

## Broome, Anna

---

**From:** Mike Stair <Mike.Stair@careandcomfort.com>  
**Sent:** Monday, December 9, 2019 1:05 PM  
**To:** Caswell, Lynne; Broome, Anna  
**Subject:** RE: [External] - [LTCWorkforce-Members] HOMEWORK - LTC Workforce Commission

**This message originates from outside the Maine Legislature.**

Lynne and Anna,

Thank you both so much for your hard work on these recommendations. My comments are below in green:

- 1) Immediate: P1 – “Increase rates (to at least 125% of minimum wage) across the continuum of care (HCBS, AL & NFs) so that providers are able to pay caregivers a competitive wage”

This should read “Increase rates (to support DCW starting wages of at least 125% of minimum wage) ...”

Rates include components other than DCW wages. For example, the current PSS rate is \$20.52/hr, which comes from the Burns Study and is based on a PSS wage rate of \$10.28/hr. The difference consists of many other components: travel, benefits, admin, supervision, much more.

- 2) Intermediate: P1 – Direct DHHS to establish rates that:
- reflect current and future structural additions to providers’ costs (i.e. increases in minimum wage, PTO, EVV, background checks / fingerprinting);
  - account for acuity (similar to case- mix in NFs);
  - account for workers’ skill level;
  - allows for merit or longevity pay increase;
  - allow for reimbursement for ongoing training; and
  - mileage reimbursement (??)

I suggest this be an Immediate recommendation rather than Intermediate, in support of the sentiments expressed in the letter from the Workforce Commission to the Commissioner.

- 3) Intermediate & Long-Term: P3 & 5 – Several of the recommendations on pages 3 & 5 call for the standardization, including the qualification requirements for entry-level DCWs, a standard DCW designation with standard baseline requirements applicable to all settings, and standard training and certification requirements.

As a provider serving consumers across the spectrum (home health, behavioral health, ID/DD, adults, children) and who is experiencing worker shortages in every area we’ve discussed, one might expect I’d welcome such standardization. In fact the opposite is the case. These clients, these caregivers, these programs, are not fungible. To settle on a common set of requirements – even at entry-level – means by definition to lower our standards in one area and raise them in another. Raising the standards in one discipline would necessarily screen out applicants we sorely need, while lowering standards elsewhere would risk subjecting clients to care provided by those ill-prepared to handle their more complex needs.

- 4) Long-Term: P3 – Expansion of assistive technology and environmental technology coverage

[ I suggest this be an Intermediate recommendation rather than Long-Term.

Thanks again, and I look forward to seeing you both tomorrow,

Mike

---

Michael G. Stair  
President & Chief Operating Officer  
Care & Comfort  
(207) 872-5300 office  
(207) 754-8771 mobile

[www.careandcomfort.com](http://www.careandcomfort.com)

**From:** ltcworkforce-members-request@lists.legislature.maine.gov [mailto:ltcworkforce-members-request@lists.legislature.maine.gov] **On Behalf Of** Caswell, Lynne  
**Sent:** Friday, December 6, 2019 4:06 PM  
**To:** ltcworkforce-members@lists.legislature.maine.gov; khumphrey.phadv@gmail.com  
**Cc:** Broome, Anna <Anna.Broome@legislature.maine.gov>; Caswell, Lynne <Lynne.Caswell@legislature.maine.gov>  
**Subject:** [External] - [LTCWorkforce-Members] HOMEWORK - LTC Workforce Commission

**This email originated from outside the organization.**

Hello all.

Attached is a document Anna and I prepared for the chairs setting out potential recommendations for this Commission to submit to the HHS Committee. At the **meeting next Tuesday (12/10) at 10:00 am**, we will use this document to facilitate your discussions, decisions and any votes, including the justifications behind the final recommendations.

The chairs have asked that you each take a few minutes to look over this document and send any comments to Anna and me before 1:00 pm on Monday. For example, should the timing of the goal be changed (e.g. from "immediate" to "intermediate")? Should a recommendation apply to a different entity (e.g. direct a different agency to do something)? Have we missed a recommendation discussed by the Commission or that you would like the commission to consider? Are you opposed to any of the recommendations?

Anna and I will do our best to work your comments into the document for Tuesday's meeting.

