

# Paying family members for at-home care of their children found to be a viable answer to healthcare worker shortage

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A recent study found that a Medicaid program in Colorado can help address the shortage of home healthcare workers for children with

complex medical needs by offering family members certified nursing assistant (CNA) training and paying them for at-home medical care their child requires. Results show that children who received family-CNA care were not more likely to be hospitalized than children cared for by a non-family CNA. Children with family-CNA caregivers also experienced greater care continuity since turnover was not an issue as it tends to be with traditional home healthcare workers. Findings were published in the [\*Journal of Pediatrics\*](#).

There is a general shortage of healthcare workers nationally across the board, which worsened with the COVID pandemic. The shortage of home healthcare workers has been an even longer standing concern and often drives families to leave a job or reduce work hours to care for their child with complex medical needs. In addition to the [financial burden](#) on families, the lack of professional home healthcare services can lead to unnecessarily prolonged hospitalizations and institutionalization.

Some states allow non-parent [family members](#), such as grandparents, to be paid to provide care. But most states do not allow parent guardians to be paid to provide [medical care](#) to their children, except for some select programs that make exceptions for parents who are registered nurses (RNs) or licensed practical nurses (LPNs). Illinois Medicaid has committed to finding alternative ways for parents to be paid caregivers and is exploring ways for that to be implemented.

"Our study provides evidence that paid family caregiving as a concept is feasible and can be successfully applied to meet the home care needs of children with medical complexity," said lead author Carolyn Foster, MD, MS, from Ann & Robert H. Lurie Children's Hospital of Chicago and Assistant Professor of Pediatrics at Northwestern University Feinberg School of Medicine. "States should consider adopting policies that promote avenues to allow for parents to obtain CNA or other relevant credentials and to be paid for their child's at-home medical care. Such

policies would enable state programs to meet their [legal obligation](#) to provide [medical services](#) for enrolled children while also reducing family financial strain and providing care continuity for these children."

Dr. Foster and colleagues stress that according to previous research, care continuity results in higher quality care. Broader literature also demonstrates [cost savings](#) to the health system with reduced employee turnover. The lack of costs for re-training and onboarding employees may be a source of savings in family CNA programs.

The study compared the characteristics and healthcare utilization of children with medical complexity who received paid CNA care by a family member and by a traditional non-family CNA from 2017 to 2019, as part of the Medicaid program in Colorado. Researchers analyzed de-identified billing claims data for 861 children, including information such as hospitalization frequency and hospital lengths of stay.

"Colorado's family-centered model addresses the significant shortage of healthcare workforce while providing additional income to parents who are compelled to leave work to care for their children. This program may not be a fit for all situations but is a meaningful option for many [children](#) going without enough services," said Dr. Foster.

**More information:** Carolyn Foster et al, Paying Family Medical Caregivers for Children's Home Healthcare in Colorado: A Working Medicaid Model, *The Journal of Pediatrics* (2023). [DOI: 10.1016/j.jpeds.2022.12.043](#)

Provided by Ann & Robert H. Lurie Children's Hospital of Chicago

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