



# **Report on Nursing Facility Workforce Challenges**

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**The 2022-23 General Appropriations  
Act, Senate Bill 1, 87<sup>th</sup> Legislature,  
Regular Session, 2021 (Article II,  
Health and Human Services  
Commission, Rider 146)**

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# 1. Executive Summary

The 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021, Article II, Health and Human Services Commission, Rider 146, charged the Texas Health and Human Services Commission (HHSC) with conducting a comprehensive assessment of nursing facility (NF) workforce challenges and how they affect the delivery of care to residents in those facilities. This report reflects important input HHSC received from the Long-Term Care Facilities Council (Council), state agencies such as the Texas Workforce Commission (TWC) and the Board of Nursing (BON), and long-term care provider associations, advocates, and other key stakeholders.

There is broad consensus among contributors to this report on the long-standing challenges NFs in Texas face – particularly with recruiting and retaining front-line staff – and agreement that the COVID-19 pandemic has only exacerbated these challenges. This report includes recommendations such as:

- Improving the educational curriculum at the high school and nursing levels to encourage and prepare more students to pursue careers in long-term care;
- Addressing barriers such as transportation and child care for certified nurse aides (CNAs), who provide direct care to residents; and
- Improving the overall culture of the state’s long-term care industry and raising awareness of how deeply rewarding the work in these facilities can be.

The Centers for Medicare and Medicaid Services (CMS) has long identified nurse staffing as a vital component of a nursing home’s ability to provide quality care<sup>1</sup>. In recognition of this, this report’s recommendations are focused on strengthening the NF workforce statewide and thereby improving the quality of services provided to the approximately 85,000 residents who depend upon their care.

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<sup>1</sup> Kramer, A.M., and Fish, R., “The Relationship Between Nurse Staffing Levels and the Quality of Nursing Home Care,” in Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Phase II Final Report, Abt Associates, Inc., Winter 2001.

## 2. Introduction

### Rider Requirements

Rider 146 required HHSC to do the following:

- Consult with the following individuals and entities: (1) associations in this state representing: nursing homes; nurses; retired persons; and medical directors; (2) the state long-term care ombudsman; (3) representatives from institutions of higher education; (4) the Texas Workforce Commission; and (5) other stakeholders as appropriate.
- Evaluate the current workforce shortage and direct care staffing.
- Develop recommendations for legislation, policies, and short-term and long-term strategies for the retention and recruitment of direct care staff to ensure an adequate workforce is in place to provide high quality, cost-effective health care including: (1) workforce engagement and advancement models; (2) job supports and incentives; (3) training and educational initiatives; (4) wages and benefits; (5) licensure and certification rules.
- Examine and develop recommendations for nursing home reforms, including: (1) implementing new care models; (2) optimizing nursing home size and configurations to foster resident wellness and infection control; (3) increasing clinical presence in nursing homes; and (4) appropriate nursing home staffing to meet the needs of the resident population.

### Stakeholder Engagement

HHSC kicked off the stakeholder outreach directed by the rider in early February 2022 with representatives of the Texas Health Care Association (THCA) and Leading Age, two of the larger associations representing long-term care providers; the Texas AARP, which advocates for older Texans; and the HHSC Office of the State Long-Term Care Ombudsman, which advocates for the rights of residents in NFs. HHSC representatives included staff from Regulatory Services, Medicaid, and Provider Finance.

In March, HHSC staff presented an update on Rider 146 at the quarterly meeting of the Council, which is charged with making recommendations regarding a more consistent survey and informal dispute resolution process for long-term care facilities, the Medicaid quality-based payment systems for these facilities, and the allocation of Medicaid beds in these facilities. HHSC received helpful feedback on NF workforce challenges from members of the Council, which is made up of provider representatives and HHSC staff.

Also contributing to this discussion were representatives from the BON and experts in long-term care at the Texas Tech Health Sciences Center.

In early May, HHSC staff met with TWC staff to discuss how to improve training for CNAs and other critical NF staff such as registered nurses and nursing facility administrators (NFAs), among other long-term care workforce topics. TWC staff subsequently provided additional information to HHSC that is outlined further in this report.

