



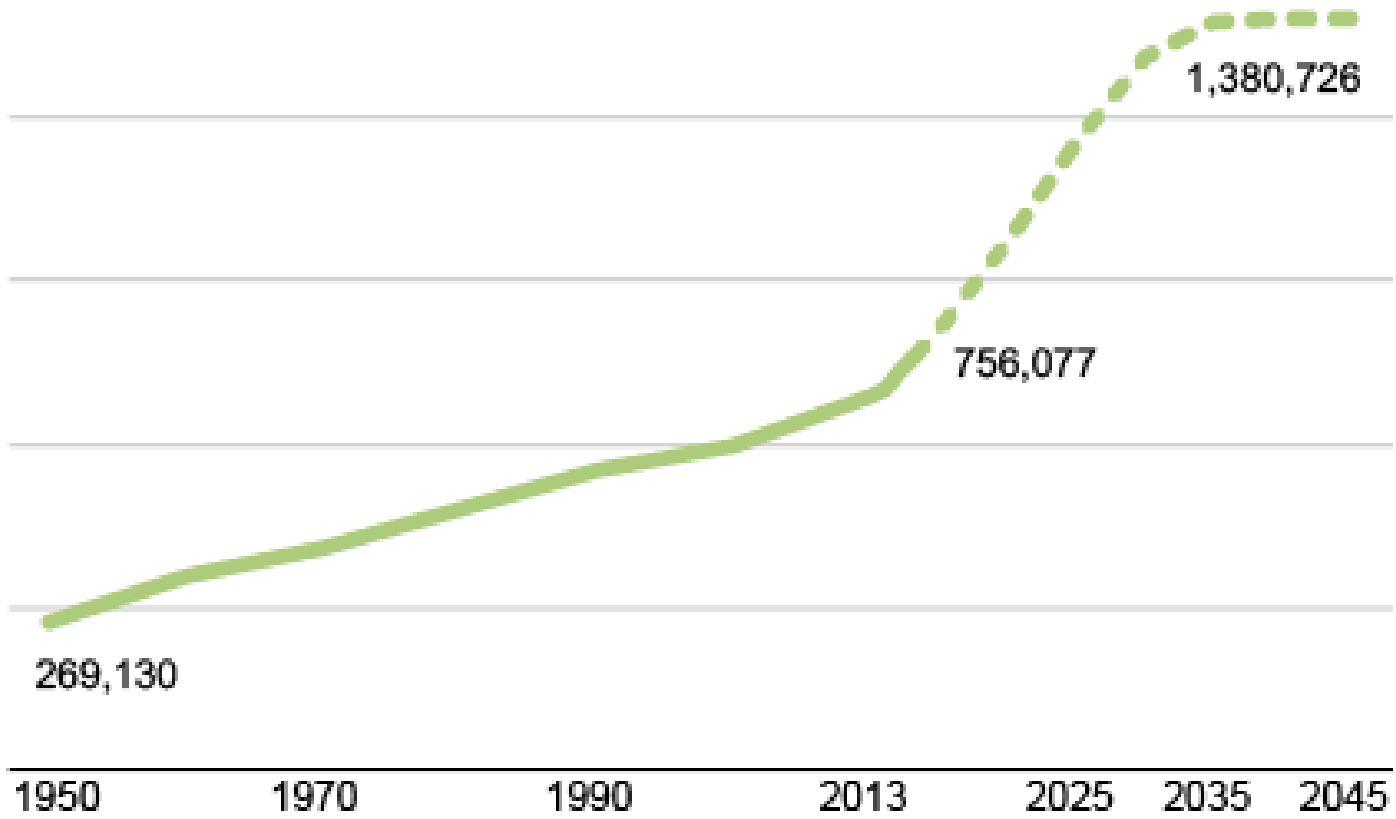
Long-Term Care and Healthcare Workforce
Fall 2022

