



The Maine Long-Term Care
OMBUDSMAN
Program

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Workforce Commission
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Public Education is needed for recruitment of direct care workers

- Maine's Department of Health and Human Services (DHHS) could provide a website describing the kinds of direct care worker jobs that are available including Direct Support Professional (DSP), Certified Nursing Assistant (CNA), Personal Support Specialist (PSS), Certified Residential Medication Aide (CRMA) and Mental Health Rehabilitation Technician (MHRT). In North Dakota, the Department of Human Services provides a website for their program, Caring Jobs ND, that describes direct care jobs and where to get training, along with a link and telephone number for more information.
- Governor Mills could participate in public service announcements about the need for direct care workers. Wisconsin's Governor highlighted the need for direct care workers through the designation of the Year of the Long-Term Care Worker.
- Older workers, new Mainers and millennials could be the focus of recruitment efforts.
- The development of a job board to match direct care workers with jobs would be helpful. Minnesota's Department of Human Services provides a job board to assist matching direct care workers with jobs.

Career Centers

- Involve Maine's career centers in statewide recruitment efforts to attract job seekers to direct care worker careers.
- Develop materials for high school students about careers in direct care.

In order to address the direct care workforce shortage, it will require an organized, sustained effort.

- Designate staff within DHHS who would be responsible for addressing the direct care worker shortage and coordinating this effort across state agencies including the Department of Labor, Office of Aging and Disability Services, Office of MaineCare Services, Substance Abuse and Mental Health Services and Division of Licensing and Certification.
- Staff could work with provider groups, direct care workers and stakeholders to implement best practice strategies for recruitment and retention.
- Facilitate access to training for workers.
- Identify barriers and strategies to overcome these barriers.
- Conduct data collection.

Potential Grants

- Lifespan Respite Care Program, through the Administration for Community Living (ACL) grant funding, will be available in 2020, providing \$200,000 over 3 years to

design a mix of infrastructure around respite care and gap filling for respite services. Additionally, funds could be used for workforce development recruiting of volunteers and training of family caregivers as well as paid caregivers.

- Health Resources and Research Administration (HRSA) grants in 2020 will be available for training for direct care workers in behavioral health.

Assistive Technology (AT)

- Expand access to assistive technology. While AT will not replace staff, it will provide support for family caregivers and maximize the individual's independence.
- Under Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities, the assistive technology limit should be increased. It is currently \$1,000 annually.
- Add AT as a covered service under state-funded Section 63, In-Home and Community Support Services for Elderly and Other Adults and state-funded Chapter 11, Consumer Directed Personal Assistance Services.
- Currently the following programs do not provide AT as a covered service: Section 96, Private Duty Nursing and Personal Care Services, Section 40 Home Health Services, Section 12 Consumer Directed Attendant Services. Allow reimbursement for AT under MaineCare.
- Allow home care programs to provide reimbursement for telehealth.

Reimbursement should reflect acuity in home care

- Currently nursing homes and Private Non-Medical Institutions (PNMI) utilize case mix to determine MaineCare reimbursement.
- This same approach should be used for home care so that reimbursement for care provided to consumers with complex needs is higher than those with a lower level of need. This would be helpful in attracting and retaining staff.

Expand Consumer Direction

- More efforts should be made to introduce this approach to hiring staff and to engage consumers in finding a family member or a friend to provide care.

Adult Day Health

- Increase the number of hours available in Section 26 Day Health Services at both level 1, which is currently sixteen hours, and level 2, which is twenty-four hours. At level 3, it is forty hours. For individuals with Alzheimer's or related dementias, who qualify for level 1 and 2, these hours are often not enough.
- This measure will allow greater support for family caregivers.

Nursing Home Providers

- Efforts could be made to encourage best practices among providers for retention and recruitment of staff.
- Vermont's Gold Star Employer Program was designed to recognize nursing homes that employ best practices for recruitment and retention of direct care staff.