In late May, HHSC staff attended a THCA-sponsored town hall discussion of NF workforce concerns and potential solutions that included staff from NF providers across Texas. HHSC staff participated in a panel discussion with representatives from the TWC, a nurse who oversees the nursing education programs at Concordia University, and a representative of THCA's national association based in Washington, D.C.

In August, HHSC met again with staff at the BON to discuss the challenges of preparing and recruiting Licensed Vocational Nurses (LVNs) and Registered Nurses (RNs) to work in long-term care settings.

Finally, for more than a year, HHSC LTCR staff have been hosting recurring, quarterly meetings of a CNA workgroup that includes representatives from individual nursing facilities, the long-term care provider associations, TWC, the Texas Education Agency (TEA), and staff from local school districts and colleges from across the state. The education entities in this workgroup work with the Nurse Aide Training and Competency Evaluation Programs (NATCEP), which HHSC regulates and administers to ensure CNAs are prepared to provide direct care. More information about the important role NATCEPs play in the training process is outlined further in this report.

Throughout HHSC's stakeholder engagement process on Rider 146, the discussions have been engaging and productive, and the agency plans to use the helpful, extensive feedback it has received from all entities focused on the critical topic of recruiting and retaining staff in Texas NFs.

## 3. Background and Trends

### Long-standing Challenges

Texas is certainly not alone in experiencing workforce challenges in NFs; these facilities nationwide have experienced challenges for years from high turnover due to low pay, burnout, and competition from other health care providers such as hospitals. For example, RNs working in NFs typically earn 10 percent to 20 percent less than RNs working in acute care and outpatient settings<sup>2</sup>.

Comparably, CNAs often earn a lower salary than staff in restaurants and convenience stores, warehouses, and other service industries, resulting in some aides working additional jobs to make ends meet. CNAs and personal care aides provide the bulk of hands-on care to NF residents, including assisting with activities of daily living such as grooming, toileting, and feeding. The industry has long struggled to both recruit and retain these frontline staff.

While turnover rates among CNAs varies greatly from facility to facility and from state to state, there is evidence that facilities that have more residents enrolled in Medicaid experience more nursing staff turnover<sup>3</sup>.

Here in Texas these workforce challenges are profound, with NF turnover rates of 85 percent for nursing staff and CNAs even before the COVID-19 pandemic<sup>4</sup>. NFs in Texas employ over 100,000 staff in over 1,200 nursing facilities statewide. NFs in different areas face different workforce challenges depending upon their location. Rural NFs can find it difficult to recruit given the low population; urban NFs must compete with thousands of area employers who can pay higher wages.

Texas also has a rapidly growing and aging population, which results in huge demand for both acute health care and long-term care. Put simply, demand for health care workers has long been outpacing supply, and stakeholders who participated in developing this report agree this trend is expected to continue well into Texas' foreseeable future.

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<sup>2</sup> The U.S. Bureau of Labor Statistics. (2021) *Occupational Outlook Handbook: Registered Nurses*

<sup>3</sup> "High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information." Gandhi, Ashvin, et. al. *Health Affairs*, March 2021.

<sup>4</sup> Texas Center for Nursing Workforce Studies. (2019) Long term Care Nurse Staffing Study.

## COVID-19 Impact

On March 19, 2020, HHSC received its first report of a COVID-positive case in a Texas NF. Like other states before it, COVID case counts in Texas long-term care settings surged swiftly. Residents in NFs proved particularly vulnerable to the virus due to their age and medical fragility. Based on data that HHSC has been collecting from NFs since the inception of the pandemic, as of September 30, 2022, nursing facilities had reported to HHSC that more than 116,583 residents had been infected with COVID-19, and 10,766 residents with COVID-19 had died. For NF staff, they reported that more than 76,611 had contracted COVID-19, and 109 staff with COVID-19 had died.

