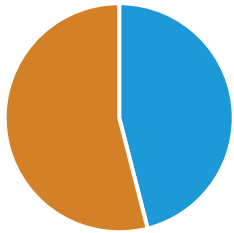
# POOR COMPENSATION CAUSES IMMENSE ECONOMIC INSTABILITY



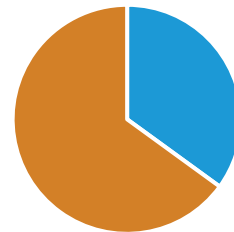
52% do not have employer health insurance



37% live in or near poverty



54% rely on public assistance



42% lack affordable housing

# Addressing Direct Care Worker Job Quality

# THE 5 PILLARS OF DIRECT CARE JOB QUALITY



**QUALITY  
TRAINING**



**FAIR  
COMPENSATION**



**QUALITY  
SUPERVISION  
& SUPPORT**

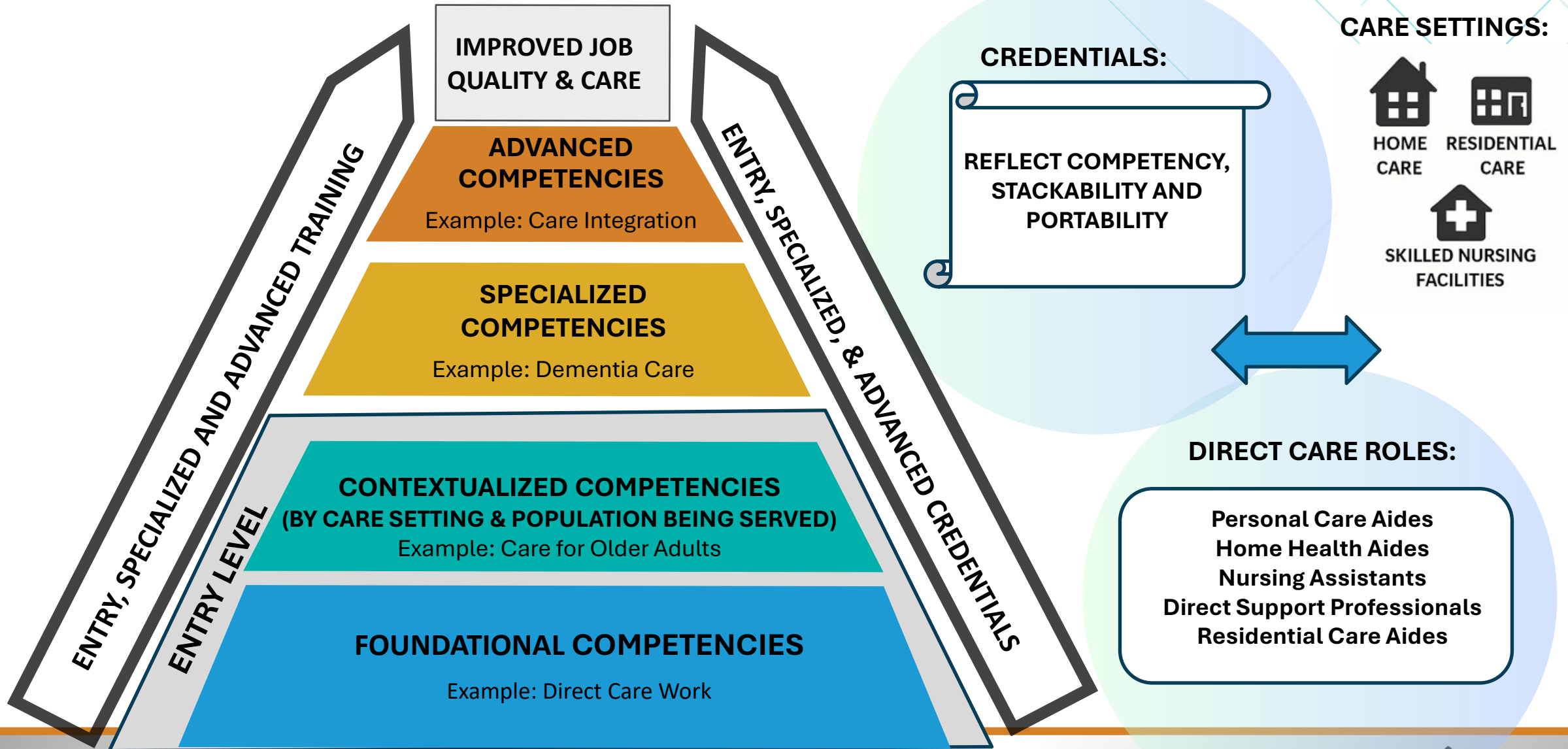


**RESPECT &  
RECOGNITION**