The state of Long Term Care and Workforce



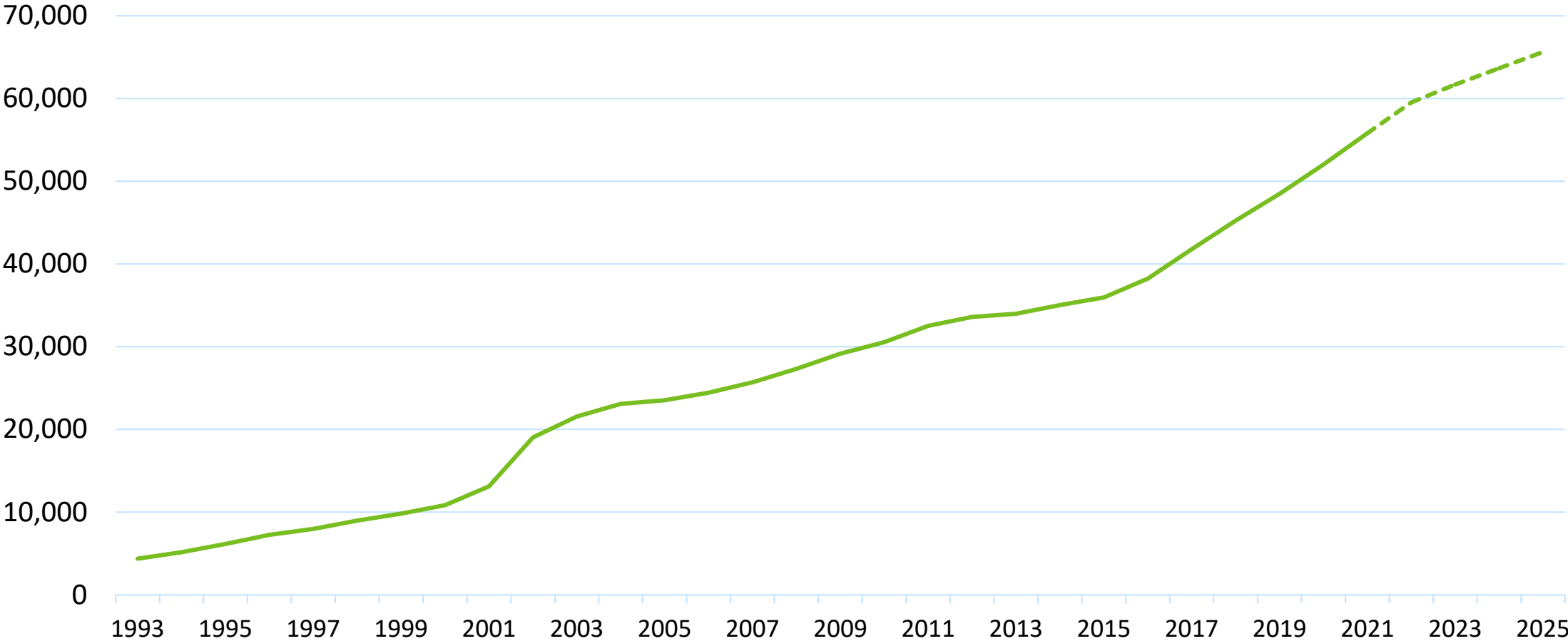
Aging of the Population in Minnesota

Minnesota population age 65 years and older

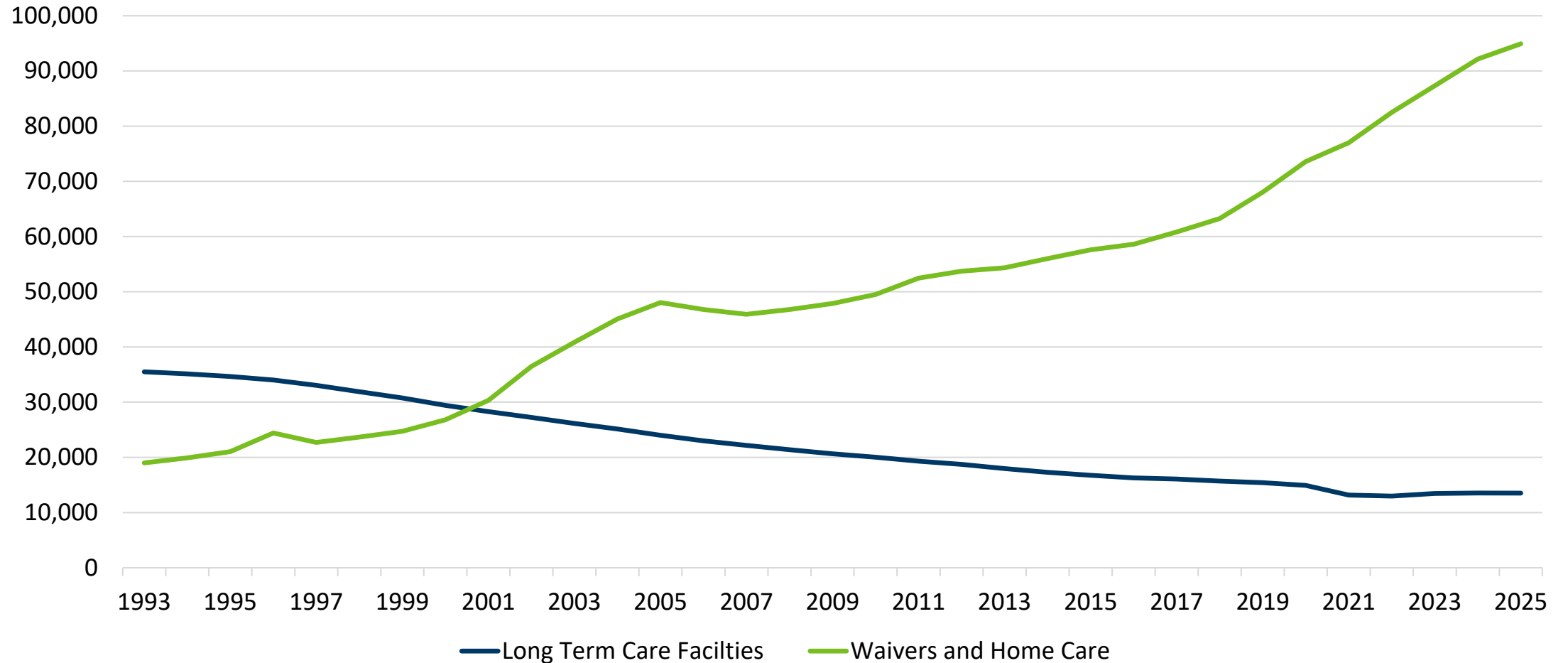


Minnesota COMPASS, "Minnesota's Aging Population: Prepare for Lift-Off", 2014

Growth of the Disability waivers

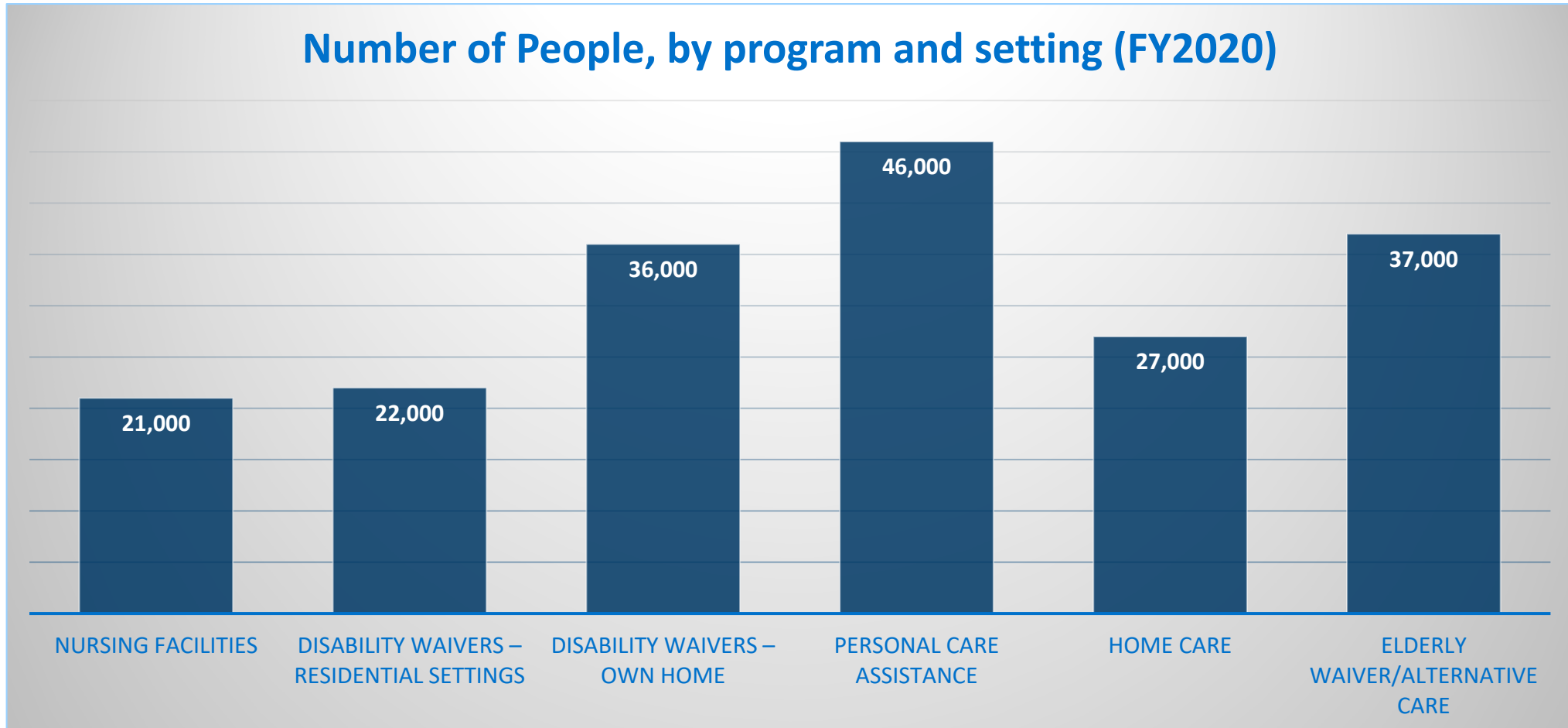


Changes in the Number of People Served and how they receive long term care support

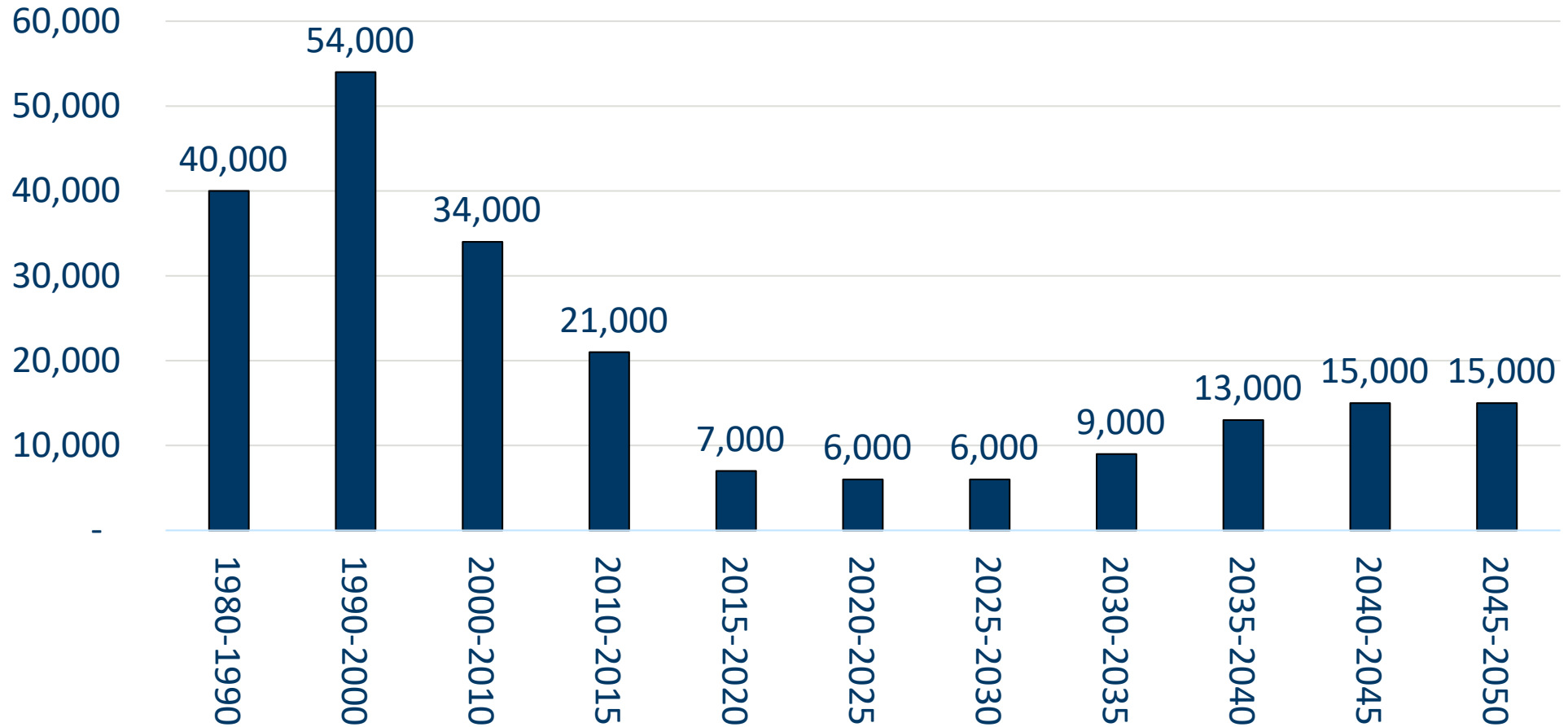


How people choose to receive long term care support

Number of People, by program and setting (FY2020)