Best Regards -

---

**From:** Johnna Bowen  
**Sent:** Monday, December 09, 2019 10:39 AM  
**To:** Jillian Jolicoeur  
**Subject:** FW: HOMEWORK - LTC Workforce Commission

125% increase to offset minimum wages is only \$1.50. I understand that was noted as minimal. If they used 250%, that would provide \$3/hour more to offset wages. This would be better than 125%.

Also, the discussion of the Muskie Center Program isn't immediate but intermediate. I believe this should be a priority. Agencies are having to use more financial resources to prepare and implement this new, licensing mandate as of 1/1/2020. The committee wants to look further into possibly using this training program. They should put the other mandate on hold until they make an informed decision! This current curriculum to be rolled out 1/1/2020 will more than likely be replaced with the Muskie Institute. The importance of cross training has been discussed throughout the recommendation which is only available through the Muskie Pilot Program.

Long term on TANF, Housing benefits, there should be discussions on stronger regulations and oversight to ensure recipients of benefits are actually working. This was done effectively by Governor LePage regarding unemployment benefits. The DOL became aggressive in their tracking of people collecting but not actively looking for work. This approach worked!!! There should be consequences if we aren't enforcing a "back to work program" for parents receiving state benefits and not working. Also, raise the 20 hours/week to 30-40 hours/week without penalizing members during their stabilizing period of employment and improved, household income. There would need to be incentives to motivate this eligible workforce!

That's all I come up with. You did a great job providing leadership and direction during this Work Force Committee sessions.

Johnna

*Johnna*



*Home Care, Behavioral Health  
and Developmental Services*

Click to enjoy our [Moments Video](#)

Johnna Bowen RN, MBA | Chief Executive Officer  
PO Box 358 | Fairfield, ME 04937  
207-453-4708 x 411 | Fax 207-453-6250  
Cell 207-649-8923  
[jbowen@assistanceplus.com](mailto:jbowen@assistanceplus.com)  
<http://www.assistanceplus.com>



**Our Mission**

By supporting and caring for people at all points in  
life, together we can make a difference.

**Our Vision**

**Broome, Anna**

---

**From:** Jillian Jolicoeur <jjolicoeur@assistanceplus.com>  
**Sent:** Monday, December 9, 2019 4:22 PM  
**To:** Broome, Anna; Caswell, Lynne  
**Subject:** FW: FW: HOMEWORK - LTC Workforce Commission  
**Attachments:** LTC Recommendations.docx

**This message originates from outside the Maine Legislature.**

They want to know if the goal is to get staff to 15. They also want to make sure that in doing that the agency is properly funded.

*Jillian*



*Home Care, Behavioral Health  
and Developmental Services*

Click to enjoy our [Moments Video](#)

Jillian Jolicoeur RN, BSN, MHA | Chief Operations Officer  
PO Box 358 | Fairfield, ME 04937  
207-453-4708 x 408 | Fax 207-238-6302  
Cell 207-649-7090  
jjolicoeur@assistanceplus.com  
<http://www.assistanceplus.com>



**Our Mission**

By supporting and caring for people at all points in life, together we can make a difference.

**Our Vision**

Maine ~ where individuals in need receive services that support choices for a quality life.

**Our Values**

Commitment ~ Integrity ~ Compassion

**Privacy and Confidentiality Notice**

**Privacy:** It is understood that the email operation is designed to send information to the email address as assigned to the requested provider/business. It is also understood Protected Health Information (PHI) is considered confidential and is protected from public view or from view of those individuals who are not directly related to patient/member care.

**Confidentiality:** The information contained in this facsimile/email transmittal is legally privileged and confidential information intended only for the use of the individual or entity named above. It may contain privileged, confidential, or exempt information from disclosure under applicable law. Any use or distribution by any person or entity other than the addressee is strictly prohibited. If you have received this communication in error, please notify us by telephone, and return the original to us at the above address via the United States Postal Service. Thank you!

## Broome, Anna

---

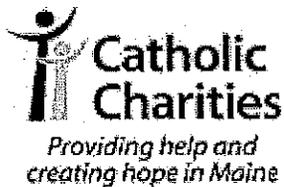
**From:** Don Harden <dharden@CCMAINE.ORG>  
**Sent:** Monday, December 9, 2019 12:34 PM  
**To:** Caswell, Lynne; Broome, Anna  
**Subject:** RE: HOMEWORK - LTC Workforce Commission