While the COVID-19 pandemic heightened awareness of the implications of nursing staff stability on infection control<sup>5</sup>, infection control deficiencies among many NFs across the country were widespread and persistent even before the pandemic<sup>6</sup>. High turnover rates undercut efforts to maintain a well-trained and educated staff on effective infection control practices long before COVID-19.

To address this, well before the first reported Texas case or death due to COVID-19, HHSC had begun closely coordinating with its state and federal partners to issue guidance to NFs on enhanced infection prevention and control measures and other protocols to protect the health and safety of staff and residents. HHSC reminded providers to update their emergency plans and train staff on what to do in the event of an outbreak of a communicable disease. These emergency plans included strategies to address any staff shortages and contingencies to ensure operations and care of residents could continue.

Despite efforts by facilities to rapidly train and equip staff to implement stringent infection control practices and the provision of additional state and federal resources and guidance, COVID-19 became an unprecedented crisis that exacerbated the long-standing workforce challenges Texas NFs faced. At the height of the pandemic, HHSC's LTCR leadership hosted twice-weekly calls with the state's long-term care provider associations to gain a clear, up-to-date understanding of these concerns. Based on those calls and LTCR surveyors' on-site observations, it was clear Texas NFs were struggling to retain adequate staffing while rapidly making operational changes to try

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<sup>5</sup> "High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information." Gandhi, Ashvin, et. al. *Health Affairs*, March 2021.

<sup>6</sup> "Infection Control Deficiencies were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic: GAO-20-576R." U.S. Government Accountability Office, May 20, 2020.

to protect the health and safety of their staff and residents. Staff at all levels were falling sick with COVID-19 and often had to take extended leave, leaving many facilities short-staffed at a time when patient care needs increased due to the demands of managing residents who were also sick with COVID.

The pandemic also resulted in an enhanced on-site presence from local, state, and federal officials. Some officials were there to secure resources for the facility or respond to emergencies, others to assess for compliance with health and safety regulations, and still others to offer guidance and ensure it was being properly followed. All shared the goal of protecting health and safety, but without question, these visits added to the workload of NF staff.

High demand coupled with nursing shortages across the health-care spectrum resulted in hospitals paying large sign-on bonuses and offering record high salaries to recruit staff and contract nurses<sup>7</sup>— rates that many Texas NFs stated they could not afford. Additionally, hospitals began employing more licensed vocational nurses (LVNs) as opposed to their more customary registered nurses (RNs), placing them in more direct competition with long-term care facilities, where LVNs often make up a significant part of the workforce.

NFs reported that they relied heavily on private staffing agencies to ensure they had staff to meet the needs of residents and that staffing was a significant expense to them. However, staffing agencies also struggled to meet demand and often were unable to fulfill requests for temporary health care workers. Over the course of the pandemic, NFs statewide made 177 emergency staffing requests to the State Operations Center (SOC) via HHSC after they had exhausted all other remedies but still could not find sufficient staff. In some cases, HHSC surveyors and investigators remained on-site providing direct care to residents until emergency contract staffing could be deployed.

In summary, COVID-19 placed significant added pressure on NFs' ability to recruit and retain staff for increasingly demanding and often stressful positions. According to data collected by CMS, most Texas NFs still haven't fully recovered, as staffing levels have not returned to their pre-pandemic levels.<sup>8</sup>

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<sup>7</sup> "COVID-19's Impact on Nursing Shortages, the Rise of Travel Nurses, and Price Gouging." *Health Affairs Forefront*. Y. Tony Yang and Diana J. Mason, January 28, 2022.

<sup>8</sup> Dataset: Payroll Based Journal Daily Nurse Staffing, last modified July 27, 2022. Centers for Medicare and Medicaid Services.

# Medicaid Payments and Quality Initiatives

The HHSC Provider Finance Department publishes provider reimbursement rate tables for various Medicaid and non-Medicaid services reimbursed by the state. The rate tables are updated biennially prior to each legislative session. The rate tables will be updated after the publication of this report and can be accessed at <https://pfd.hhs.texas.gov/rate-tables>.