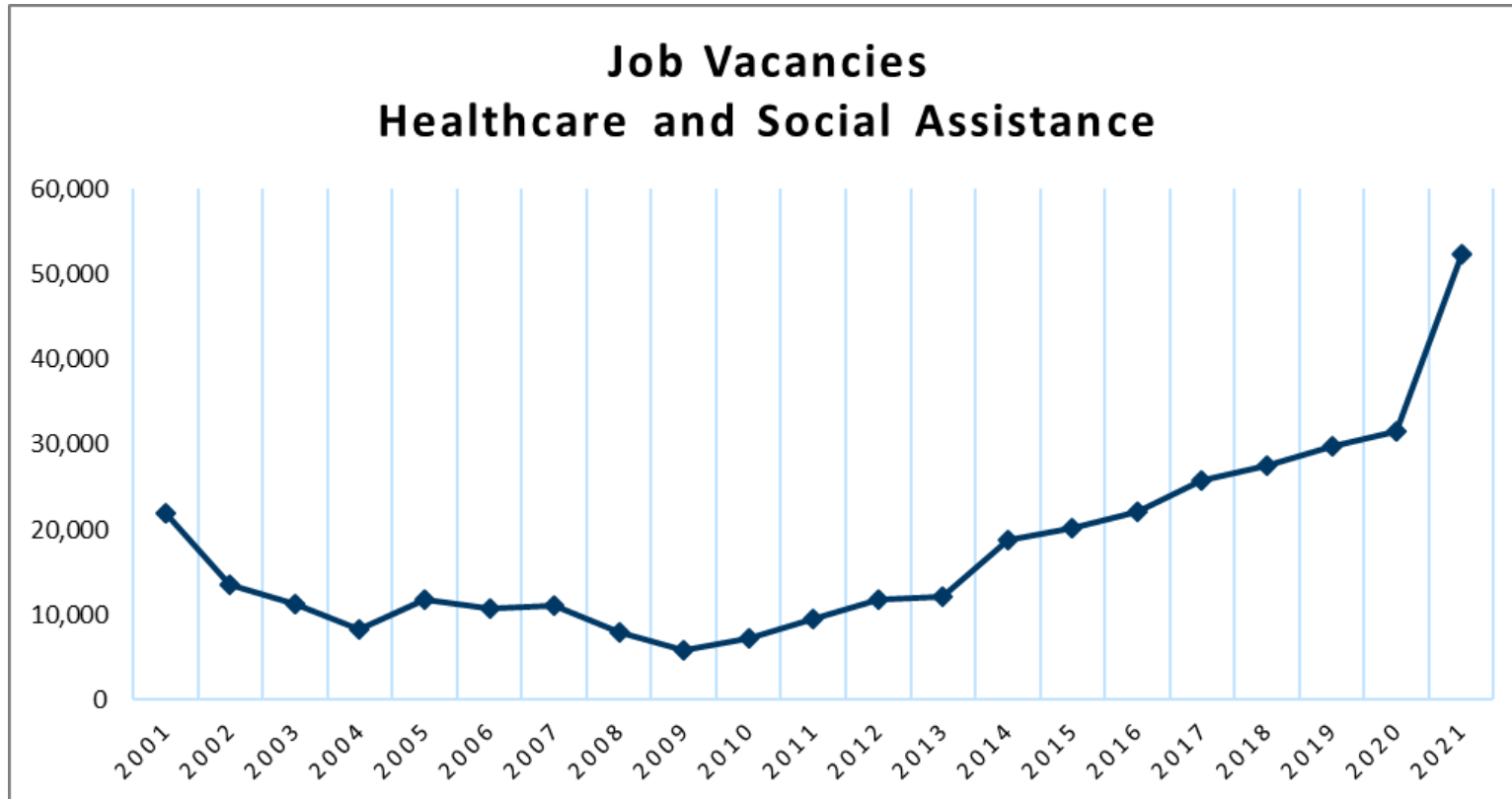


Minnesota's labor force growth is projected to slow further between 2015 and 2030



Source: U.S. Census Bureau (1980—2015) & MN State Demographic Center Projections (2015-2045)

Workforce Shortage in Health and Human Services



Job Vacancy Survey, 4th Quarter 2021: <https://mn.gov/deed/data/data-tools/job-vacancy/jvs-findings.jsp>

- Job vacancies in Minnesota are at record highs across all sectors
- Healthcare and social assistance sector is most severe with more than 52,000 vacancies
- Represents one quarter of all job vacancies across the state
- Vacancies increased by 31% in just two quarters, 66% from one year ago, and is more than double than the next highest number of vacancies recorded in the previous twenty years.
- Personal Care & Service vacancies increased by more than 225% over one year.

Caring Professions Workforce Support

- The average wage in the Caring Professions is about 30% below the average MN wage while the average MN wage has risen 5.6% over the past year as employers compete for workers.

- Also an equity issue:

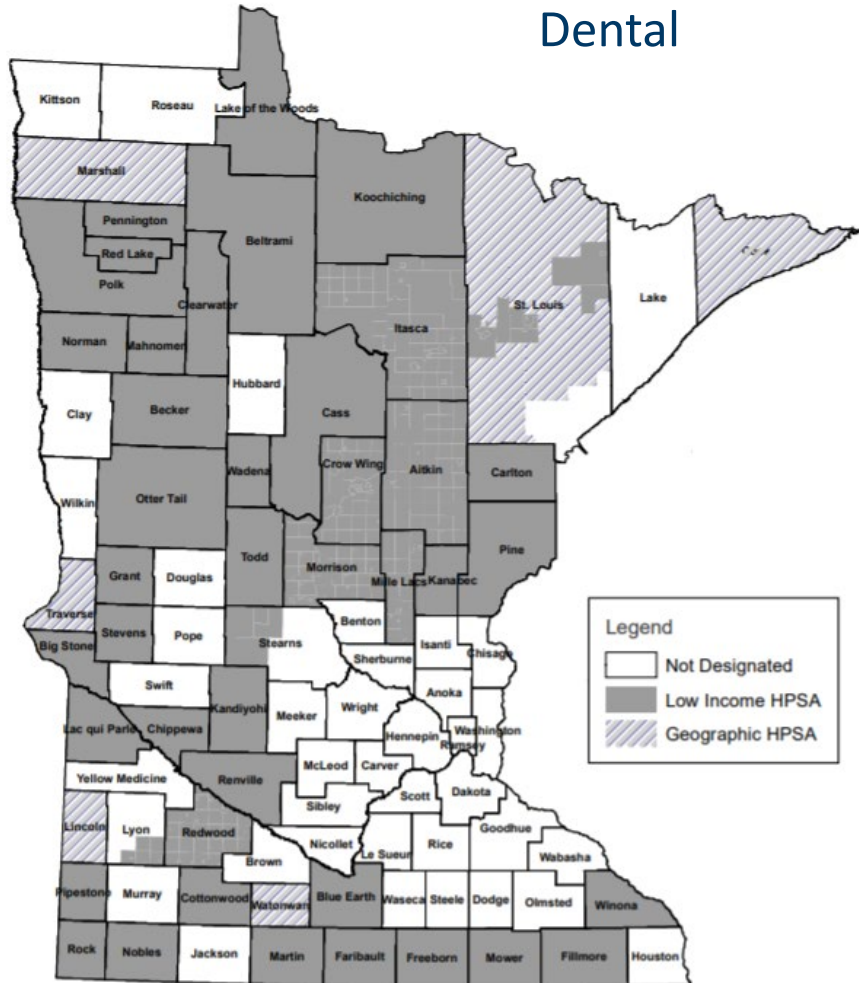
	Childcare Workers	PCAs	Nursing Assistants
% BIPOC	19%	35%	46%
% Female	95%	77%	87%
% on Medical Assistance	19%	40%	27%
% on SNAP Food Benefits	7%	14%	21%

