



February 17, 2026

Joanne Marqusee  
Assistant Secretary

Executive Office of Health and Human Services  
One Ashburton Place, 11<sup>th</sup> Floor

**RE: Career Pathways Initiative (CPI): Consolidated Certified Nurse Assistant (CNA) Home Health Aide (HHA) Curriculum**

Dear Assistant Secretary Marqusee,

On behalf of the Home Care Alliance of Massachusetts' (HCA) over 200 home health, home care and hospice members, we are writing to provide our perspective on the Career Pathways Initiative (CPI) project. First, we would like to express our appreciation to EOHHS, and the CPI project leaders for the extensive work and inclusive process that has gone into developing the proposed Career Pathway Initiative. We recognize that this effort reflects more than two years of planning, interagency collaboration, and financial investment, and we have appreciated the opportunity to contribute our field-based perspective throughout the process..

From a high-level, HCA is supportive of career ladders and advancement opportunities for direct care workers, and believe they are a critical piece to solving health care workforce shortages across the continuum and meeting growing demand for services as our population ages. We share the Commonwealth's goal of strengthening the workforce and creating meaningful pathways for professional growth.

However, we write to highlight several areas of concern we believe EOHHS should consider as the CPI project progresses. These concerns, detailed within this letter, focus on: reimbursement/wage compression, lack of home health agency licensure, current workforce dynamics, regulatory concerns, implementation timeline and unintended consequences.

**Workforce Dynamics, Reimbursement, Wage Compression**

In recent years, home health agencies have experienced a significant decline in available home health aides. This decline is multifactorial and not solely related to a lack of training or interest in career advancement. Contributing factors include increases in the State's minimum wage leading to wage competition from retail and food service sectors, unpredictable schedules, unpaid visit refusals, extensive travel requirements (often using personal vehicles or public transportation), and physically demanding work in home environments with medically complex, homebound patients. Home health aides work independently without on-site clinical



supervision, which can create heightened safety risks. These pressures have already narrowed the entry-level workforce pipeline. Most importantly, facility-based employment opportunities for similar professions typically offer compensation above what home health and home care providers can offer due to reimbursement pressures.

Certified home health agencies are reimbursed through Medicare (traditional), Medicare Advantage, Medicaid, and (some) commercial insurance. As Medicare Advantage enrollment has increased rapidly, but reimbursing well below cost, and state Medicaid programs continue to reimburse below cost, Home Health Agencies have relied on Traditional Medicare reimbursement to cross-subsidize chronically insufficient reimbursement from its other payers. Unfortunately, the Centers for Medicare and Medicaid Services (CMS) has reduced home health payments significantly in recent years, further pressuring the financial health of the home health provider network. This has led to reductions in services, shrinking service areas, and an evolving care-delivery model – including a reduction in home health aide services.

Our association's advocacy has often centered on the fee-for-service rate regulations. We work to ensure our provider members can compete against other health care settings for qualified candidates based on the compensation those settings can offer. We cannot emphasize this point enough; the Commonwealth must ensure that its reimbursement structure across all EOHHS programs with similar professions is equitable and enables providers (regardless of setting) can compete equally for its workforce.

We have raised these concerns across home-based direct care roles, including homemakers, personal care aides, home care aides, and home health aides. When homemaker rates offered through the Department of Aging and Independence's (AGE) Home Care Program compress too closely to home health aide rates, our provider members observe workforce migration to the lower-level, reducing access to home health aide services.

We continue to be extremely concerned with regard to the State's Personal Care Attendant (PCA) program. The program's significant growth illustrates the impact of wage compression very clearly. Home health aides are required to complete 75-hours of mandatory training to be employed by a home health agency. By comparison, a PCA is only required to complete a 4-hour mandatory orientation. Yet PCA wages are only slightly behind those of a Home Health Aides – and with a new collective bargaining contract set to be negotiated, it is anticipated that these wages will compress even closer.

We offer these points with full respect for all roles within the direct care workforce and the distinct responsibilities of PCAs and home health aides. However, home health and home care agencies are competing for the same candidates seeking \$20–30 per hour across the broader



economy, where most opt for similarly paid positions in retail or food service. For the smaller group interested in entering health care, it is essential that the state's wage ladder accurately reflects the level of responsibility and required training; without this alignment, these critical roles will remain difficult to fill.

**Because of these factors, we raise significant concern about this project's success unless the state commits to significant investment in wages for these workforce roles, as well as maintaining a logical compensation ladder across the health care continuum. We question whether or how the state will attract workers into the consolidated curriculum at inequal pay in different settings, as well as pay that is scheduled to remain flat funded – despite an increase in training requirements and qualifications. And most importantly, we are concerned that if this curriculum is mandated, we will see a further depletion of the home health aide workforce.**

#### **Workforce Data Limitations**

As you know, Massachusetts does not currently license home health agencies, home health aides, or private-pay home care workers. As a result, the Commonwealth does not have comprehensive data on the size, composition, or trends within the home health aide workforce. Nor does the Commonwealth have any data on what number of certified home health agencies currently have their own home health aide training programs. **This presents a challenge when evaluating how curriculum changes may affect recruitment, retention, employer-offered training programs, and workforce supply, particularly in the post-COVID environment.**

#### **Regulatory Scope-of-Practice Constraints in Home Health**

A critical consideration specific to home health is that federal Medicare Conditions of Participation strictly limit what tasks home health aides may perform. Certain advanced clinical skills commonly included in institutional or CNA-focused curricula—such as wound care, tracheostomy care, or other skilled clinical interventions—are not permitted to be performed by home health aides under federal regulation.