**This message originates from outside the Maine Legislature.**

Sorry wasn't able to do my homework for reasons I won't get into but in advance of the 1 PM deadline wanted to comment on one thing that jumped off the page to me. I.e. "Increase rates to (at least 125% of minimum wage)..." Was that an attempt to mirror a recommendation that may have started with the MACSP recommendation? If so I like the way they said it better. I.e. "...reimbursement rate for direct care workers....must provide for 125% of the state minimum wage." Thanks

Donald Harden  
*Director of Aging Services*  
Catholic Charities Maine  
P.O. Box 10660  
Portland, ME 04104-6060

P: 207-523-1162  
C: 207-831-8845  
F: 207-299-1930



[www.ccmaine.org](http://www.ccmaine.org) • [www.facebook.com/CatholicCharitiesME](https://www.facebook.com/CatholicCharitiesME)

CONFIDENTIALITY NOTICE: The email may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this email in error, please advise me immediately by reply email, keep the contents confidential, and immediately delete the message and any attachments from your system.

---

**From:** ltcworkforce-members-request@lists.legislature.maine.gov <ltcworkforce-members-request@lists.legislature.maine.gov> **On Behalf Of** Caswell, Lynne  
**Sent:** Friday, December 06, 2019 4:06 PM  
**To:** ltcworkforce-members@lists.legislature.maine.gov; khumphrey.phadv@gmail.com  
**Cc:** Broome, Anna <Anna.Broome@legislature.maine.gov>; Caswell, Lynne <Lynne.Caswell@legislature.maine.gov>  
**Subject:** [LTCWorkforce-Members] HOMEWORK - LTC Workforce Commission

---

**CAUTION:** External email.

Hello all.

## Broome, Anna

---

**From:** Fraser, Karen D. <Karen.D.Fraser@Maine.gov>  
**Sent:** Monday, December 9, 2019 9:36 AM  
**To:** Caswell, Lynne; Broome, Anna  
**Subject:** RE: HOMEWORK - LTC Workforce Commission

**This message originates from outside the Maine Legislature.**

Hi Lynne and Anna-

I reviewed my notes from the meetings and think that you captured a majority of what was discussed in a clear and succinct manner. Just a few things popped out at me that are either missing or could be more explicit:

- As an intermediate strategy, develop untapped workforces of people with disabilities, new Mainers, retirees, etc.
- As an immediate and/or intermediate strategy, review and promote language that conveys the value of Direct Care Workers (ex. "Care Giver"), which can be used in promoting these jobs and career path, including in the public service campaign identified.
- Investigating methods to pool workers across providers and/or settings, including how to provide benefits, was identified as an intermediate action, but will this go far enough to address the challenges that we heard about from DCWs regarding uncertain hours because of the nature of those being cared for? (ex. Client lands in the hospital. Is the agency and DCW notified in a timely manner, so they can be assigned to someone else instead?) Can the DCW count on a certain base pay and benefits every week?
- Ensure service quality by also investing in staff who directly supervise the DCWs, so identify this more clearly in the strategies addressing rates and training.

Please let me know if you have any questions about the above. This is just a quick response, so I may have some other feedback after mulling this over a bit more and also consulting with Commissioner Fortman.

Thanks for your work on this. See you tomorrow!

Karen

Karen D. Fraser, Director  
Bureau of Rehabilitation Services  
Maine Dept. of Labor  
150 State House Station  
Augusta, ME 04333-0150  
Tel. (207) 623-7961  
E-mail: [Karen.D.Fraser@maine.gov](mailto:Karen.D.Fraser@maine.gov)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy/delete all copies of the original message.

**From:** [Itcworkforce-members-request@lists.legislature.maine.gov](mailto:Itcworkforce-members-request@lists.legislature.maine.gov) <[Itcworkforce-members-request@lists.legislature.maine.gov](mailto:Itcworkforce-members-request@lists.legislature.maine.gov)> **On Behalf Of** Caswell, Lynne

## **Broome, Anna**

---

**From:** Fay, Jessica  
**Sent:** Saturday, December 7, 2019 9:54 AM  
**To:** Caswell, Lynne; Broome, Anna  
**Cc:** Erin Herbig (erinherbig@gmail.com); Herbig, Erin  
**Subject:** Family member as paid caregiver

Hi Lynne,

I thought I saw the recommendation that the state allow family caregivers to be paid as DCW for minors with physical disabilities in an earlier draft.

Can we talk about that? Rep. Riley made a very good case for that when she came a presented to us. As we have heard families are providing around 2.2B in uncompensated care and I am certain that has an economic impact on the state and families.

Thank you!