Workforce shortages across healthcare

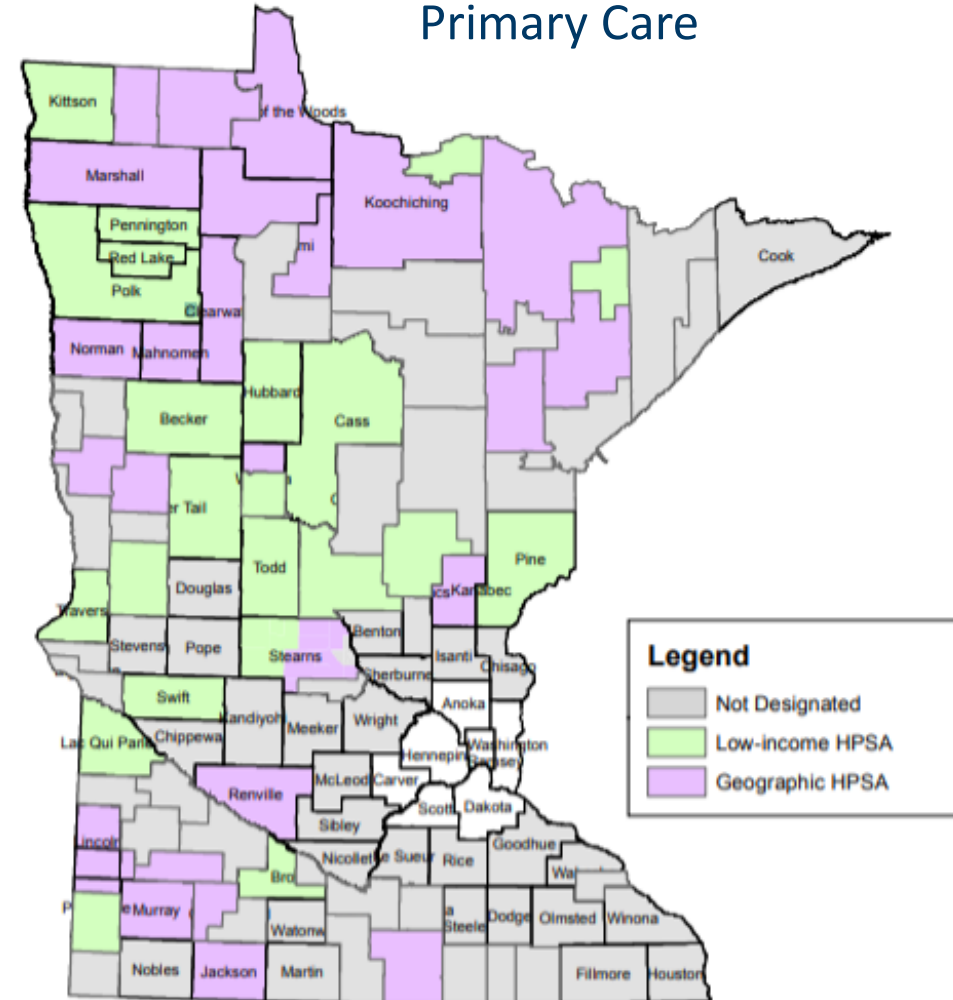


Shortages are widespread: 94 designated Health Professional Shortage Areas (53 counties) in dental and primary care

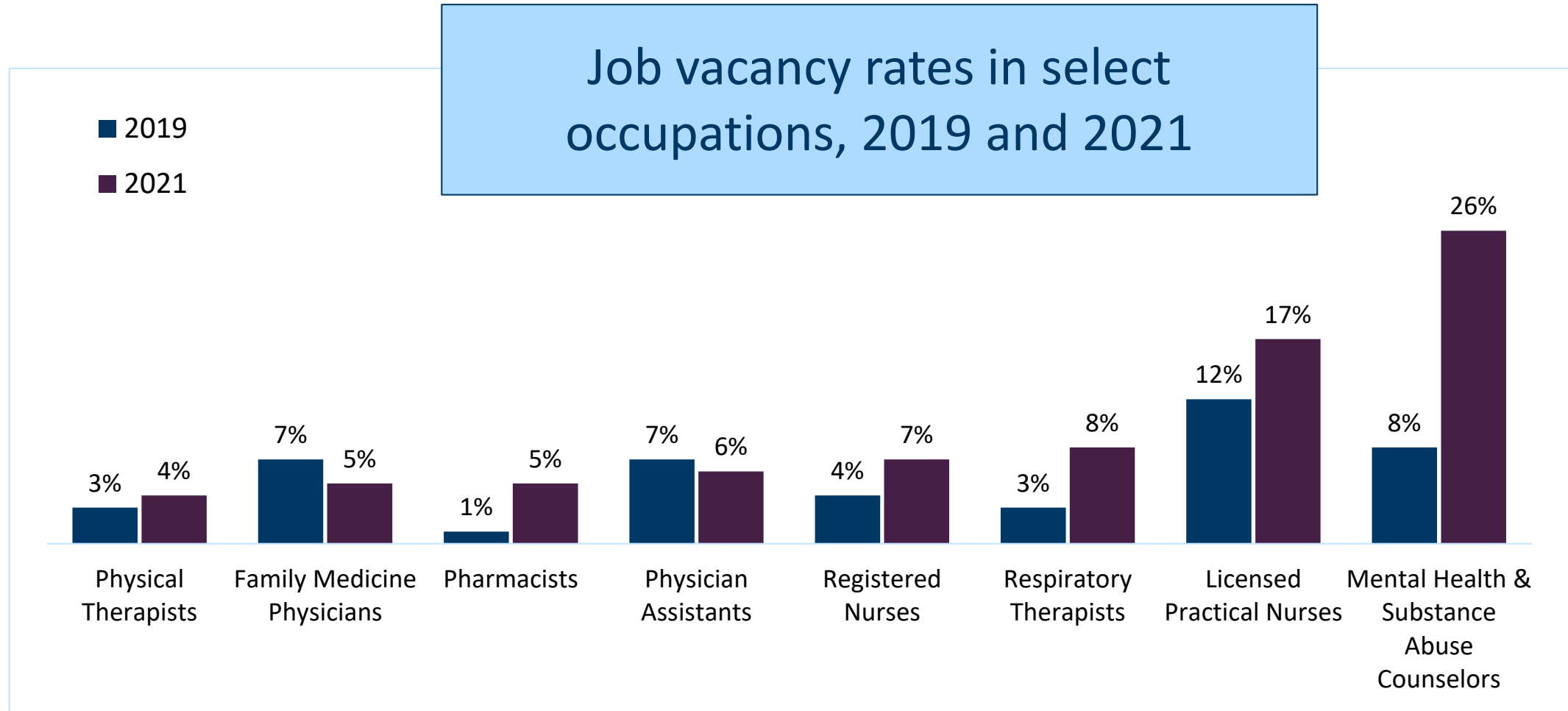
Health Professional Shortage Areas Dental



