

Support Aging in Place, Preserve Independence, and Save Money

As we age, it's no surprise that a growing number of us want to remain in our homes. The research supports this trend by demonstrating that aging in place can promote higher quality of life and self-esteem.¹ Direct care workers, also known as Direct Care Professionals (DCPs), are entry-level healthcare workers who provide essential support to older adults and people with disabilities. They assist with daily living tasks like dressing, bathing, and eating, and may also help with meal preparation, housekeeping, and errands. Some are trained to perform basic medical tasks under supervision.²

Wisconsin has over 100,000 DCPs, including an estimated 76,000+ home health and personal care aides and nearly 27,000 certified nurse aides.³ The direct care workforce shortage is a serious problem that negatively impacts older adults and individuals with disabilities, as well as their families and the healthcare system. The shortage of care workers results in a lack of essential services, increased pressure on family caregivers, and challenges for long-term care providers.⁴

The number of people living at home who are older and/or disabled is increasing, yet many lack the services they need to do so safely. Family members have been stepping up to fill the care gaps left by unfilled shifts and waiting lists for services, but caregiver exhaustion and a lack of family members and other supporters to fill all the gaps and meet all the care needs is putting many older adults and people with disabilities at risk of hospitalization and more expensive residential care.

The direct care workforce provides in-home care for thousands of older adults and people with disabilities, including daily support to nearly 57,000 Family Care⁵ and nearly 27,000 IRIS (Include, Respect, I Self-direct) participants.⁶ In 2025, the Wisconsin Personal Services Association (WPSA) surveyed personal care agencies in Wisconsin. Of the 70 responding agencies, 75% have at least one open caregiver position each week and over 25% have 5 or more open caregiver positions each week. This lack of available workers is creating alarming access issues for older people and people living with disabilities. The WPSA survey indicates 87% of responding agencies turned

WAAN's Position: To support the training, recruitment and retention of direct care professionals (DCPs):

- (1) Increase the Medicaid Personal Care (MAPC) rate (currently set at \$24.52/hour) to cover the actual cost of providing care (\$36.52/hour).**
- (2) Create a state certification process for in-home caregiver training to better meet the needs of the variety of caregiving roles in the long-term care system and provide funding to support training of in-home care workers;**
- (3) Support higher Medicaid rates for home and community-based services (HCBS) by providing continued funding to support the minimum fee schedule for adult HCBS services and increase the rates to provide a wage increase to \$17.25/hr.; and**
- (4) Create an earned income disregard program to address the fiscal cliff for direct care professionals when applying for public benefits.**

away a client in the past year due to a lack of workers and 41% turn away 5 or more people in need of care each month.⁴



DCPs are challenged by low wages; limited benefits; low insurance reimbursement rates; and the high cost of childcare, transportation, and housing. DCPs play a critical role in preventing initial and rehospitalizations, managing ongoing or recurring health conditions, and making it possible to promptly discharge people from the hospital to their home or rehabilitation setting.

In-home care provider agencies report their workers who rely on public benefits for healthcare, food and/or childcare may turn down extra work hours in order to comply with the strict income eligibility thresholds.⁴ The wages earned for additional hours worked are often significantly less than the value of lost benefits; leaving them unable to afford insurance, groceries, and childcare. Modifications should be made to programs like BadgerCare, FoodShare, and Wisconsin Shares to allow workers to phase off public benefits.

The lack of long-term care workers providing home and community-based services leaves older adults and people with disabilities stuck in hospitals and nursing homes long after they are ready to return home.

References:

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Core member organizations

Aging and Disability Professionals Association of Wisconsin (ADPAW) • Alzheimer's Association Wisconsin Chapter Board on Aging and Long Term Care (BOALTC) • Wisconsin Adult Day Services Association (WADSA) • Wisconsin Association of Area Agencies on Aging (W4A) • Wisconsin Association of Benefit Specialists (WABS) • Wisconsin Association of Nutrition Directors (WAND) • Wisconsin Association of Senior Centers (WASC) • Wisconsin Family and Caregiver Support Alliance (WFACSA) • Wisconsin Institute for Healthy Aging (WIHA) • Wisconsin Senior Advocates • Wisconsin Senior Corps Association (WISCA) • Wisconsin Tribal Aging Unit Association

Mission

The Wisconsin Aging Advocacy Network (WAAN) works with and for all older adults by educating community members and policy makers on priority issues while advocating for meaningful change. Learn more at <https://gwaar.org/waan>.