

**Blue Ribbon Commission to Study the Organization of and Service Delivery
by the Department of Health and Human Services**

Resolve 2023, chapter 98

Tuesday, November 14, 10:00am

Room 209 (Health and Human Services Committee room)

Cross State Office Building, Augusta ME

AGENDA

- Welcome, *Chairs Senator Duson and Representative Craven*
- Commission member introductions
- Report on Government Oversight Committee activities – *Senator Duson*
- DHHS priorities and recent reforms; constituent services – *DHHS*
- Commission discussion of next steps and information requests for December 12 meeting.

GOC Plan for Intensive Meeting Schedule for November and December 2023 with Regard to Child Protective Services.

The objective of these meetings is to formulate some recommendation(s) to the Legislature to improve the child protection services system in Maine.

- The Committee would like to gather first person narrative perspectives of selected front-line workers, who wish to speak with the Committee. The types of front-line workers possibly include caseworkers, supervisors, guardians ad litem.

The following are some of the topics the Committee wishes to examine:

- Recruitment / Retention
 - Caseload / Workload
 - Training / Mentoring
 - Management within OCFS
 - Workplace culture within OCFS (working off the clock, mandatory overtime, lack of vehicles)
 - Structured Decision-Making Tools
 - The Katahdin documentation system
 - Availability of Services (mental health, Substance Use Disorder, Domestic Violence, others)
 - Transportation
 - Process of Substance Use Testing (frequency, notice, lead and lag time, barriers, types of testing available)
 - Hoteling/ Emergency Dept (Housing unplaced children in hotels and emergency departments)
- The Committee is also interested in viewpoints of assistant attorneys general, retired judges, mandated reporters, and resource families.
 - On November 15, the Committee will hear OPEGA's Report on the Case of Jaden Harding and then continue with testimony from front-line workers.
 - On November 29, the Committee will hold a public hearing on the OPEGA report.
 - In December, the Committee will entertain perspectives of other knowledgeable stakeholders representing various organizations in the Child Protective Services, and CPS oversight communities.

From Senator Duran and Director Schlocke,
OPEGA

The State Government Evaluation Act (GEA)

Purpose

Enacting legislation, reviewing agency rules, and appropriating funds are the most familiar ways in which the Legislature directs and conducts oversight of Executive Branch functions. The State Government Evaluation Act ("GEA" or "the Act") establishes another method through which the Legislature fulfills its duty to serve as a check and balance on agencies that administer state laws. The Act (Title 3, chapter 35 of the Maine Revised Statutes) provides for regular, periodic review of the performance of certain state agencies and independent agencies that receive General Fund money or that are established by statute.

Process

Each GEA review is conducted by the joint standing committee of jurisdiction. The Act specifies a schedule for conducting reviews of specified agencies and independent agencies (see list of agencies scheduled for review by this Legislature on reverse page) but the reviewing committee may modify this schedule by 2/3 vote.

A committee initiates a GEA review by notifying the agency in writing that it intends to proceed, triggering the agency's duty to compile and submit a "program evaluation report" by the statutory deadline. This report must include certain types of information specified by the Act (3 M.R.S.A. §956), although the committee may direct that additional information be provided. Often, committees invite agencies to present their reports at a committee meeting, allowing committee members to pose clarifying questions and seek additional information.

The Act (3 M.R.S.A. §957) states that, in conducting its analysis of the report, the committee may consider:

- The extent to which the agency operates in accordance with its statutory authority;
- The agency's degree of success in meeting its goals and objectives for each program;
- The agency's degree of success in meeting its statutory and administrative mandates; and
- The extent to which the agency has increased or reduced filing and paperwork burdens on the public.

After completing its review and analysis of the report, the Act (3 M.R.S.A. §955) directs the committee to submit its findings, administrative recommendations and, if applicable, legislation necessary to implement those recommendations, to the Legislature. If it chooses, the committee may also establish in the report a specified time in which the committee will conduct a follow-up review to assess the agency's progress in meeting the committee's administrative recommendations.

Important Dates: First Regular Session¹

By May 1st

Committee must notify the agency of its intent to review the agency during the 2nd Regular Session.

By November 1st

Agency must submit the Program Evaluation Report to the committee.

Important Dates: Second Regular Session

By February 1st

Committee must begin its review of each agency subject to review.

By March 15th

Committee must submit a final report to the full Legislature.

¹ The Act (3 M.R.S.A. §955) also provides that the committee may, by March 1st in the First Regular Session, request "a single-page list of organizational units and programs within each organizational unit" from the agency. If a request is made, the agency must supply the list by April 1st of the same year.