To address the impact of COVID-19, HHSC implemented a COVID-19 temporary rate add-on effective April 1, 2020. NF providers can use the additional funding for COVID-related expenses, including direct care staff salary and wages, personal protective equipment (PPE), and dietary needs/supplies. This temporary rate add-on will likely conclude at the end of the federally declared public health emergency (PHE), in accordance with 1 TAC § 355.205, Emergency Rule for Emergency Temporary Reimbursement Rate Increases and Limitations on Use of Emergency Temporary Funds for Medicaid in Response to Novel Coronavirus (COVID-19).

NF providers also can participate in the HHSC Direct Care Staff Enhancement program (Rate Enhancement), which provides funding to incentivize increased compensation, including increased wages and benefits, for NF direct care staff. Participating providers receive additional funding in their Medicaid attendant rates and agree to use that funding for direct care staff compensation. Enhanced funding may be recouped if providers fail to meet the program requirements.

In addition, providers can participate in the state's Quality Incentive Payment Program (QIPP), which provides incentive payments to qualifying nursing facilities that meet performance requirements on specified quality metrics or program-specific targets. For instance, QIPP has a quality improvement measure on workforce development. More specifically, NFs earn enhanced Medicaid payments by providing four or eight additional hours of RN coverage each day *beyond* the eight hours mandated by CMS for at least 90 percent of the month. Finally, House Bill 2658, 87<sup>th</sup> Legislature, Regular Session, 2021, requires HHSC to revise policies in QIPP to require improvements to staff-to-patient ratios in NFs participating in QIPP by January 2025. Key upcoming HHSC activities on this effort include developing new quality measures and publishing associated performance requirements.

Medicaid reimbursement rates are typically lower than those from Medicare or private pay, and facilities with higher rates of residents on Medicaid experience higher turnover<sup>1</sup>. HHSC data shows that 62 percent of residents in Texas NFs are in the Medicaid program.

Stakeholders recommend further study of the state’s investment in the long-term care industry, including comparisons of rates (base plus quality measures) and other factors in other states.

## **CMS Guidance and Initiatives in Other States**

In February 2022, the Centers for Medicare & Medicaid Services (CMS) announced it was moving to establish minimum standards for staffing adequacy for NFs nationwide. CMS recently initiated a study to determine the level and type of staffing needed to ensure safe and quality care with the goal of issuing proposed rules by February 2023. CMS certified NFs would be held accountable if they fail to meet this standard. All but a few Texas NFs participate in the Medicaid program and would need to comply with any new staffing standards to continue receiving Medicaid funding.

In extensive guidance issued to HHSC and other state Medicaid agencies in August 2022<sup>1</sup>, CMS urged states to tie Medicaid payments to quality measures that will improve the safety and quality of long-term care, including by supporting staffing.

CMS encouraged states to “continue developing long-range solutions for training and improving staffing and workforce sustainability issues in nursing facilities. Individual states should look to state-specific data sources for measurable metrics by which improvements can be monitored and incentivized.”

CMS cited several specific state initiatives as a model for other states to consider, though it should be noted all would involve changes to reimbursement rates:

- Illinois has a new payment initiative that “includes robust facility staffing incentives.” Implemented in 2022, the state implemented a data-driven staffing ratio target program and a wage incentive initiative to assist NFs in increasing and maintaining staff.
- Connecticut designed a 2 percent rate increase for NFs to increase employee wages or salaries, to increase the health or dental benefit or retirement plans for staff, or for a combination of these.
- Rhode Island recently increased nursing facility rates to support new minimum staffing and wage requirements, whereby 80 percent of any base rate increase paid to a NF must be dedicated to increase base salary or hourly wage increases, benefits, and other compensation for all eligible direct-care workers.

## 4. Recommendations

As part of the assessment required by Rider 146, HHSC has developed the following recommendations to address ongoing workforce challenges for nursing facilities. If pursued, some of the recommendations may require additional funding, including possible adjustments to the Medicaid reimbursement rate or other funding sources.