- In North Carolina, there is a state licensure designation that rewards providers that have implemented practices that have improved their workforce.
- Maine should establish a mechanism to recognize providers that incorporate culture change, consistent assignment, and other strategies to recruit and retain staff.

Child Care scholarships

- Child care scholarships could help in attracting direct care workers who cannot afford child care.
- This could bring younger workers into the workforce.

Low Income worker challenges

- Some direct care workers are unable to work more than 20 hours/week as they risk losing benefits, including MaineCare, child care subsidy, fuel assistance, rent subsidy, etc., that help support them and their families.
- This has become more of an issue since the minimum wage has increased.

Assessing Services Agency

- Every individual who enters the Long-Term Services and Supports system must have an assessment, except for those that receive services through Section 69, Independent Support Services Program. The assessment process could be more cost effective and be improved by allowing Licensed Social Workers with relevant experience to conduct the assessment. Nurses could still be utilized for persons with complex medical conditions.
- More emphasis on options counseling during the assessment is important.
- Assessment should be focused not only on functional eligibility but on what is needed to help the individual maintain their independence at home.
- Consideration of the environment for modifications, the need for AT, and identifying fall risks.

From: Betty Sawyer-Mante

Direct Care Worker Commission

Ideas to Attract, Retain, and Grow the Workforce

Vision: Maine is a leader in the country with a robust, well trained and compensated direct care workforce. Families and individuals can rely on consistent, reliable care. Direct care work is honored and held up as a noble profession that is an important part of the Maine healthcare delivery system.

- Develop and run a public service campaign that demonstrates what the field has to offer. Demonstrate how it can be the entry point into a career in healthcare. Work to engage a media partner to underwrite the campaign.
- Develop worker pools with colleges and universities; offer part time and flexible schedules.
- Introduce direct care work as an option for New Mainers to enter the workforce.
- Allow family members to be paid caregivers.
- Establish a Rate Setting Commission – build upon the Burns and Associates Model – across all rate structures. As we raise the floor of the system it puts upward pressure on the other parts of the system such as care coordination, nursing, etc. All rates need a periodic review that providers can depend on happening on a regular schedule. Stop the squeaky wheel process. Set wage floors for types of work.
- Insure that paid time off is accrued and that benefits and training and supervisory time are factored into rate setting.
- Pay workers mileage reimbursement.
- Rate reimbursement based on acuity of the work – if it requires a higher credentialed direct care worker, then the service delivery is billed at a higher rate.
- Career Ladder/Pathways beginning with credentialing around topics such as Dementia, Mental Health, Management of Difficult Behaviors. When a certificate is acquired the worker is more valuable and can work in more challenging settings, therefore the pay rate is higher.
- Redevelop the worker training curriculum based on the work of Muskie.
- Assure that public benefit cliffs will be averted to encourage more hours of work. (SNAP, Housing, Medicaid, etc.)
- Pay providers a no show rate that covers the worker's cost so that workers are assured a base level of pay.
- Expand covered services under assistive technology to reduce number of face to face hands on worker hours. This will not replace a human but could allow for greater ADL independence.
- Better training and oversight of new providers to insure that they understand program rules and regulations, as well as labor laws. Some workers leave the field because they are not paid on time or at all. Also some have not benefited from the rate increases.

- Establish a direct care worker month that is acknowledged with a gubernatorial and legislative proclamation and hold events around the state recognizing the good work and importance of direct care staff.
- Pay workers during the training period prior to flying solo in homes. Unprepared workers often quit during the first few months as they feel ill prepared to do the work.
- Utilize seasoned workers to train and supervise new workers. Create mentoring opportunities and a career step through allowing seasoned workers to become “working” supervisors.
- Work with high school vocational education programs to develop direct care worker certification programs so that students are career ready upon graduation.
- Engage direct care workers in case planning and problem solving. They are the front line and often have key information on the status of the individual yet are often not included in reviews or multi-disciplinary teams because there is no reimbursement mechanism. This could be a means to keep workers engaged and feeling part of the care team.

Respectfully Submitted,

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CEO

SeniorsPlus

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