**Statutory Schedule of Agencies to be Reviewed by the 131st Legislature
by Area of Committee Jurisdiction (3 M.R.S. §959)**

Agriculture, conservation and forestry

- Maine Dairy and Nutrition Council
- Maine Dairy Promotion Board
- Maine Milk Commission
- State Harness Racing Commission
- Land for Maine's Future Board

Criminal justice and public safety

- Maine Emergency Management Agency within the Department of Defense, Veterans and Emergency Management

Education and cultural affairs

- Maine Arts Commission
- Maine Historic Preservation Commission
- Maine Historical Society
- Maine Library Commission
- Maine State Cultural Affairs Council
- Maine State Library
- Maine State Museum
- Maine State Museum Commission
- Office of State Historian

Health coverage, insurance and financial services

- Department of Professional and Financial Regulation, in conjunction with committee having jurisdiction over on innovation, development, economic advancement and business

Health and human services

- No reviews scheduled for 131st Legislature

Housing

- Maine State Housing Authority

Innovation, development, economic advancement and business

- Department of Professional and Financial Regulation, in conjunction with committee having jurisdiction over health coverage, insurance and financial services

Inland fisheries and wildlife

- Department of Inland Fisheries and Wildlife
- Advisory Board for the Licensing of Taxidermists

Judiciary

- No reviews scheduled for 131st Legislature

Labor

- Department of Labor

Marine resources

- Lobster Advisory Council

Medical use of cannabis

- No reviews scheduled for 131st Legislature

Environment and natural resources

- No reviews scheduled for 131st Legislature

Professional licensing of health care professions

- No reviews scheduled for 131st Legislature

Retirement

- No reviews scheduled for 131st Legislature

State and local government

- Maine Municipal Bond Bank
- Office of the Treasurer of State

Taxation

- No reviews scheduled for 131st Legislature

Transportation

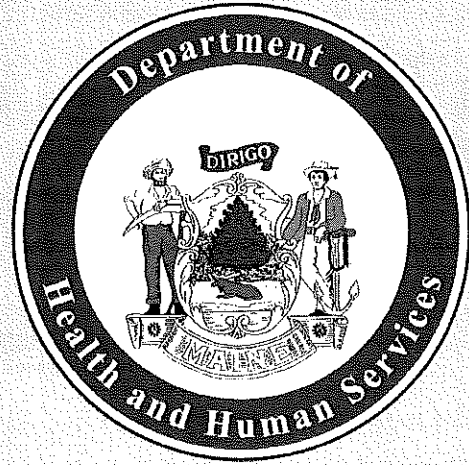
- The Bureau of Motor Vehicles within the Department of the Secretary of State

Utilities and energy

- Board of Directors, Maine Municipal and Rural Electrification Cooperative Agency

Veterans and legal affairs

- State Liquor and Lottery Commission
- Department of Administrative and Financial Services with regard to enforcement of law relating to manufacture, importation, storage, transportation and sale of all liquor and laws relating to licensing and collection of taxes on malt liquor and wine



**Efforts and Progress in Implementing the
Recommendations of the Commission to Study
Long-term Care Workforce Issues**

**Second Annual Report Pursuant to PL 2021, c. 398,
Section AAAA-7**

February 2023

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Introduction

The Commission to Study Long-term Care Workforce Issues was created by the Legislature and met in 2019, issuing its recommendations in January 2020. PL 2021, c.398, Section AAAA implements a rate recommendation from that report (to ensure that MaineCare rates support at least 125 percent of minimum wage) and requires the Maine Department of Health and Human Services (DHHS) to provide annual reports each year from 2022 to 2026 regarding the Department's efforts and progress in implementing the recommendations of the Commission.

The Department has compiled this second report in collaboration with its partners at the Maine Department of Labor.

I. Progress on Recommendations from the 2019 Long-term Care Workforce Commission

This section provides updates on activities of State agencies that address recommendations in the 2019 Long-term Care (LTC) Workforce Report, as well as other related activities. This section is organized by topics as they appear in the 2019 report.

Reimbursement

The Department of Health and Human Services (DHHS) has taken several steps to support higher wages for direct support workers (DSWs) through MaineCare Rate System Reform and COVID-related supplemental payments in MaineCare and State-funded programs. In addition to the payments and actions reported last year in our first report, DHHS has taken the following actions:

- In September 2021, the Department issued over \$123 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (also known as Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs) to assist with ongoing, COVID-related staffing shortages;
- In December of 2021, Governor Mills directed the Department to waive penalties on nursing facilities during the federal public health emergency (PHE) that are experiencing low occupancy rates. The Department is applying this waiver to Section 97 Private Non-Medical Institution (PNMI) Appendix C facilities as well. This enabled nursing and residential care facilities to be reimbursed according to actual resident days instead of a minimum of 80% or 90% occupancy as outlined in regular MaineCare policy;
- Part AAAA of the budget enacted under Laws of Maine 2021, c. 398 directed DHHS to implement rate increases to ensure the labor component of rates are equal to at least

125% of minimum wage.¹ On May 3, 2022, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, and 96 that are associated with Part AAAA of P.L. 2021, c. 398, retroactively to January 1, 2022. Supplemental monthly “ramp” payments were paid during calendar year 2022 for other long-term care and personal support services in Sections 2 and 26, where rate studies were needed to ensure appropriate adjustments to meet the 125% requirement. The first distribution of these temporary supplemental payments included payments for both January and February 2022. For the remainder of the calendar year, payments were issued monthly to eligible providers from March 2022 through December 2022;