### CNA Education and Training

CNAs are one of the most in-demand jobs in health care and make up almost three-fifths of the NF workforce<sup>9</sup>. Long-term care facilities have long faced shortages of these critical positions in Texas and beyond, and these shortages are only expected to continue as the U.S. population continues to age.

#### Education

One of the most effective methods for increasing the supply and recruitment of CNAs is to start early, when prospective CNAs are at the beginning of their careers or still in high school. In discussions for this report, stakeholders agreed that expanding the presence of health care track curriculums in high schools would be beneficial in this effort. Some options for policymakers to consider to accomplish this include:

- Strengthen engagement with the Pathways in Technology Early College High (P-TECH) Schools in Texas, which allow students to receive both a high school diploma and a credential and/or an associate degree. Administered by the TEA, these schools are located across the state and focus on careers and the provision of work-based education for students who may not wish to attend college. Stakeholders recommended the development of a long-term care career track for these students, as well as those at other schools such as community colleges. (See below in the TWC section for details of current health care initiatives with the P-TECHs).
- NFs could offer internships to high school students to raise the profile of work opportunities in long-term care and encourage them to pursue CNA training.

#### Training

Options to enhance training and support the current and future NF workforce include:

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<sup>9</sup> Texas Center for Nursing Workforce Studies. (2019) Long term Care Nurse Staffing Study.

- Develop specialized trainings to allow prospective CNAs to obtain specific certifications, such as one for working with residents with dementia, and having NFs offer higher starting wages for CNAs who obtain these certifications. In concert with this effort, NFs should better recognize and support these CNAs while they are in training, with incentives such as lunch- and-learns, graduations upon completion of training, and tuition reimbursement if they agree to then work in that facility for a certain length of time once they have received full certification. The Nurse Aide Training and Competency Evaluation Programs (NATCEPs), which provide the trainings required to certify CNAs, would need to be leveraged as part of these efforts. However, the current shortage of instructors fully qualified to operate a NATCEP would need to be addressed.
- Incentivize NFs to further develop and formalize career ladders to encourage and support the advancement of CNAs, who could then go on to become LVNs, gain a medication aide certification, or acquire a higher paying long- term care position such as a licensed Nursing Facility Administrator (NFA).

## Credentialing of CNAs

HHSC provided the following operational flexibilities in the wake of COVID-19 to make it easier for NFs to obtain CNAs and shore up staffing. These included:

- More options to sit for the nurse aide examinations and become CNAs.
- Work training and experience gained in a NF during the public health emergency to count toward the 100 hours of required training needed to be eligible to sit for the exams.
- Many parts of the traditional CNA training can now be conducted virtually, which reduces some of the challenges nurse aides face when obtaining the necessary education and training.

HHSC conducted two surveys of providers to assess the current state of the CNA workforce in NFs. The first survey was to gauge how many temporary nurse aides would be moving on through the testing process to receive full certification. The second was to gather data on how understaffed nursing facilities are in terms of nurse aides—specifically, the total numbers of additional nurse aides needed at each facility.

Based on the results of these surveys, HHSC anticipates that between 7,000 and 8,000 nurse aides will need to obtain certification; however, that number could be upwards of 10,000, based on the high rates of staff turnover and currently vacant positions.

Given the significant volume of temporary nurse aides on the path to certification, HHSC submitted a request in June 2022 to CMS to waive federal regulations that require a

nursing facility to not employ a nurse aide longer than four months unless they met the training and certification requirements. This waiver will allow temporary nurse aides (TNAs) to continue to provide care to residents in nursing facilities beyond the required four months while HHSC's testing contractor facilitates their transition to full certification. HHSC received approval of this waiver request in October 2022, allowing TNAs to remain employed by a NF and requiring them to test for certification by April 2023.

Based on these surveys and other feedback HHSC has received about the effectiveness of these CNA flexibilities, this report recommends the following action:

- Explore making some of the regulatory waivers mentioned above permanent. Necessary requirements for CNAs that protect residents' health and safety, including criminal history checks that are required for employment in long-term care facilities, should remain in place.