Health Professional Shortage Areas Primary Care

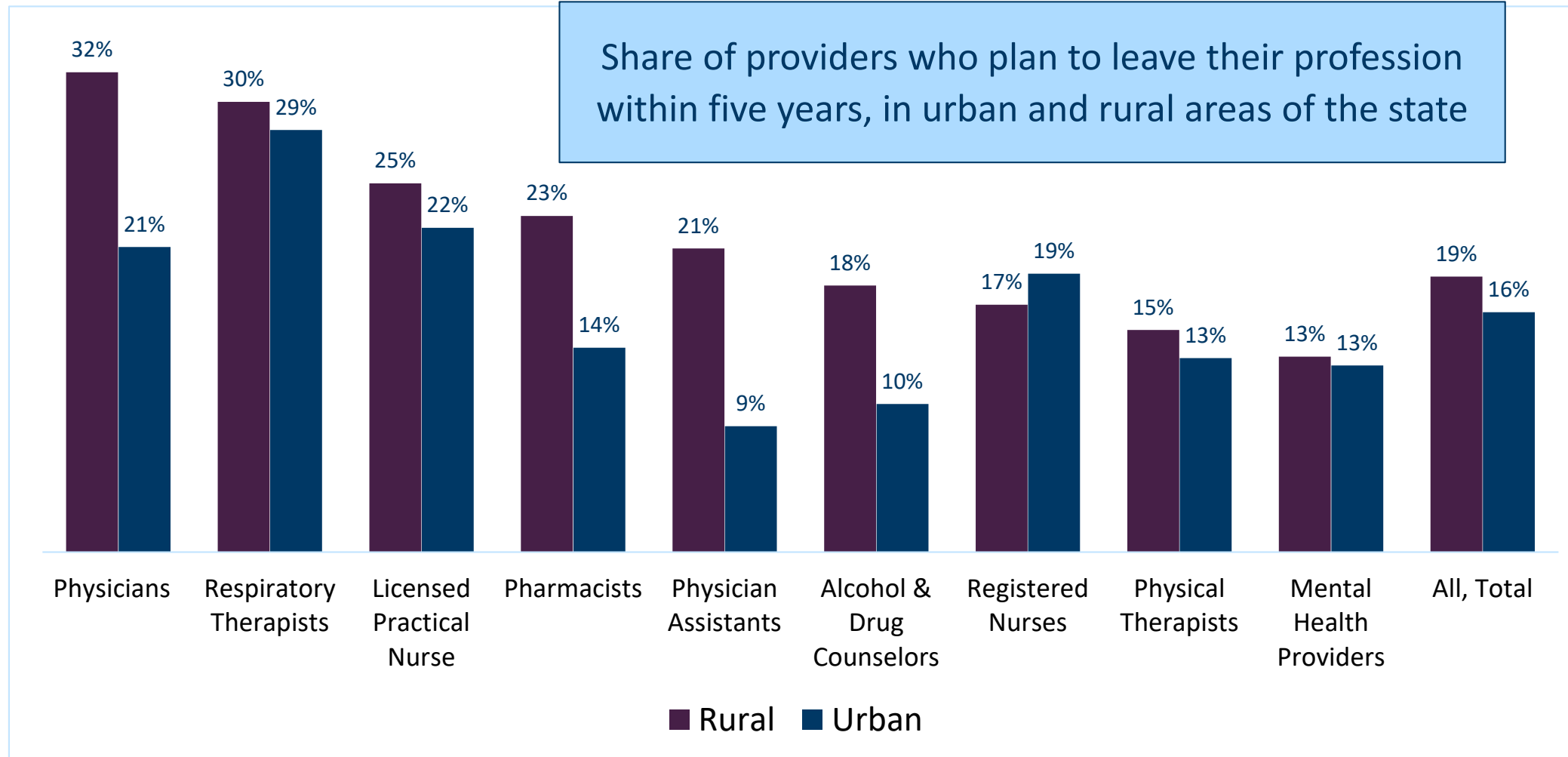


Hiring demand has gotten higher in most professions



Data source: Department of Employment and Economic Development Job Vacancy Survey; second quarter 2019 and second quarter 2021 vacancy rates.

Rural areas will face greater losses in the next five years

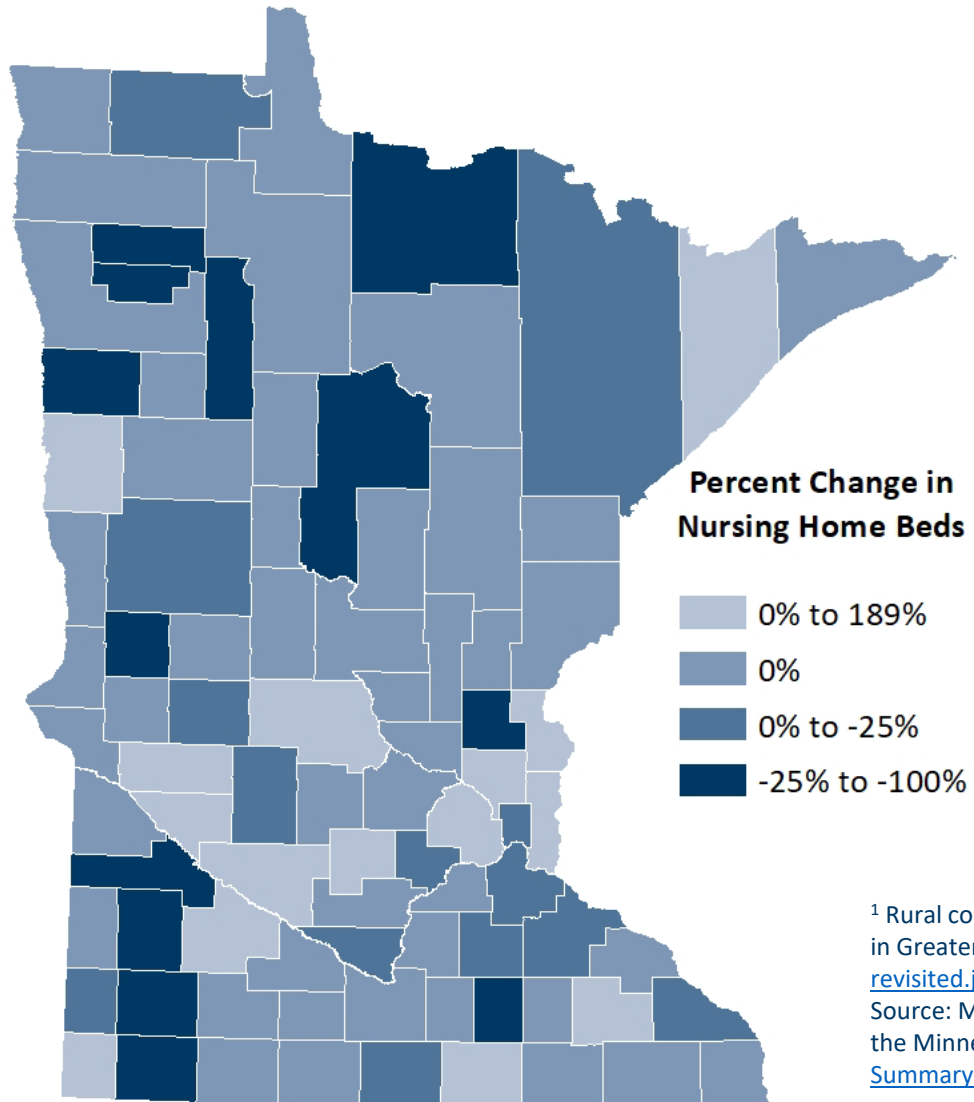


Data source: Minnesota Department of Health's Healthcare Workforce Survey.

Interaction across systems of care

- COVID-19 pandemic has reminded us of how connected these systems of care are – when one sector struggles, all are impacted:
 - Inability of LTC/congregate facilities to staff all available beds leads to backups in hospitals that limit availability of care for acutely/critically ill
 - Short staffing in any type of setting increases burnout, which is a significant driver of workforce exits
 - Difficulty hiring/retaining mental health providers and alcohol & drug counselors exacerbates challenges in staffing mental health inpatient beds or outpatient services
 - NEMT and emergency transport are critical for access to ongoing or emergency care: staffing challenges, volunteer EMS systems, and high gas prices put strains on these systems

The relative decline in nursing homes and nursing home beds was greater in rural Minnesota between 2011 and 2020



- Rural counties¹ have about 1/3 of all nursing homes but accounted for the majority of closed nursing homes in the state between 2011 and 2020.
- In total, rural counties¹ lost 16 nursing homes, and had a 6% decline in nursing home beds.
- The nursing home population has been declining since 1995, with alternative options for long-term care, including home care and assisted living becoming more common.

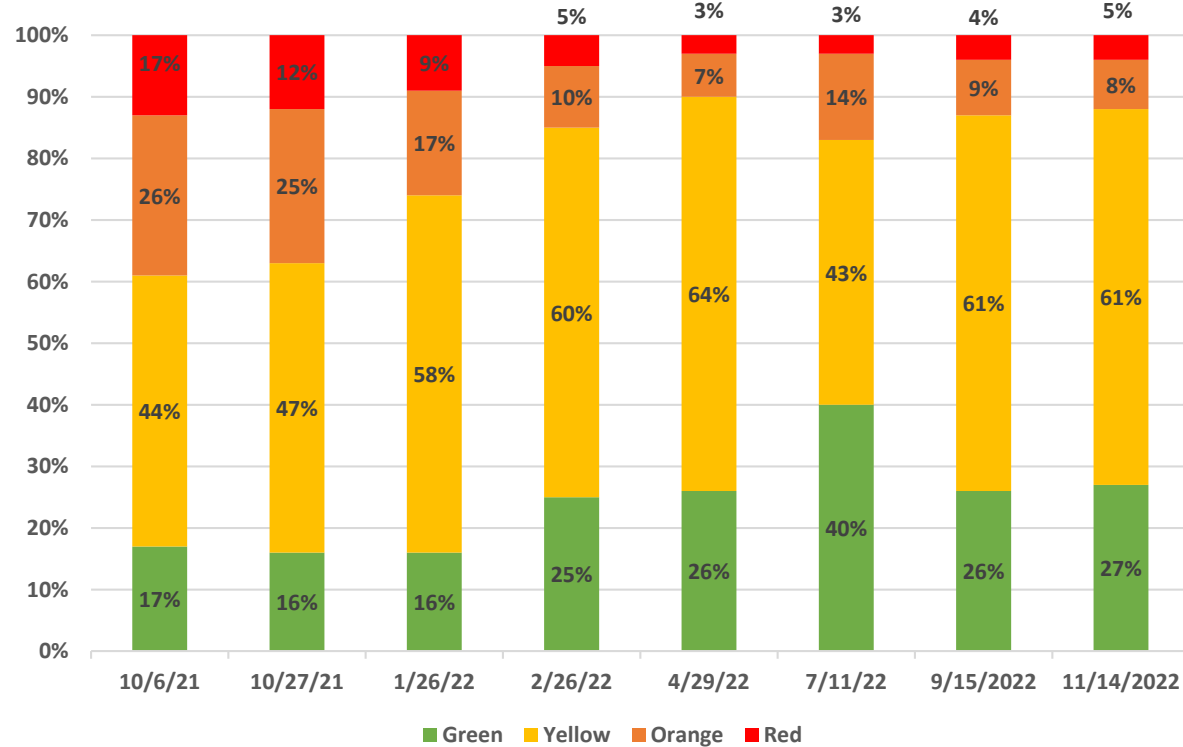
¹ Rural counties are those that are either entirely rural, or a rural/town mix (49 counties), as defined by the Minnesota Population Center in Greater Minnesota: Refined and Revisited (<https://mn.gov/admin/demography/reports-resources/greater-mn-refined-and-revisited.jsp>), page 33.