- DHHS also increased its planned cost of living adjustment (COLA) for FY22 to match higher than anticipated inflation rates and accelerated the COLA that had been planned for July 1, 2022, to January 1, 2022, in order to provide additional support for non-wage-related costs and to be able to operationalize both sets of adjustments for Home and Community Based Services (HCBS) waivers;
- In addition to Part AAAA, Nursing Facilities and PNMI Appendix C facilities received an interim supplemental wage add-on to their rates from January 1, 2022, to June 30, 2022. The Department then collected wage data from facilities to fully implement section AAAA-5 of the biennial budget, 2021 P.L. c. 398, which requires that direct care rates for providers in Section 67 and Section 97, Appendix C enable providers to cover labor costs for essential support workers of at least 125% of the minimum wage. Rate letters for these facilities were posted on September 29, 2022, including add-on rates for Part AAAA, with rates retroactive to July 1, 2022;
- In response to the healthcare worker challenges exacerbated by the COVID-19 pandemic, DHHS submitted and received approval of its Home and Community Based Services Improvement Plan under Section 9817 of the American Rescue Plan Act through the Centers for Medicare & Medicaid Services (CMS). A key component of the plan was to provide retention and recruitment bonus payments for new and existing direct support workers and their supervisors across several MaineCare sections of policy.² Over \$121 million was paid in the first quarter of CY 2022 to 354 agencies who reported almost 21,000 workers in the registration process. Agencies had until 12/31/2022 to utilize the retention and bonus payment funds. Final reports that will include worker-level data are due February 1, 2023;
- Public Law 2001, c. 639 (LD 1867) was enacted in 2022 and took effect August 8, 2022. As passed, c.639 creates a new stand-alone section of Maine law (22 MRSA §3173-J) that codifies the processes and principles for the MaineCare Rate System. These

¹ https://legislature.maine.gov/legis/bills/display_ps.asp?PID=1456&snum=130&paper=&paperId=1&id=1573

² <https://www.maine.gov/governor/mills/news/governor-mills-announces-federal-approval-bonus-payments-direct-support-workers-2021-11-23>

processes and principles include setting a schedule for regular rate review and adjustment, to be reviewed annually in consultation with the Technical Advisory Panel (TAP); reviewing relevant state and national data to inform rate amounts and payment models, with an emphasis on models that promote high value services by connecting reimbursement to performance; and formalizing a clear and transparent process for rate determination that includes public notice and comment. DHHS convened the TAP and is implementing its first round of rate setting under the new law;

- In August 2022, the Department issued \$25 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs). The funds were distributed proportionally based on each facility type's CY 2019 MaineCare revenue for these services;
- In September 2022, the Department issued one-time payments to eligible providers of Per Diem Home Support and Home Support – Family Centered Support under MaineCare Benefits Manual Section 21, Home and Community Benefits for Member's with Intellectual Disabilities or Autism Spectrum Disorder to assist with ongoing, COVID-related staffing shortages in residential group homes;
- Public Law 2021 c. 635 enabled the Department to provide High MaineCare Utilization payments (HMUP) for Section 97 Appendix C facilities. This HMUP provides add-ons to the facility rate when a facility's MaineCare member occupancy exceeds 70% and 80%. Nursing facilities also receive this HMUP;
- Appendix K to Maine's Home and Community-Based Services 1915(c) waivers provides the state certain flexibilities in waiver program operations during an emergency. Section K-2.b.ii. of Maine's Appendix K, which allows service caps to be exceeded and group home staffing to be lower than authorized levels, was originally set to expire on May 31, 2020. Due to continuing need related to the COVID-19 pandemic, the Department has extended this provision eleven times, most recently through March 31, 2023. On October 1, 2022, the Department set the minimum staffing in Section 21 group homes at 80% of authorized levels, provided that the health and safety of residents can be maintained. This represents an increase from the 50% minimum established at the beginning of the pandemic. The Department is monitoring workforce conditions closely and will make decisions about April 1, 2023 staffing levels by the end of this year; and
- Effective January 1, 2023, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, 67, 96 and 97, Appendix C to ensure rates continued to support the requirements of Part AAAA of P.L 2021, c. 398, relating to 125% of minimum wage for essential workers, and for Sections 12, 18, 19, 20, 21, 29, and 96 received an annual cost of living adjustment in alignment with P.L. 2021, c. 639.

The Department also implemented rates resulting from rate studies for Sections 13, Targeted Case Management and 26, Day Health Services and is in the process of finalizing rates from a rate study for Section 2, Adult Family Care Homes to ensure compliance with both P.L. 2021 c. 398, Part AAAA for Section 2 and 26, and P.L. 2021 c. 639 for Sections 2, 13 and 26.

Workforce Recruitment and Retention

In addition to rate increases and one-time payments, the Department of Health and Human Services (DHHS) has worked closely with the Department of Labor (DOL) and other public and private stakeholders to support increased healthcare workforce recruitment and retention efforts:

- DOL led the initial efforts for a media campaign to recruit persons of all ages and life stages into front line health and long-term services work. With funding from the Governor’s Maine Jobs & Recovery Plan (MJRP) DOL retained a marketing agency and collected stakeholder feedback. Representatives from the Maine Long-Term Care Ombudsman Program, Catholic Charities Maine, LeadingAge, the Maine Council on Aging, the Maine Health Care Association, the Maine Association of Community Service Providers, the Home Care & Hospice Alliance of Maine, and the Maine Direct Care & Support Professional Advisory Council have provided input on key messaging and assisted DOL with reaching other stakeholders through surveys and other methods to increase our understanding of motivations, barriers, and aspirations of current and potential direct care and support workers;
- With input from 700+ current and future workers and the advisory group, the Caring For ME campaign launched in April 2022 to recruit workers for direct care and behavioral health career opportunities. Through a combination of digital outreach, traditional media and social media, the Caring For ME website, featuring current job opportunities, events and career pathways information, had 40,000 visitors, 3,000 of whom continued to MaineJobLink to access current job postings in the field. As part of the Caring For ME campaign, four in-person and one virtual hiring event took place with 100+ employer and 250+ jobseeker participants—resulting in 30 jobseekers submitting applications, receiving conditional offers and interviews for open positions and 20+ jobseekers connected with Healthcare Navigators for additional job search support;
- DOL transitioned the Caring For ME campaign to DHHS in December, 2022 and DHHS will further target direct care and support workers interested in behavioral health, aging, intellectual disability, brain injury and physical disability. Additional marketing efforts are being planned to continue and build on the Caring For ME campaign;
- DOL continues to conduct targeted health and Long-Term Services and Supports (LTSS) job fairs, which will be further developed in conjunction with the ongoing media campaigns. LTSS providers have been participating in statewide job fairs, as well as customized connections (i.e., reverse job fairs) to specifically identified individuals who have direct care and support employment goals;