## **On-the-job Supports for CNAs**

Once a CNA has obtained full certification and is at work within a Texas NF, they are employed in a position that is highly rewarding but also highly stressful, and retention of CNAs has long been cited as a challenge for these facilities.

Offering higher salaries for these critical positions is, of course, a large part of the solution, and as some stakeholders have noted, many NFs have raised wages for CNAs. Providers continue to cite low Medicaid reimbursement rates as the main reason why it is difficult to retain CNAs, who often end up choosing to work in other health care settings.

Separately, providers and others have pointed to other supports for CNAs that NFs could offer to retain staff. These include assistance with reliable transportation to and from the job, a barrier that providers report as serious problem, particularly in rural areas lacking public transportation.

Creative recommendations to address this issue included:

- Create official carpools among NF staff; offer them transportation in a van owned by the NF; or offer gas cards to staff who commute long distances. However, worker transportation is not an allowable cost under Medicaid, so facilities would have to identify alternate funding sources for these initiatives.

As in other professions, a lack of safe, affordable child care is also cited as a significant problem for the retention of long-term care staff. At THCA's May town hall on workforce challenges, a provider noted that two nurses had recently left her staff and cited their

lack of child care as the reason for leaving, which was also the case with some direct care staff.

To address this ongoing problem, stakeholders recommend policymakers consider:

- Further exploration of a model that would allow a NF to set up an on-site day care operation if they have the right space and can meet all health and safety requirements governing child care operations.

## Recruitment of Nurses

Nurses, of course, play a critical role in the health and safety of NF residents, and that has proven especially true in the COVID-19 era. A National Library of Medicine study out of Connecticut determined that increasing RN staffing by just 20 minutes per resident day was associated with 22 percent fewer confirmed cases of COVID- 19 and 26 percent fewer COVID-19 deaths.<sup>10</sup> And as noted, Texas hospitals continue to actively recruit LVNs due to the pandemic, making it more difficult for NFs to compete.

Nursing positions have been among the most in-demand jobs during the past 10 years in Texas, according to TWC’s Labor Market Information group. But as the COVID-19 pandemic has highlighted, Texas, along with the rest of the country, is facing a critical shortage of registered nurses. By 2032, it is anticipated Texas will face a deficit of 57,012 RNs needed in the labor market, according to TWC.<sup>11</sup>

Nurses often start out their careers working in hospitals and other acute care settings, which pay higher salaries than most NFs, but many do suffer from burnout and resign over time. Possible options to address this issue include:

- Exploring more targeted, specific efforts to recruit nurses leaving acute care settings by raising awareness of long-term care as an attractive alternative.
- Strengthen the outreach of provider associations to nursing education programs statewide, particularly at the community college level, to provide more curriculum on the treatment of geriatric populations. Research has long demonstrated a general, nationwide need for more extensive nursing school curricula focused on treating adults 65 and over, particularly given the increasing health care demands of an aging population.

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<sup>10</sup> “Nursing Staff Time and Care Quality in Long-Term Care Facilities: A Systematic Review,” *Gerontologist*, Armijo-Olivo, Susan, et. al. April 2, 2020.

<sup>11</sup> <https://www.twc.texas.gov/businesses/labor-market-information>

- NFs could consider participating in “practice-education partnerships” with nursing education programs, which would give professional and vocational nursing students greater exposure to long-term care as a clinical practice setting. Under these partnerships, nursing students gain hands-on experience as paid or unpaid clinical staff while also earning academic credit to meet their course objectives. As noted by the BON in guidance on this program, “partnerships can help alleviate the nursing shortage by allowing nursing students to meet some of the clinical hours (sic) requirement of their degree plans through employment models. This may facilitate completion of a degree plan, allowing students to graduate and transition to practice more expeditiously.”<sup>12</sup> Participating in these partnerships will require time and investment on the part of NF staff, who would need to supervise the work of the student nurses or designate a trained instructor to do so. However, these students already would have received extensive instruction and have demonstrated competencies in a nursing skills laboratory.

Over the longer term, NF engagement in these partnerships could increase the number of new nurses choosing to work in long-term care settings.