When aides receive formal training in skills they are not legally allowed to perform in home health settings, it creates significant operational and compliance challenges for agencies. Agencies must ensure those skills are never assigned, even though the aide has been trained and tested on them. During DPH surveys, agencies may be cited when aide knowledge, documentation, or reported activities raise concerns that the aide is performing tasks beyond the federally permitted scope, regardless of curriculum intent. This places agencies at regulatory risk and creates confusion for aides regarding their role and responsibilities.

#### **Impact on Existing Training Programs**



Many home health agencies offer home health aide training programs internally, according to federal regulations. Under the proposed consolidated curriculum, these providers will be required to modify their existing training programs and become approved-DPH training programs. We raise significant concern that given the factors already discussed, many home health agencies will sunset their training programs altogether. This would have devastating impacts to our workforce pipeline.

It is unclear how, or why, a home health agency would amend its training program to meet the needs of the consolidated curriculum. This raises federal regulatory compliance questions, but also practical and operational questions. Home health agencies are unfamiliar with facility-based settings. To become an approved-DPH trainer, presumably the home health agency would need to employ staff familiar with and able to conduct the hands-on competency training portion of the curriculum.

**We are concerned that without quantifying the existing employer-offered training program landscape, the Commonwealth will be unable to measure the impact of this consolidated curriculum on the workforce pipeline. We are also concerned that this project will have an unintended reduction in available training programs offered by provider home health agencies.** While the project assumes and hopes for new collaborations between providers, training programs and community colleges – EOHHS should consider that the smoothest path for a candidate is to be trained by their own employer and transition into the field expeditiously. Training requirements remain one of the largest barriers to entry into the health care profession.

### **Education and Technology Considerations**

Many home health aides are excellent caregivers but may have limited computer literacy. Agencies often must provide education in paper format and guide aides individually through required testing. Federal regulations already require 12 hours of annual in-service education for home health aides. Adding mandatory, advanced, technology-dependent curriculum requirements may unintentionally exclude capable caregivers who are otherwise well-suited for home-based care.

### **Equity, Access, and Patient Impact**

Home health aides frequently enter the workforce as second-career workers, caregivers themselves, immigrants, or older workers balancing family responsibilities. Raising entry-level educational requirements without flexibility risks reducing participation from these populations and further constricting the workforce pipeline.



In addition, recent data from the Massachusetts Health & Hospital Association's [monthly Throughput Survey](#) demonstrate the downstream impact of post-acute workforce shortages. The most recent report shows that more than 200 patients across the Commonwealth are awaiting discharge from acute care hospitals to home health services due to limited capacity. These delays in hospital-to-home transitions underscore the direct connection between home health workforce availability and patient access to timely, appropriate care.

(See: [Throughput Survey Reports - Massachusetts Health & Hospital Association](#))

A reduced home health aide workforce contributes to delayed starts of care, fewer admissions, prolonged hospital stays, and increased strain on patients, families, and the broader health care system—particularly for medically complex and high-risk populations. Any threat to the availability of any aspect of the home health workforce will impact access to care and pressure the overall system.

### **Constructive Path Forward**

HCA believes the Commonwealth can continue advancing career ladders while mitigating unintended consequences by considering the following approaches:

- Preserve a baseline home health aide curriculum aligned specifically with home-based care and federal home health regulations.
- Ensure advanced or expanded curricula remain optional pathways rather than mandatory entry-level requirements for home health aides.
- Allow phased implementation with workforce impact monitoring before imposing universal mandates.
- Pair curriculum advancement with improved workforce data collection to better understand home health aide supply and trends.

These approaches would allow the Commonwealth to advance workforce development goals while safeguarding patient access to home-based care and maintaining regulatory compliance.

### **Closing Summary**

The Home Care Alliance of Massachusetts supports the Commonwealth's efforts to strengthen and advance the direct care workforce through career ladders and recognizes the substantial planning, coordination, and investment already dedicated to this initiative.

At the same time, given the absence of comprehensive workforce data for home health aides, the continued fragility of the home health workforce, and the strict federal scope-of-practice limitations that uniquely apply to home health under Medicare and DPH oversight, HCA is



concerned that making advanced curriculum requirements mandatory at the entry level could unintentionally reduce workforce participation, create compliance challenges for providers, and negatively impact patient access to home-based care.

HCA encourages the Commonwealth to consider implementation approaches that preserve a home-health-specific baseline pathway, maintain advanced training as an optional progression, and allow workforce impacts to be monitored over time, ensuring that workforce advancement efforts strengthen—rather than destabilize—the home-based care system. We look forward to continuing our partnership on this project, and the overarching goal of increasing citizens of the Commonwealth’s access to services where they want to receive them; *at home*.

Sincerely,

Jake Krilovich

Chief Executive Officer  
Home Care Alliance of Massachusetts

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