- As part of a broader healthcare workforce attraction campaign, DHHS has contracted with Live and Work in Maine to develop health career exploration and outreach tools aimed at encouraging graduating high school students and younger workers to enter the healthcare profession. This strategy is part of a public/private partnership with the Maine Hospital Association, Maine Primary Care Association and the Maine Health Care Association. This campaign has created 22 career exploration videos, a job board, and a career toolkit distributed across all high schools in Maine. The multimedia advertising strategy includes radio, video, traditional and social media, resulting in 58,533 job views for positions in the healthcare sector, and 699 applications to healthcare jobs posted on the Live and Work in Maine job board. This campaign will continue in CY 23 with a wider target audience;
- All media campaigns are being informed by the Maine Direct Care & Support Professional Advisory Council, a group of front-line workers established in the fall of 2021 by the Long-Term Care Ombudsman with support from the Maine Health Access Foundation and DHHS. Several discussion groups were held with direct care and support workers in both HCBS and residential care to learn more about their jobs, why they do them and what would make them better. The results from these discussions informed the media campaigns and were key in planning improvements in workplace culture. Members of the Council have used their social networks to bring more worker voices into these efforts through surveys and focus groups;
- With funding from the Governor's Maine Jobs & Recovery Plan (MJRP), the Finance Authority of Maine (FAME) continues to administer the Maine Health Care Provider Loan Repayment Pilot Program for certain health care professionals who commit to living and working in Maine for at least 3 years. This is one-time funding for loan repayments of eligible program participants to address critical workforce shortages exacerbated by the COVID-19 pandemic, including but not limited to the behavioral health and oral care sectors; and
- In order to support recruitment efforts for non-English speaking Mainers, DHHS continues to work with the Department of Education (DOE) to expand Bridge English as a second language (ESL) courses that tie into direct care credentials such as Certified Nursing Assistant (CNA), Personal Support Specialist (PSS) and others.

Workforce Development

DHHS, DOL and DOE continue to collaborate on a number of workforce development initiatives:

- Utilizing a combination of Maine Jobs & Recovery Program (MJRP) funds and a federal grant, DOL is actively expanding healthcare pre-apprenticeship and apprenticeship programs for the sector at large, with an emphasis on increasing representation among communities disproportionately impacted by the pandemic. DOL has been working with DHHS, as well as the Maine Community College System (MCCS) and the Department of Education's (DOE) Career and Technical Education team. Current apprenticeship

sponsors include Northern Light Health and Maine General Health. The MJRP and federal grant funds allow for expansion of healthcare pre-apprenticeship and apprenticeship programs including expanding the apprenticeship program at MaineHealth, which will add an estimated 45 apprenticeships and over 500 pre-apprenticeships in partnership with local schools. These include Foster CTE, Somerset CTE, and the Gorham School District to expand existing and create new EMT and CNA pre-apprenticeship programs for young adults. New pre-apprenticeship programs at Lewiston and Portland Adult Education will be established, including a partnership with Northern Light to train up to 120 pre-apprentices in medical office staff and medical assisting. Additionally, the Maine Apprenticeship Program is working actively with an employer to develop and launch an apprenticeship program for direct service professionals in the coming months;

- DHHS is engaged with the University of Maine System (UMS) and MCCS to align learning standards with provider needs. One pilot at the University of Maine at Fort Kent has enabled UMFK nursing students to earn certification as a Personal Support Specialist (PSS) in year 1, a Certified Nursing Assistant (CNA) in year 2, and a Certified Residential Medication Aide (CRMA) in year 3 as they work on their nursing degrees. This allows nursing students to engage in paid work in different capacities along the continuum as they move through their degree program. This model is being expanded to other colleges across Maine;
- As part of the COVID-19 response, the UMS was formally engaged as a partner to coordinate students who would be available to increase the worker pool. Job postings for short-term/crisis staffing needs were sent directly through the Maine Responds system. Permanent and longer-term needs are sent to the Career Services offices across the MCCS and UMS. The process to connect with students is outlined in the DHHS Recruitment and Retention Toolkit; and
- Supported by Maine Jobs & Recovery Plan funding, DOL hired two full-time healthcare career navigator positions to assist individuals statewide interested in healthcare careers get connected to training and job opportunities. Healthcare navigators have worked with 50+ individuals who are referred from a variety of sources, including the Caring For ME campaign, and has connected 30+ individuals to free training, job opportunities and other services. These positions also focus on helping out-of-state and foreign-trained workers navigate the complex credentialing landscape and connect to healthcare careers, in partnership with ongoing efforts.