## TWC Programs

In February 2022, the TWC dedicated \$15 million in funding<sup>13</sup> for the development of a statewide registered apprenticeship initiative to increase the number of career pathway opportunities for RNs, CNAs, and other health care professionals. This “Statewide Health-care Registered Apprenticeship Initiative” will offer employers an innovative approach to hiring and training future nurses and health care staff by expanding opportunities for students who wish to pursue career pathways to RN certification and other health care fields.

This TWC initiative will establish short-term pathways to entry for health care professions by expediting application processes and coordinating across multiple workforce areas. Registered Nursing apprenticeship programs that address industry needs can help solve the shortage and will be built on the following foundations:

- Providing paid RN clinicals;
- Convening workshops that include subject matter experts representing health care providers, higher education, and workforce to explore ways to support pathway

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<sup>12</sup> [https://www.bon.texas.gov/pdfs/education\\_pdfs/education\\_nursing\\_guidelines/3.8Clinical\\_Learning\\_Experiences/3-8-3-b.pdf](https://www.bon.texas.gov/pdfs/education_pdfs/education_nursing_guidelines/3.8Clinical_Learning_Experiences/3-8-3-b.pdf)

<sup>13</sup> <https://www.twc.texas.gov/news/twc-dedicates-15-million-healthcare-apprenticeship-programs-address-industry-labor-shortages>

credentialing for Certified Nurse Aides, Licensed Vocational Nurses, Associate Degree in Nursing to Registered Nurse, and Registered Nurse to Bachelor of Science in Nursing;

- Identifying, mapping, and incorporating credentials — relevant and of value to the health care industry — that are stackable and portable; and
- Developing articulated crosswalks, enabling students who have completed registered apprenticeship programs to earn college credit.

TWC has also supported the health care industry with grant awards through its Request for Applications (RFA) solicitations and application processes, several of which have resulted in initiatives to support training in these fields. The activities include summer camps for youth, support of continuing technical education courses in high schools – including the P-TECH high schools statewide – and community colleges and direct training through providers.

Occupations included in these range from CNAs, Nurses, Respiratory Care Technicians, Radiology, Medical Coding and Billing, and Forensic Investigation. Specific programs that provided this support include Wagner-Peyser 7(b), Governors Summer Merit, College Credit for Heroes, High Demand Job Training, and Texas Industry Partnership grants.

HHSC pledges to continue working with the TWC and NF provider associations to further leverage these promising programs and initiatives that support recruitment in the Texas long-term care industry.

## **Long-term Care Culture and Awareness**

Stakeholders providing feedback for this report continually cited the need to raise general awareness of the many benefits and rewards of working in long-term care and reduce the stigma associated with working with a geriatric population. The goal is to make it a more desirable industry that reflects the passion for providing care that many people working within it feel throughout their careers.

One recommendation for policymakers to consider to address this is to:

- Develop a public communications campaign that includes social media, video, and other outreach tools to capture the rewards of working in long-term care in Texas.

## 5. Conclusion

Since this report is based upon input from a wide array of experts who work tirelessly to strengthen the quality of care in this state's long-term care facilities, HHSC hopes it can inform further discussions about these critical issues. HHSC pledges to continue working closely with state policymakers, advocates, providers, families, and our fellow state agencies, as we all share in the profound mission of protecting the vulnerable individuals residing in Texas nursing facilities.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
BON	Board of Nursing
CMS	Centers of Medicare and Medicaid Services
CNA	Certified Nurse Aide
HHSC	Health and Human Services Commission
LVN	License Vocational Nurse
NATCEP	Nurse Aide Training and Competency Evaluation Programs
NF	Nursing Facility
NFA	Nursing Facility Administrator
P-TECH	Pathways in Technology Early College High Schools
QIPP	Quality Incentive Payment Program
RFA	Request for Applications
RN	Registered Nurse
SOC	State Operations Center
TEA	Texas Education Agency
THCA	Texas Health Care Association
TNA	Temporary Nurse Aide
TWC	Texas Workforce Commission