Estimating State Costs from Raising the Minimum Wage for Healthcare Workers Paid through Medicaid

Joyce Manchester February 27, 2020



The Question

- How much will it cost the State of Vermont to raise the wages of low-wage healthcare workers paid through Medicaid under the new minimum wage law?
- Note that the State budget could be affected in other ways, but we have not estimated them here
 - Some contractors working for healthcare facilities could raise the cost of doing business and eventually affect reimbursement rates
 - School employees paid by Medicaid
 - Wages for childcare workers could affect CCFAP payments
- For more details, see the JFO Issue Brief at
 https://ljfo.vermont.gov/assets/Subjects/Minimum-Wage-
 Other/af8f222624/Issue Brief Minimum Wage Cost Estimate and Data Collection-v2.pdf

The Minimum Wage going forward

	Before S.23		After S.23	
	Min. Wage	Change	Min. Wage	Change
2020	\$10.96		\$10.96	
2021	\$11.20	2.2%	\$11.75	7.2%
2022	\$11.47	2.4%	\$12.55	6.8%
2023	\$11.75	2.4%	\$12.85	2.4%
2024	\$12.03	2.3%	\$13.16	2.3%
2025	\$12.30	2.3%	\$13.46	2.3%

To estimate the cost to the State, first look at the Medicaid portion of budgets for three types of services

- Use budgets from DVHA budget book of November 2019 and historical growth rates
- Home-Based and Community Care Services
 - CFC Services
 - Non CFC DVHA Services such as home health and hospice
 - Non CFC DAIL Services such as advocacy and independent living grants
- Assisted Community Care Services
- Nursing Home Services

Second, look at the share of the budget going to wages

Home-Based and Community Care Services	75%
Assisted Community Care Services	80%
Nursing Home Services	70%

Next, look at the share of wages going to low-wage workers earning <= \$15/hour (includes compression)

Home-Based and Community Care Services				
	CFC Services			90%
	Non CFC Servi	ces		20%
Assisted Community Care Services		80%		
Nursing Home Services		60%		

Finally, assume that wages are more weighted to the low end*

- Note: If all hourly wages < \$15 were at current minimum wage, use full wage increase of 7.2%
- If hourly wages were evenly distributed between current minimum wage and new minimum wage, use half of 7.2%
- *If hourly wages are more weighted to the low end, use 2/3 of 7.2%

Estimated State cost for 6 months in FY21 (State share is ~46%)

Home-Based and Community Care Services			\$590,000	45.5%		
Assisted Community Care Services			\$120,000	9.1%		
Nursing Home Services				\$590,000	45.4%	
			Total	\$1,300,000	includes con	npression

If do not address compression, use about 35% of wages under \$15			
	\$500,000 without addressing compression	1	

Allocating the funds to the providers who most need them will be difficult

- According to JFO's survey data, the providers who reported hourly wages for jobs that pay <= \$15/hour have very different shares of jobs at or below \$11.75/hour
 - 68% of reported ARIS daily jobs
 - 38% of reported ARIS hourly jobs
 - 29% of reported Adult Day Services jobs
 - 10% of reported Visiting Nurse Association jobs
 - 10% of hospital jobs
 - Only a few interns in the Designated Agencies
- Providers in southern and northeastern Vermont as well as smaller providers such as small residential care facilities tend to have more jobs with wages closer to the minimum wage
- Cannot just increase reimbursement rates across the board