Qualifications and Training

Qualifications for doing direct care and support work vary by program and group served. DHHS and DOL are engaging stakeholders and reviewing certification requirements with an eye toward greater consistency (e.g., minimum age to do a certain task) and opportunities for cross training to give workers more opportunities. The Department is also exploring methods to make available training easily found by seekers, so training access does not pose a barrier to job seekers.

- To address the significant challenge of finding Direct Support Professionals (DSP) who are able to communicate and care for individuals who use American Sign Language (ASL), DOL and DHHS worked together to record the DSP training in ASL. Those trainings are now being made available through the College of Direct Support. This curriculum version will better meet the needs of potential DSP's who are ASL users;
- DOL and DHHS are working closely with adult education (DOE), MCCS and UMS partners to coordinate a centralized approach to healthcare training opportunities and training funding via Healthcare Training For ME (launched in April 2022). The funding is a combination of approximately \$7 million in tuition remission funding from the Maine Jobs & Recovery Plan as well as MCCS funding. The focus is working with employers to connect incumbent health care workers in entry level jobs with training funding to support attaining certifications and credentials to move up the career ladder and to improve retention and quality of care. Though not exclusively focused on direct care, priority occupations for training funding support include CNA, CNA-M, CRMA and home health aide, among others. Through the support of the Healthcare Training For ME collaborative, more than 160 healthcare workers were enrolled in late 2022 in free or low-cost training through tuition remission funding and 650+ students were enrolled in MCCS no-cost healthcare training courses; and
- DHHS has launched the Worker Portability and Advancement initiative, which seeks to create a base credential usable by individuals in at least two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP), with consideration also being given to Mental Health and Rehabilitation Technician I. The base credential will enable a direct care and support worker to perform entry-level work across multiple groups of people, and to pursue additional expertise to advance in the field.

Expanding Existing Support Systems

In October, 2022, DHHS and the five Area Agencies on Aging implemented Respite for ME, funded through the Maine Jobs & Recovery Plan. The two-year pilot program provides up to \$2,000 grants for family caregivers providing care to a loved one at home. Informal and unpaid caregivers may use the funds for respite care, counseling and training, legal and financial guidance, and assistive technology. Family caregivers can also access services to maintain their own health such as occupational and physical therapy.

Consumer Directed Services

DHHS has long had consumer-directed options in its programs for older adults and adults with physical disabilities and those options have been growing in popularity. The Department is now working to expand self-directed options to other adult groups. These options allow participants

to find and hire their own support workers rather than use a provider agency. The option is often used to hire and pay family members.

- Self-direction has been expanded to participants of Section 18 (Brain Injury Waiver), 20 (Other Related Conditions) and 29 (Supportive Services for Individuals with Intellectual Disabilities waiver) through a temporary modification to the waivers through the emergency use of the Appendix K option during the federal public health emergency. DHHS is pursuing permanent changes to its waiver policies to allow these options to continue; and
- Self-Direction is currently offered in Maine Care Section 19 (Older Adults and Adults with Physical Disabilities Waiver), Section 96 (Private Duty Nursing and Personal Care Services) and Section 12 (Consumer Directed Attendant Services). In addition, the Department also allows self-direction in its state funded Section 69 (Independent Support Services), Section 63 (In-Home and Community Support Services for Elderly and Other Adults) and Chapter 11(Consumer Directed Personal Assistance Services).

Pooling and Connecting Workers

As noted in last year's report, pooling and connecting workers across agencies for purposes of aggregating hours to qualify for benefits may have potential for making front line jobs more attractive but has not generated interest at the provider level, and DHHS is not pursuing this recommendation further.

Public Assistance

The Department has explored a number of strategies to ensure that low-income workers or prospective workers understand the public assistance programs that are available to them.

- Families Forward (through the Fedcap TANF ASPIRE program) now offers a Health and Human Services career development On Ramp program. Participants learn about career ladders in both fields and how they intersect. In this 15-day hybrid adult learning model students participate in both in-person classroom settings and in a digital classroom. Course activities include writing assignments, simulation activities including mock interviews, lectures, speakers, and videos. Students participate in weekly networking events with employer and educational partners geared toward the geographical locations of each cohort and their specific interests. Beginning in week four, most students are placed in a field training experience, employment, or educational opportunity. Some may decide that healthcare and human services is not a pathway for them, and they are referred to other On Ramp options or other educational programs. English Language Learners are given additional supports through a partnership with adult education, in-

person and online language classes using EnGen, and tutoring delivered by Greater Portland Immigrant Welcome Center. The On Ramp is now offered every other month;

- The Department, in partnership with the Administration for Children and Families (ACF) in addition to the Federal Reserve Bank of Atlanta, launched a Benefits Cliff Tool Pilot in February 2022. The pilot enables workers to receive coaching and the tool allows workers to see how starting in entry level healthcare jobs can provide a pathway to greater economic mobility while helping them plan for how it will or will not impact their benefits. A second pilot was launched in October 2022 which allows coaches to use the entire suite of tools with participants. The second pilot will help us to know how to use the tools with participants across Maine;
- In 2020, the Department extended transitional MaineCare from 6 months to 12 months to individuals who lost MaineCare assistance due to earnings. This extends the individual's full MaineCare benefits for one year following the increased earnings that put them over the limit. Prior to the end of the 12 months, a letter is sent to the family to see if they can continue to be enrolled in MaineCare. If they remain over the limit a referral is made to CoverME for other subsidized health coverage options;
- MaineCare income limits are set per coverage group, such as parents and caretakers, pregnant women, childless adults, etc. Increasing income levels for direct care workers, or any other specific employment type, is only an option if the income limits for all MaineCare applicants in the coverage group are increased. MaineCare eligibility guidelines are posted online for all coverage groups. Applicants also receive information about the limits via notices of decision; and
- The Department's Office for Family Independence (OFI) continues to host monthly community partners meetings with MaineCare provides, local advocacy groups, etc. as a forum to share information such as upcoming changes to public assistance rules or process or respond to inquiries questions from agencies who support our applicants and members.