Jess Fay

Representative Jessica Fay

Joint Standing Committee on Environment and Natural Resources  
Joint Standing Committee on Inland Fisheries and Wildlife  
House Co-Chair, Legislative Caucus on Aging

Maine House District 66  
parts of Casco, Poland and Raymond  
(207)415-4218

Legislative correspondence is considered a public record and may be subject to a request under the Maine Freedom of Access Act. Information that you wish to keep confidential should not be included in email correspondence.

## Broome, Anna

---

**From:** Kim Humphrey <khumphrey.phadv@gmail.com>  
**Sent:** Monday, December 9, 2019 12:15 AM  
**To:** Caswell, Lynne; Broome, Anna  
**Subject:** Re: HOMEWORK - LTC Workforce Commission  
**Attachments:** LTC Recommendations\_KH edited 12-8-19 2.docx

**This message originates from outside the Maine Legislature.**

Hi Lynne,

Thank you for the opportunity to review this document. I added some suggestions in red to the attached edited version. I think the format and compilation of all of the information shared over the past 4 meetings is commendable and will make it easier to do the work on Tuesday.

I'm especially pleased with the very first and immediate recommendation of increasing the rates across the board to 125% minimum wage. Would that include a recommendation that LD399 be amended to include more than DSPs?

Thank you for all of your work.

Kim

On Fri, Dec 6, 2019 at 4:05 PM Caswell, Lynne <[Lynne.Caswell@legislature.maine.gov](mailto:Lynne.Caswell@legislature.maine.gov)> wrote:

Hello all.

Attached is a document Anna and I prepared for the chairs setting out potential recommendations for this Commission to submit to the HHS Committee. At the **meeting next Tuesday (12/10) at 10:00 am**, we will use this document to facilitate your discussions, decisions and any votes, including the justifications behind the final recommendations.

The chairs have asked that you each take a few minutes to look over this document and send any comments to Anna and me before 1:00 pm on Monday. For example, should the timing of the goal be changed (e.g. from "immediate" to "intermediate")? Should a recommendation apply to a different entity (e.g. direct a different agency to do something)? Have we missed a recommendation discussed by the Commission or that you would like the commission to consider? Are you opposed to any of the recommendations?

Anna and I will do are best to work your comments into the document for Tuesday's meeting.

**POTENTIAL RECOMMENDATIONS – RATES**  
 (from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-term
Increase rates (to at least 125% of minimum wage) across the continuum of care (HCBS, AL & NFs) so that providers are able to pay caregivers a competitive wage	Establish a rate-setting commission for non-facility based LTSS, including rates, for related services that support the system (LD 1052 carried over by HHS)	Establish rates that provide increased reimbursement for specialized care (e.g. dementia, behavioral or bariatric)	
		Establish automatic annual COLA adjustments to DCW rates in statute (already required in some settings or under some programs)	

**POTENTIAL RECOMMENDATIONS – RATES**  
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-term
	<p>Direct DHHS to establish rates that:</p> <ul style="list-style-type: none"> <li>- reflect current and future structural additions to providers' costs (i.e. increases in minimum wage, PTO, EVV, background checks / fingerprinting);</li> <li>- account for acuity (similar to case-mix in NFs);</li> <li>- account for workers' skill level;</li> <li>- allows for merit or longevity pay increase;</li> <li>- allow for reimbursement for ongoing training; and</li> <li>- mileage reimbursement and/or compensation for travel time to/between clients (??)</li> </ul>		
	<p>Require DHHS to review DCW rates every ?? years (P.L. 2017, ch. 459 – requires review every 2 years)</p>		
	<p>Require DHHS to review differential rates across sections/programs for DCW services</p>		

**POTENTIAL RECOMMENDATIONS – RATES**  
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-term
		Require DHHS to establish a maximum rate that temp agencies can charge providers for temporary staffing (??)	