Source: Minnesota Department of Health, Health Economics Program analysis of 2011 and 2020 nursing facility counts and capacity from the Minnesota Department of Health, Health Regulation Division.
[Summary of Slide](#)

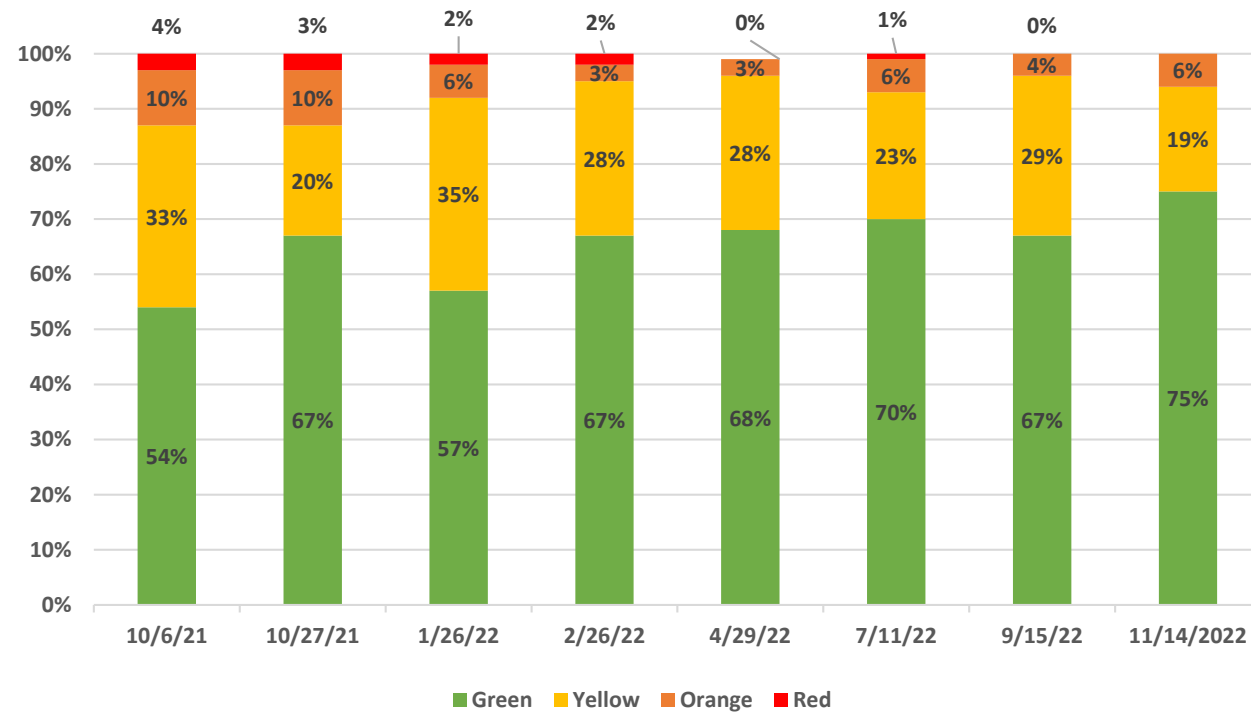
MDH-LTC Crisis Staffing Self-Assessment Results

Q: Are you able to accept new admissions? October '21-November '22

SNF: Are you able to accept new admissions?



ALF: Are you able to accept new admissions?



RED Crisis Level: Unable to take admissions today and likely for the foreseeable future

ORANGE Crisis Level: Unable to take admissions today and possibly for the foreseeable future

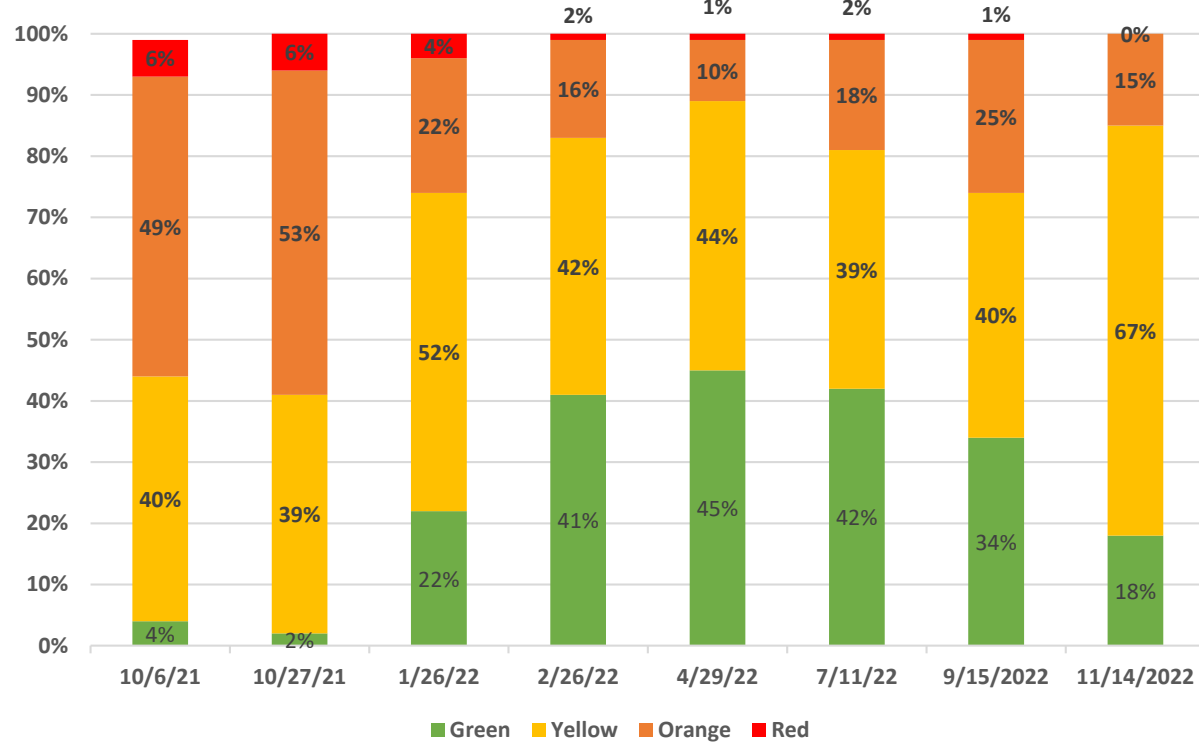
YELLOW Crisis Level: Assessing admissions based on acuity levels-only taking those with minimal care needs

GREEN Crisis Level: Normal admission practices are uninterrupted

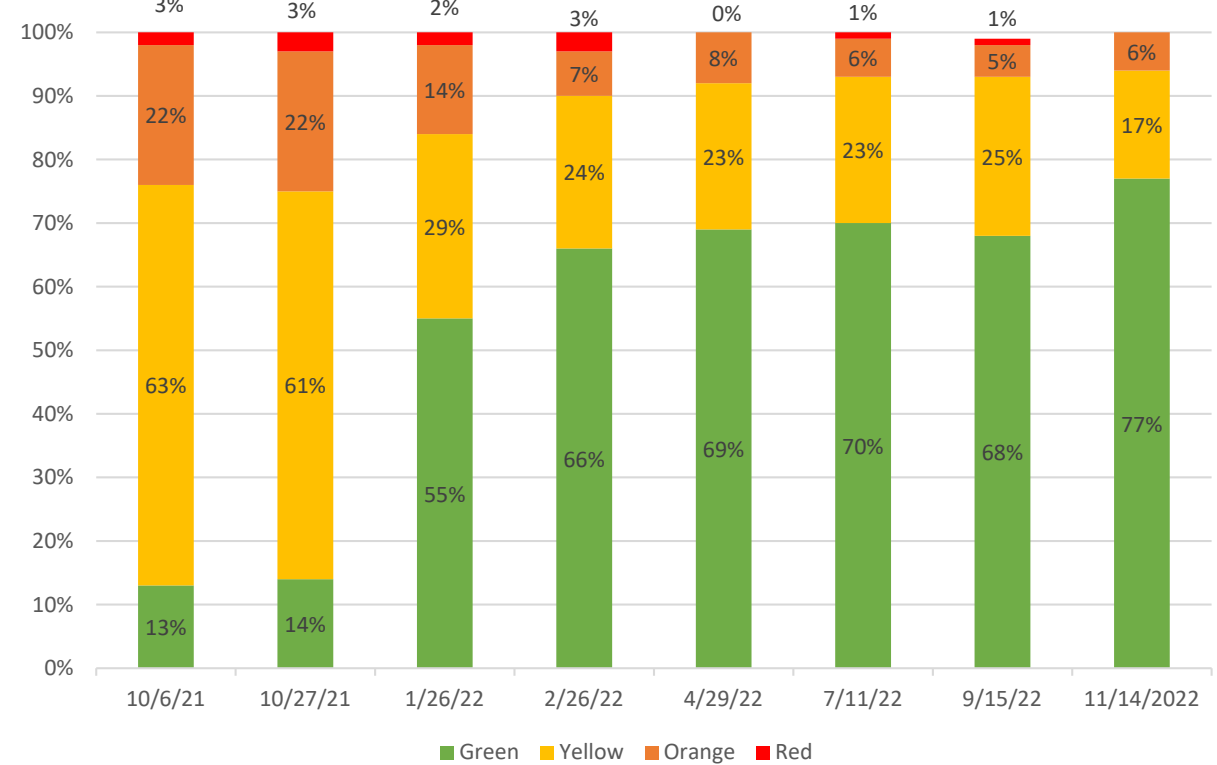
MDH-LTC Crisis Staffing Self-Assessment Results