Grants

The Department and its partners have received grants and other assistance related to workforce issues, including the following:

- In 2021, the Maine Health Access Foundation (MeHAF) provided a grant to the Maine Long-term Care Ombudsman Program (LTCOP) to conduct discussion groups with direct care and support workers who work in nursing homes, residential and home-based settings. As part of Section 9817, under the American Rescue Plan Act, OADS has contracted with LTCOP to continue this effort through an initiative that has supported the creation of a Direct Care and Support Worker Advisory Council. Members of the Council

include direct care and support staff providing in-home care, working in assisted living and residential care homes, and nursing facilities. The purpose of the Council is to build leadership and advocacy skills as well as to inform and makes recommendations to policy makers about workforce initiatives;

- DHHS received a federal Money Follows the Person (MFP) Capacity Building grant award that includes a workforce development component; and
- DHHS decided that pursuing a Lifespan Respite Care grant from the federal Administration for Community Living would not be feasible and has instead received approval from CMS to fund a pilot program under Section 9817 of the American Rescue Plan Act.

II. Current Data Related to Staffing & Occupancy

This section includes available information on capacity in Maine's residential and home care programs. While useful in monitoring access to services, users should be very cautious in interpreting what the data tell us about LTSS workforce availability.

The numbers below have mostly moved in the desired direction in the past year. Bed capacity has remained stable while residential occupancy rates have increased slightly. Most HCBS programs were able to increase the number of people served since last year, though the number of participants who receive only partial staffing has also increased. Nonetheless, the movement overall is in the right direction, and does not yet reflect significant MaineCare rate increases, including 1/1/23 annual adjustments, which will enable starting wages for front line workers to increase in the new year.

Residential and Nursing Capacity

Table 1. Licensed Capacity of Adult Residential and Nursing Facilities in Maine, 2020 and 2022³

	Number of Licensed Facilities	Bed Capacity
Assisted Housing Facilities (includes Residential Care, Private Non-Medical Institutions, Waiver Group Homes and Assisted Living)		
May 2020	852	10,800
January 2022	1,154	11,528
December 2022	1,179	11,771
Nursing Facilities		
May 2020	93	6,506
January 2022	90	6,472
October 2022	87	6,434

Table 2. Occupancy Data for Nursing Facilities and Residential Level IV Facilities, 2020, 2021, 2022⁴

	Total Number of Facilities	Total Number of Medicaid Beds	Total Number of Beds	% Occupancy
Residential Care Facility Level IV				
November 2020	128	2,848	4,510	82.88%
November 2021	125	2,798	4,426	84.66%
November 2022	122	2,758	4,419	85.70%
Nursing Facility Occupancy				
November 2020	93	3,645	6,506	80.62%
November 2021	92	3,242	6,496	73.75%
October 2022	87	3,175	6,434	78.96%

Home Care Capacity

³ Data Source Maine DHHS

⁴ Data Source Maine Minimum Data Set (MDS) 3.0 reports

Table 3. Capacity of Maine Home Care Programs, 2020, 2021, and 2022⁵

	Unduplicated Number of Members Served	Number of Unstaffed Members	% of Partially or Fully Unstaffed Members	Waitlist
MaineCare Programs				
Section 12- Consumer Directed Attendant Services				
November 2020	374	25	7%	0
November 2021	317	23	9%	
November 2022	323	15	6%	
Section 19- Home and Community Benefits for Elderly and Adults with Disabilities				
November 2020	2,133	169	30%	0
November 2021	2,233	177	34%	
November 2022	2,339	161	33%	
Section 96- Private Duty Nursing and Personal Care Services				
November 2020	2,672	449	44%	0
November 2021	2,735	509	48%	
November 2022	2,833	510	47%	
OADS State Funded Programs				
Section 63- In-Home and Community Support Services for Elderly and Other Adults				
November 2020	962	168	45%	553
November 2021	677	104	44%	996
November 2022	768	163	53%	398
Section 69- Independent Support Services Program				
November 2020	1,669	261	16%	925
November 2021	1,518	298	20%	1425
November 2022	1430	280	20%	1269

⁵ Data provided via reporting from Maine's Service Coordination Agencies: Alpha One, Catholic Charities of Maine and SeniorsPlus, LLC

Chapter 11- Consumer Directed Personal Assistance Services				
November 2020	114	2	2%	88
November 2021	94	4	4%	121
November 2022	93	6	7%	0

Conclusion

This report outlines key progress and activity by the Maine Department of Health and Human Services, the Maine Department of Labor, and other public and private entities to address the shortage of LTSS workers in Maine. The general labor shortage continues across all sectors but there are signs that conditions may be improving slightly. The Department continues its work on multiple workforce initiatives and will maintain a strong focus on the LTSS workforce in the coming year.