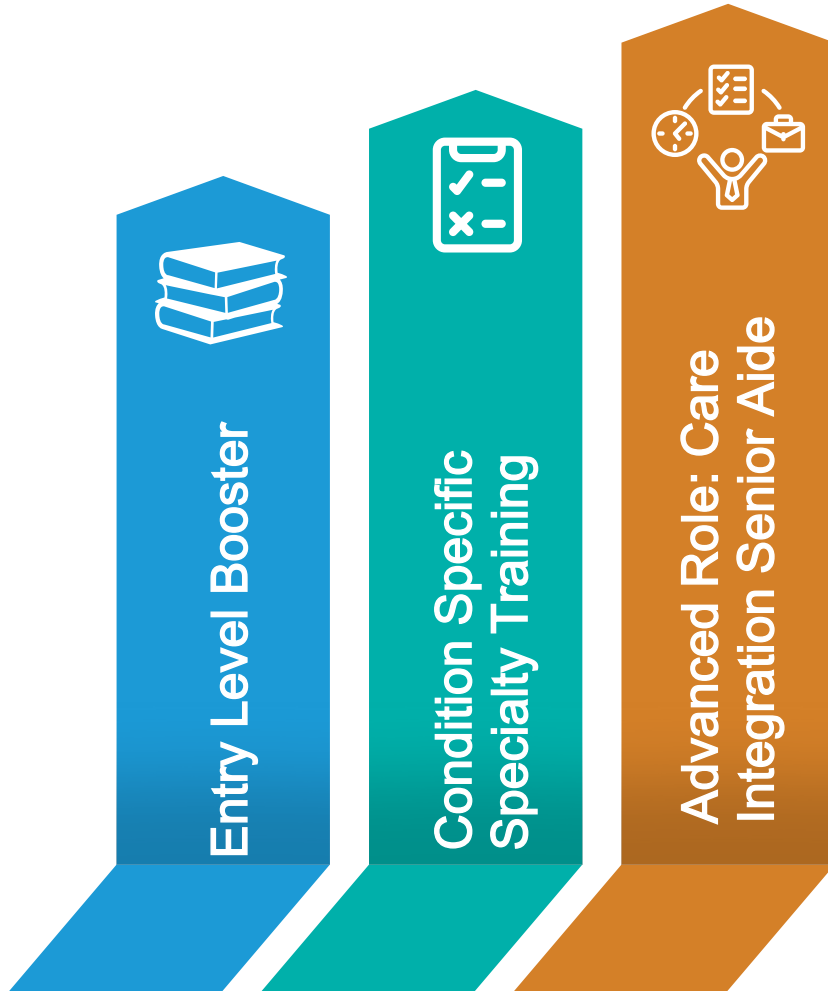


**REAL  
OPPORTUNITY**

# DIRECT CARE CAREER PROGRESSION MODEL



# NEW YORK TRAINING AND ADVANCEMENT PATHWAY



1

**Entry Level Booster** provides enhanced training and practice opportunities to better prepare new HHAs to begin work with a more medically complex and diverse population of clients.

An 8 hours course “Entry Level Immersive Experience” simulates day 1 as a new HHA; providing workers with an idea of what to expect and giving them an opportunity to apply what they have learned in real life situations.