Total Average Score by Facility Type: October '21- November '22

SNF: Average Score All Categories

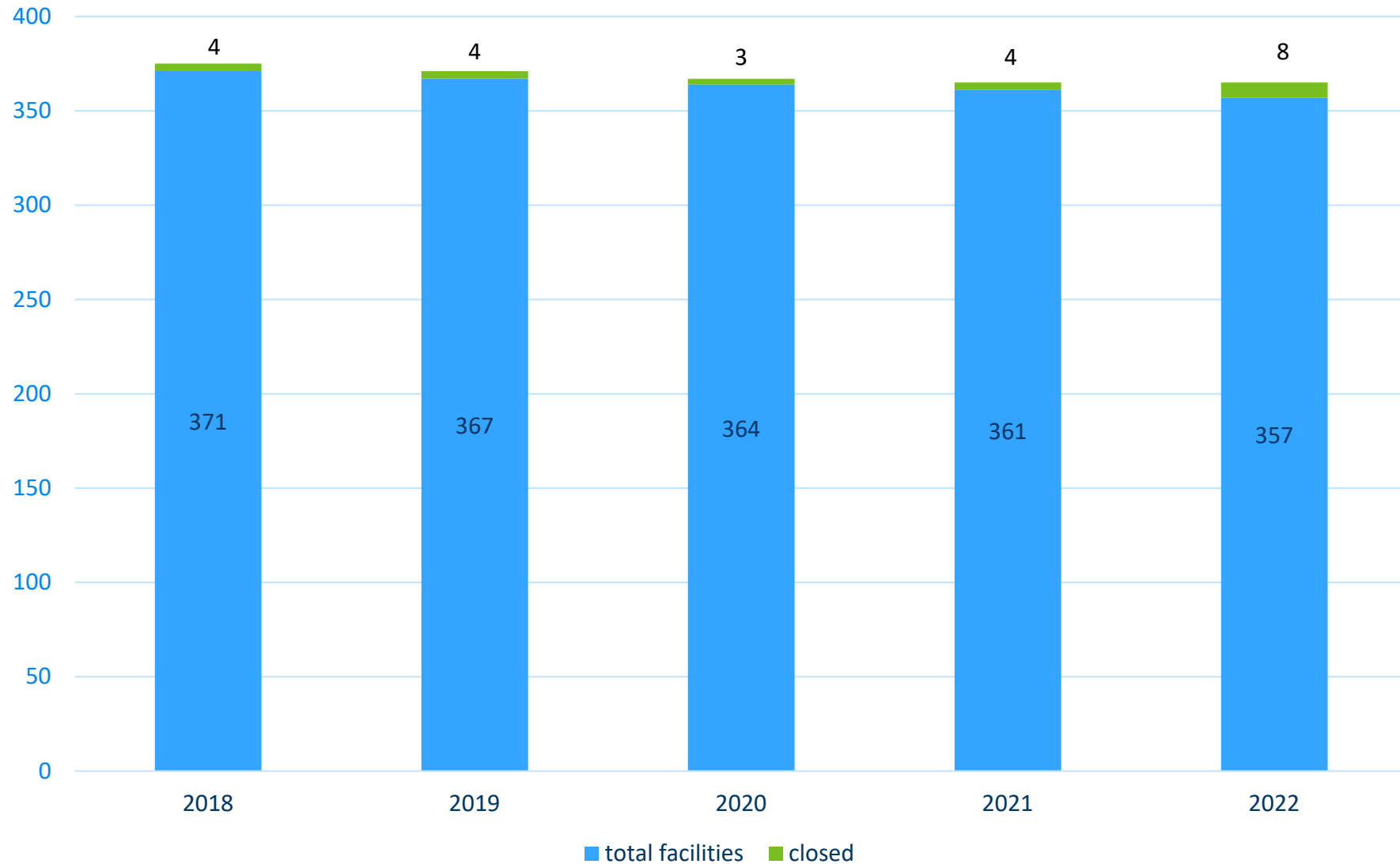


ALF: Average Score All Categories

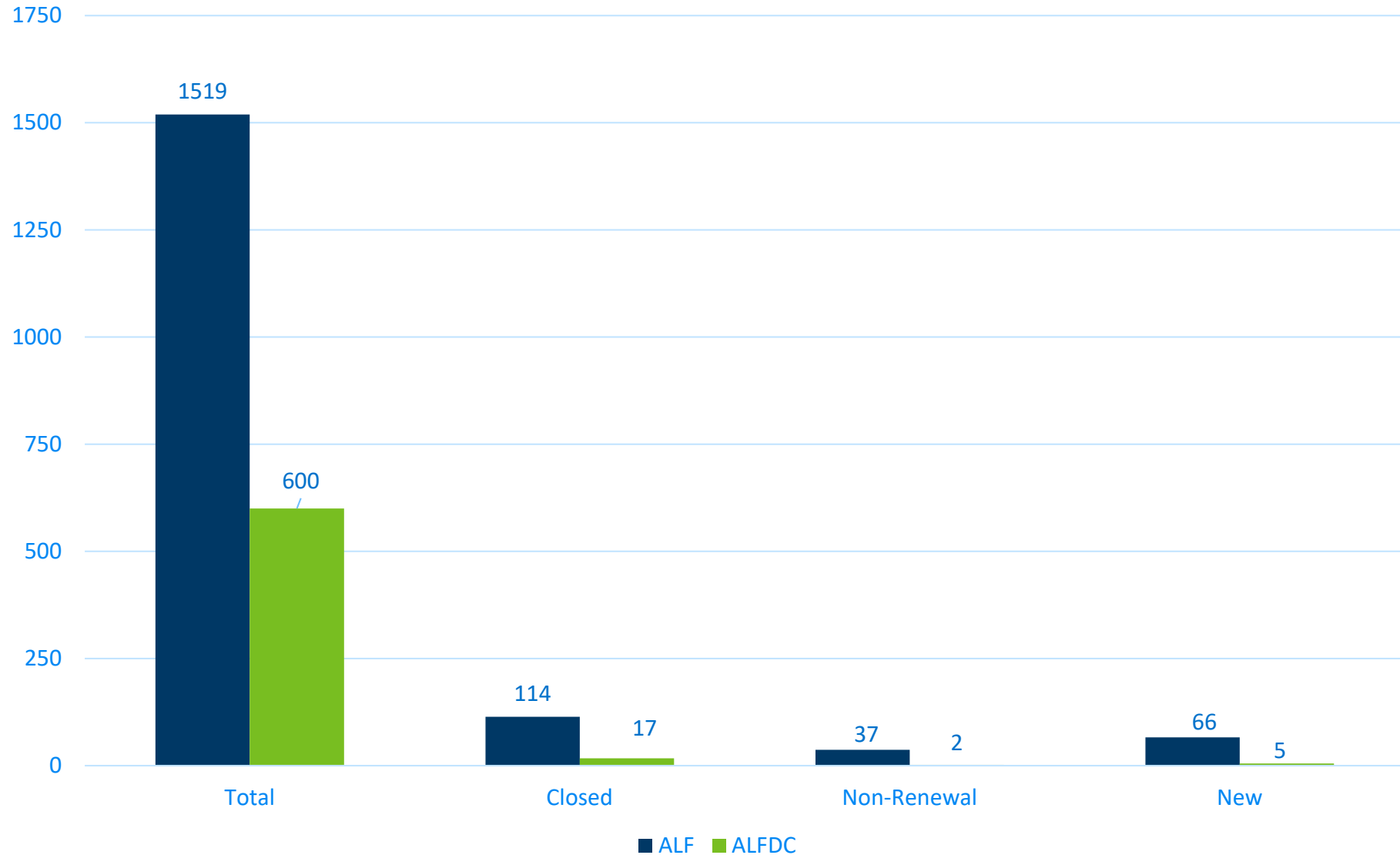


RED 8.5-10 Average Score
ORANGE 7.0-8.4999 Average Score
YELLOW 5.5-6.999 Average Score
GREEN 4.0-5.4999 Average Score