ESSENTIAL CARE WORKFORCE

Advisory Committee Report—LD 898
February 2023

*Submitted by
Maine Department of Labor*

MAINE
DEPARTMENT OF
LABOR

Overview

The Essential Support Workforce Advisory Committee (ESWAC) (bill language), as established in Title 5, section 12004-I, subsection 54-E is established to advise the Legislature, the Governor and state agencies on the State's shortage of essential support workers. The advisory committee consists of 14 appointed members. The bill provides funding for a part-time labor program specialist position at the Maine Department of Labor which will be staffed by Catalina Piedrahita. The work of this committee may support the Commission to Study Long-term Care Workforce Issues which is scheduled to issue recommendations annually until 2026.

Establishment of the Committee:

The advisory committee consists of 14 members each member was appointed and invited to the first meeting including:

- a. Senator Joe Baldacci is representing the Senate and was appointed by the President of the Senate.
- b. Representative Margaret Craven is representing the House of Representatives, and was appointed by the Speaker of the House
- c. Abby Stivers is the designee for the Commissioner of Health and Human Services
- d. Angelina Klouthis Jean is the designee for the Commissioner of Labor.
- e. Catherine Thibodeau from I Am Supports is representing an organization providing services to persons with intellectual disabilities and autism who is a member of a statewide association of providers of services to persons with intellectual disabilities and autism, and was appointed by the President of the Senate
- f. Mary Jane Richards from North County Associates is representing a facility-based long-term care provider who is a member of a statewide association of facility-based long-term care providers, and was appointed by the President of the Senate
- g. Betsy Sawyer-Manter from Seniors Plus is representing a service coordination agency for people receiving homebased and community-based long-term care, and was appointed by the President of the Senate
- h. Michael Smith from Catholic Charities Maine is representing an organization providing statewide homemaker services through a state-funded, independent, support service program, and was appointed by the President of the Senate
- i. Dan Belyea from the Maine Community College System is representing an institution of higher education engaged in workforce development, and was appointed by the President of the Senate
- j. Gloria Noyes from Westbrook CTE is representing a career and technical education center or region, and was appointed by the Speaker of the House
- k. Tom Newman from Alpha One is representing an organization promoting independent living for persons with disabilities, and was appointed by the Speaker of the House.

- I. Stephanie Capano Hatcher from Northeast Residential Services is an essential support worker, and was appointed by the Speaker of the House
- m. Jess Maurer from the Maine Council on Aging is representing a statewide advocacy association that broadly advocates for people who are entitled to receive essential support worker services, and was appointed by the Speaker of the House
- n. Donald Dufour from Tri County Mental Health Services is representing an organization providing services to persons with behavioral health challenges who is a member of a statewide association of providers of services to persons with behavioral health challenges, and appointed by the Speaker of the House

Goals: Examine and monitor staffing levels, make recommendations on recruitment and retention of essential care workers, including benefit cliff pilot project and data collection efforts.

Timeline: This committee was established in September 2022. The committee held the first meeting on December 14th, 2022, and it is required to meet three times a year until January 1, 2028.

Deliverables: Beginning January 1, 2023, and annually thereafter, the advisory committee shall submit a report to the joint standing committees of the Legislature having jurisdiction over labor matters and health and human services matters on its activities under this chapter. The Department of Labor and the Department of Health and Human Services shall provide updates 3 times a year to the advisory committee regarding their efforts to expand the State's essential support workforce.

Meeting Summary

Meeting Date: Wednesday, December 14th, 2022, 10:00AM – 11:30AM Hosted virtually in Zoom

Agenda:

- Introduction of committee members and staff
- Review of duties and powers of Advisory Committee
- Programs Overview
 - Campaigns to promote direct care careers (DOL; DHHS)
 - Tuition remission (DOL; DHHS)
 - Training For ME (DOL; DHHS; DOE; MCCS; UMS)
 - Healthcare career navigators (DOL)
 - Healthcare pre-apprenticeship & apprenticeship (DOL)
 - Benefits Cliff Calculator (DHHS)

- Stackable credentials (DHHS)
- Chair and vice chair election
- Discussion around next steps

Outcomes:


- Purpose of the ESWAC was established.
- The professions that are considered direct care for the purpose of this work was agreed upon through the statutory definition of “**Essential Support Worker**,” as used in LD 898 (Title 22, section 7401, subsection 3. "Essential support worker" means an individual who by virtue of employment generally provides to individuals direct contact assistance with activities of daily living or instrumental activities of daily living or has direct access to provide care and services to clients, patients or residents regardless of the setting."
- The Departments of Health and Human Services and Labor provided an overview of ongoing efforts including:
 - The Live and work in Maine campaign, focused on attracting healthcare workers to Maine.
 - The Caring for ME campaign to attract Maine workers to home health and community-based service careers.
 - Healthcare Training for ME collaboration with University of Maine system, Maine Community College system, Adult Education to provide training opportunities for employers and incumbent workers to upskill in their careers. As a part of Healthcare Training for ME, MDOL offers Tuition Remission with funding from the Maine Jobs and Recovery Plan to provide training for healthcare workers interested in advancing in their careers
 - Healthcare Navigators connect individuals interested in healthcare pathways to training and employment opportunities.
 - Healthcare workforce apprenticeship, and pre-apprenticeship programs funded by the Maine Jobs recovery plan are currently offering Certified Nursing Assistant, Direct Support Professional, Personal Support Specialist, and others, including opportunities at Northern Light Health, Maine Health, Northeastern Residential Services. More employers have become sponsors of apprentices, like Redington Fairview General Hospital, Central Maine Healthcare, St. Mary's hospital and Genesis, and will be offering EMT, CNA, PSS/CRMA and CCMA opportunities.
 - Benefits Cliff Calculator helps individuals and policy makers understand barriers for families and figure out solutions.
 - Stackable credentials making it portable for serving populations, making sure people get knowledge and experience in their careers, that the training is successful for them, and they have the support for continued success.
 - Maine Care reimbursement and additional workforce initiatives that are happening and will be shared in future meetings.
- Metrics to assess the progress of current initiatives will be addressed in future meetings.
- The ESWAC elected Jess Mauer from the Council on Aging as chair, and Catherine Thibodeau from I Am Supports as vice-chair.