2

**Condition Specific Specialty Training** such as dementia care and behavioral health provide workers with specialized skills and techniques to support people with these conditions in a person-centered, trauma informed way. Each topic is an 8-hour course. 30 days after the completion of training, there is a 4-hour learning lab to practice new skills, peer to peer interaction, and scenario work.

3

**Advanced Role: Care Integration Senior Aide** is a new position focused on improving care outcomes, supporting home care aides in the home by being a fully integrated and equitable member of the interdisciplinary care team, leveraging enhanced observe record and report to escalate changes in condition related a clients to physical mental and social well being. Requires 32 hours of training.

# RESOURCES

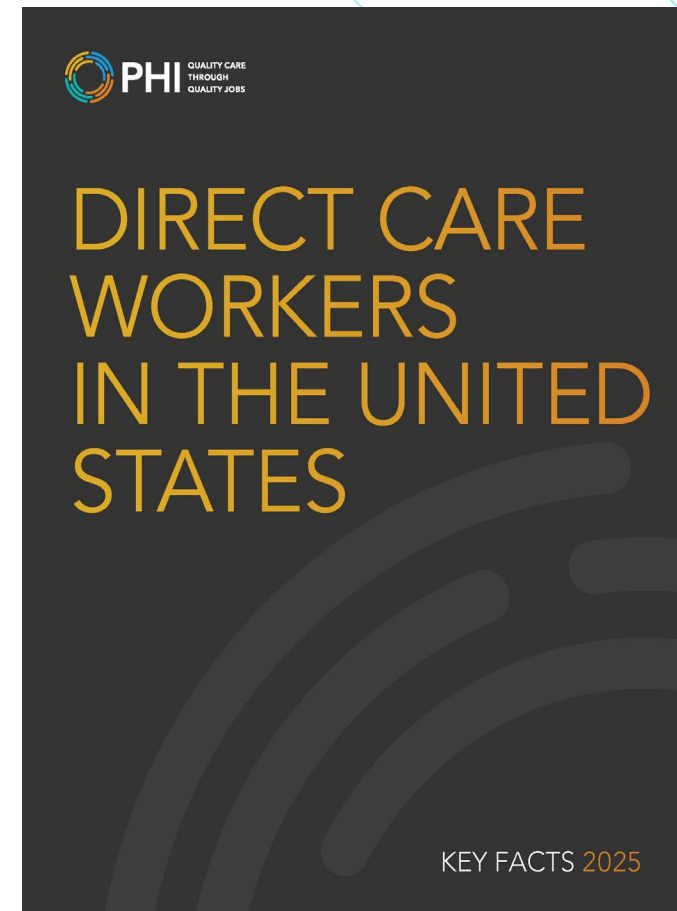
[Workforce Data Center](#)

[State Index](#)

[Key Facts](#)

[Benefit Cliffs – Virginia](#)

[CISA Home Care Role in Wisconsin](#)





## **Sandy Lyons-Jackson**

MS, RN, Director of Clinical Services

***Companion Care of Rochester (CCOR)***

# IDENTIFY YOUR AGENCY PAIN POINTS

- **Recruitment**

- **Retention**

- **Training**

- **Compliance (EJV, EHR)**



# CREATIVELY RETAIN/ATTRACT YOUR WORKFORCE

- **Scheduling Strategies**
  - How flexible can you be?
  - In office, Remote, Hybrid
  - On Call challenges
- **Incentive Approaches**
  - Differential Pay
  - Hybrid Pay Models
  - Caseload pay structures
  - Bonus structures



# LESSONS LEARNED

## Emergency Preparedness:

- NYSDOH Requirement
- Workgroups and meetings
- Improved policies and planning
- Relationship building with EMS and LHD
- Ongoing development with workflows
- Community Partnership building

## Community Partnerships:

- Built on trust and mutual respect
- Have a shared goal and benefit the community
- DSRIP and Emergency Preparedness
- Referral source(s)
- Recruitment building
- Networking and knowledge growth

# Thank You!

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