Nursing Home Closures by Year



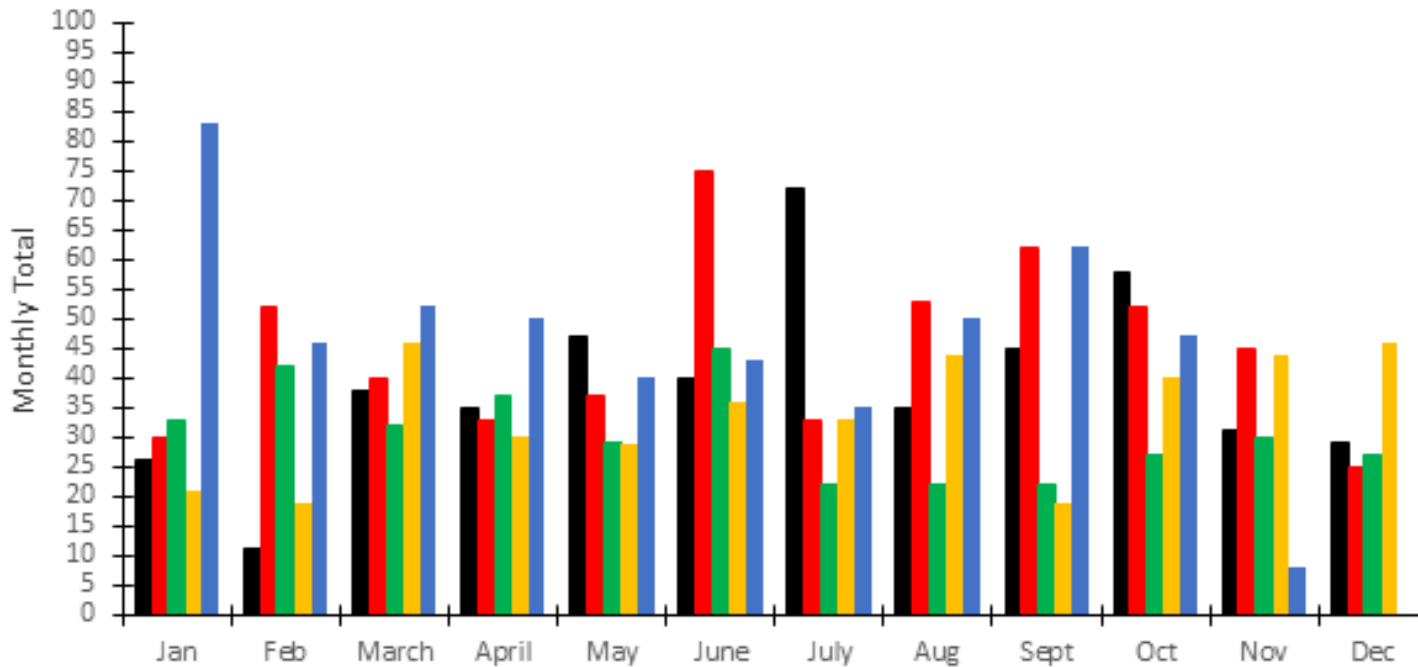
Assisted Living Closures/Non-Renewals/New Licenses by License Type



Provider capacity, service terminations

Monthly Total Service Terminations and Suspensions Starting 1-1-18

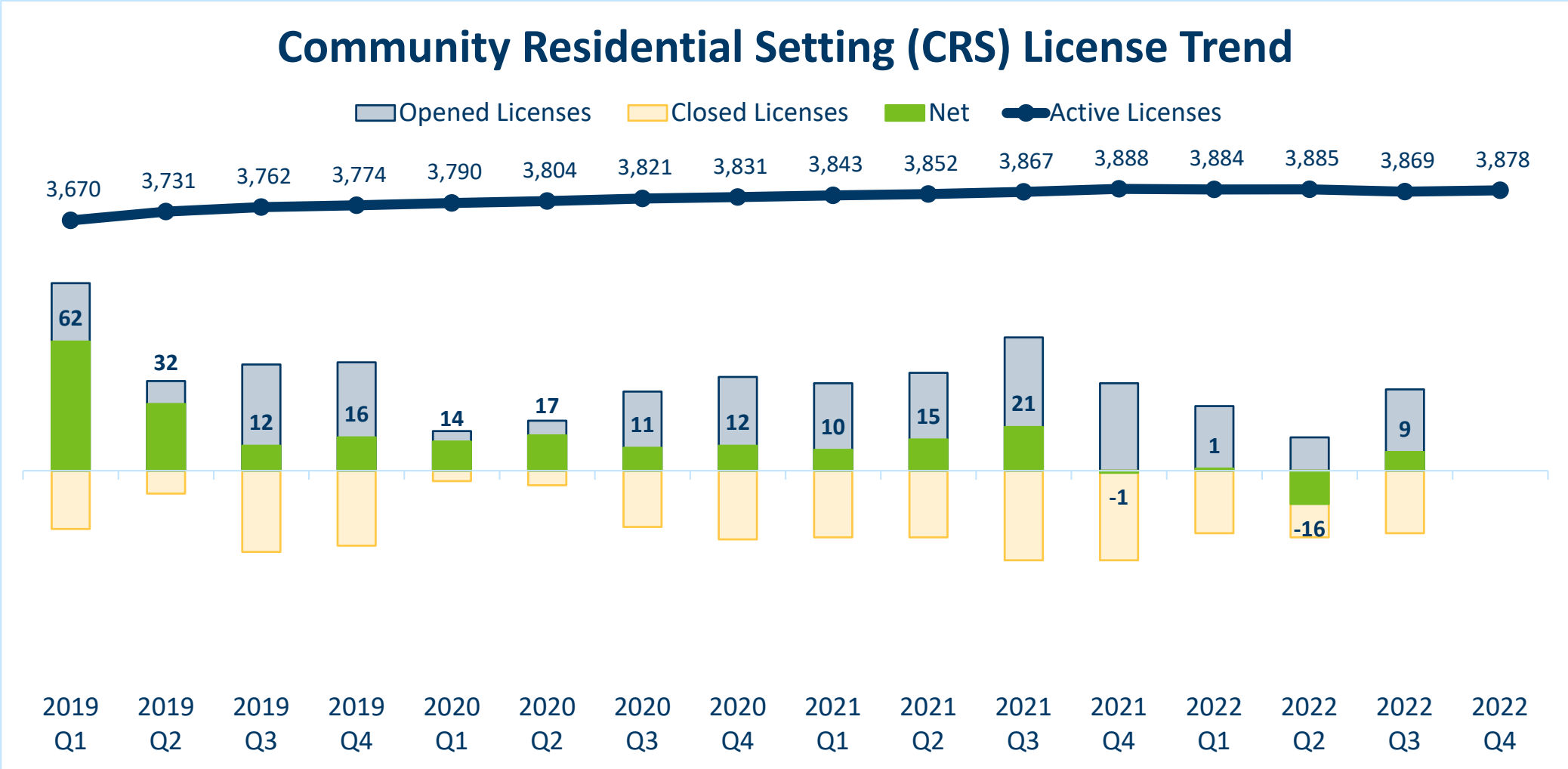
■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022



This data displays the monthly total count of residential supports and services suspension of services and termination from services received by DSD. In addition, each month displays total counts in relation to the years 2018 through 2022. Note that residential supports and services is defined in 245D.

- Providers notify DHS when a person's services are terminated.
- Most people whose services are terminated engage in behavior that challenges the system and requires staff with special skills and training.
- When the provider pool is strained, people who require staff with specialized skills are likely to be impacted.

Group Home Licenses – Openings and Closings



Pressures that are Getting Worse

- We still hear the stories of CEOs taking shifts in group homes or LTC facilities, parents supplementing shifts in group homes, parents picking up their adult children for the weekend when group homes can't staff.
- We hear concerns about quality of care with turnover, fewer available workers.
- We hear fears about the small, local senior facilities closing in favor of larger providers and families having to travel distances to visit their family members.
- We hear that one EMT provider has stopped picking up members of Red Lake and White Earth who are on Fee-for-Service MA.

- Providers may be more likely to turn over their services to another provider than to close.
- Out-of-state providers may be looking to “open” or “acquire” services in Minnesota because of our above-average payment structures.
- We need a rich mix of service models to allow people choice and models tailored to individuals instead of all nursing homes or all group homes or all home care.
- We should map service locations and strive to have services close to home for as many Minnesotans as possible.