**POTENTIAL RECOMMENDATIONS – PROGRAM DESIGN (MaineCare)**  
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
		Direct DHHS to standardize the qualification requirements for entry-level DCWs across programs (i.e. age, education, proficiency in English, familial status)	Create a standard DCW designation that sets baseline requirements applicable to all settings so that workers can easily move between settings to meet demand staffing demands and to increase job satisfaction (also in Recommendation section for Career Ladder / Workforce Development)
		Direct DHHS to standardize the training and certification requirements for entry-level DCWs across programs	Remove barriers to family members being paid caregivers as permitted by federal law/regulations (Resolve 2019, ch. 102 – applies to §19)
		Expand and promote the consumer directed option	Expand coverage of assistive technology and environmental modifications that reduce the need for hands-on care (as recommended by the Aging and LTSS Advisory Group)
			Increase hours allowable for Adult Day Health Services
			Include DCWs as paid staff in any multi-disciplinary care planning team.
			Direct DHHS to identify ways to consolidate tasks currently performed by multiple staff

**POTENTIAL RECOMMENDATIONS – PROGRAM DESIGN (Public Assistance Programs)**  
 (from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
		Direct DHHS to examine public assistance programs to allow DCWs to maintain eligibility when income exceeds current program caps (e.g. SNAP, Housing subsidies) ?? – limited to specific programs? Does this apply to DCWs employed in other professions as well?	
		Include older DCWs in the Medicare Savings Program	

**POTENTIAL RECOMMENDATIONS – CAREER LADDER / WORKFORCE DEVELOPMENT**  
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
	<p>Make available, through a variety of mediums, information on the amount of income a DCW may earn before exceeding the cap for public assistance programs. DOL or DHHS?</p>	<p>DOL to work with DOE and institutions of higher education to:</p> <ul style="list-style-type: none"> <li>- explore apprenticeship programs for DCWs;</li> <li>- explore “earn as you learn” programs for specific job types;</li> <li>- identify all industry related training/education programs, including healthcare industry programs, that have practicum requirements and work to require rotations in LTSS/LTC;</li> <li>- develop worker pools of students interested in part-time/flexible schedules</li> </ul>	<p>Create a standard DCW worker designation that sets baseline requirements applicable to all settings so that workers can easily move between settings to meet demand staffing demands and to increase job satisfaction (also in Recommendation section for MaineCare program design)</p>
	<p>DOL to promote DCW jobs as a career choice</p>	<p>Develop and release a public service campaign promoting the DCW field</p>	<p>Direct DHHS to create a digital platform to connect DCWs, providers, self-directing consumers, and families.</p>
	<p>DOL to hold job fairs solely focused on DCWs</p>		<p>Create a clear career pathway from all entry level DCW jobs across settings into other positions and professions in long term care. Who??</p>

**POTENTIAL RECOMMENDATIONS – TRAINING**  
 (from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
		<p>DHHS to reconstitute and update the HRSA training and certification program developed by DHHS and Muskie School of Public Services (one standardized core curricula with specialty modules and distance learning options) Offer the curriculum, exams and certification in other languages to attract new Mainers, while simultaneously offer training for English language proficiency.</p> <p>Offer training in specialized care such as behavioral (including ABA) and dementia care, and all DCW trained to check first for undetected pain when there are behavioral issues.</p>	
		<p>DOL to work with DOE and institutions of higher education to work with high school vocational education programs to develop DCW certification programs for high school students. Provide tuition discounts for continuing education related to improving skill for DCW</p>	

**POTENTIAL RECOMMENDATIONS – OTHER**  
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
	<p>Establish a 2-year oversight commission to meet quarterly to:</p> <ul style="list-style-type: none"> <li>- review progress toward implementing recommends;</li> <li>- address barriers to implementation; and</li> <li>- make new recommendations as needed.</li> </ul> <p>Who should they report to?</p>	<p>Establish a DCW month to recognize the important work done by members of this profession.</p>	<p>Direct the State Economist to forecast future need for DCWs. Define living wage regular/annual/biennial basis?</p> <p>Provide a living wage to DCW</p>
	<p>DECD to prioritize this employment sector for solutions to workforce shortage. Consider marketing assistance, child and elder care credits, housing subsidies, and transportation options for DCWs</p>	<p>Investigate methods to pool workers across providers and/or settings, including how to provide benefits</p> <p>Who?</p>	<p>Direct DHHS to report quarterly on usage and unmet demand, including unstaffed hours, unstaffed positions, and unfilled beds caused by staffing shortages</p>
	<p>DHHS to consider using Civil Money Penalty funds to address workforce shortage</p>	<p>Direct DHHS to investigate grant funds available for behavioral training for DCWs.</p>	<p>Direct DHHS to investigate impact of swing beds in critical care access hospitals on rural nursing facilities in the same geographic area and consider options to remedy any negative impacts</p>
		<p>Direct DHHS to consider obtaining grant funds under Lifespan Respite Care Program grant offered by the U.S. ACL</p>	