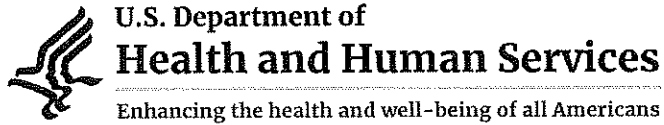
- The ESWAC anticipates the release of the second annual report, "Efforts and Progress in Implementing the Recommendations of the Commission to Study Long-term Care Workforce Issues, pursuant to PI.2021, c. 398, Section AAAA-7" on February 1st, 2023, to further inform future agendas.

Work Plan:

- The ESWAC will meet 3 times per year.
- The Department of Labor will provide detail around program outcomes evaluation and the perception from employers and individuals.
- The Department of Health and Human Services will provide more data about workforce retention.
- Chair and vice chair will work with staff to set the agenda for upcoming meetings.
- The committee attendants will be provided contact information for further engagement.

The Maine Department of Labor provides equal opportunity in employment and programs.
Auxiliary aids and services are available to individuals with disabilities upon request.

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FOR IMMEDIATE RELEASE
July 6, 2023

**Contact: HHS Press
Office**
202-690-6343
media@hhs.gov

New HHS Initiative Aims to Strengthen Nation's Health Workforce

Today, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra highlighted the recently launched HHS Health Workforce Initiative during an event at Lincoln-West School of Science and Health, a public high school in Cleveland, Ohio, which prepares students for college and careers in health care.

The goal of the HHS Health Workforce Initiative is to support, strengthen, and grow the health workforce by leveraging programs across the Department, including through the \$2.7 billion workforce investment proposed in the President's Fiscal Year 2024 Budget for the Health Resources and Services Administration's (HRSA) workforce training, scholarship, loan repayment and well-being programs. The Department's Initiative is focused on federal

investments to support individuals across health workforce disciplines – including physicians, nurses, dentists, behavioral health care providers, community health workers, peer support specialists and many others who dedicate their careers to improving the nation's health and wellbeing.

“We need more health workers, especially those who look like and share the experiences of the people they serve. And we need to take care of the people who take care of us – especially their mental health,” said Secretary Becerra. “This initiative will help to elevate workforce projects across the Department, engage with stakeholders, and identify potential policy gaps and opportunities to prioritize.”

“The key to expanding access to high quality health care is a well-trained and well-supported health workforce,” said HRSA Administrator Carole Johnson. “At the Health Resources and Services Administration, we are committed to continuing to grow the critical mentoring, training, financial and mental health and well-being supports that make it possible for people to choose and remain in health profession careers. Our work to fund health professions scholarships, loan repayment, stipends, faculty recruitment and development programs is essential to building the next generation of the health workforce. We are delighted to work together with our colleagues across the Department to support the HHS Health Workforce Initiative.”

HRSA is the agency within HHS that administers numerous programs focused on growing, diversifying and supporting the health workforce, with a particular focus on meeting the health care needs of underserved and rural communities.

<https://bhw.hrsa.gov/> The President's Fiscal Year 2024 Budget prioritizes funding for the vital mandatory health care workforce programs – the National Health Service Corps and the Teaching Health Center Graduate Medical Education Program – that support the recruitment and development of clinicians to deliver community-based care through loan repayment, scholarships, and residency training. HRSA's budget also prioritizes investments in growing the nursing and

behavioral health workforce, as well as supporting innovative workforce programs that would foster new approaches in workforce development and training.

HHS' Initiative includes a coordinated Department-wide effort to identify opportunities to improve health workforce recruitment and retention, and career advancement, with equity at the center of this work. It will help to elevate workforce programs and activities across the Department, engage with stakeholders, and identify opportunities to further advance federal efforts to support the workforce.

Throughout the summer, the Initiative will continue to highlight programs aimed at strengthening the health workforce recruitment and prioritize the need to renew and extend the National Health Service Corps and the Teaching Health Center Graduate Medical Education program.

###

Note: All HHS press releases, fact sheets and other news materials are available at <https://www.hhs.gov/news>

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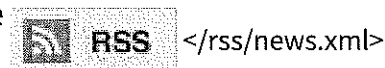
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Department of Health and Human Services Overview of Organizational and System Challenges and Improvement Efforts

November 2023



Approach to Presentation

Request: The Commission requested the Department's perspective on areas that need improvement.

Background: Every year, in the budget, Department and Governor's bills, and engagement with the Legislature, we propose and support changes:

- The Legislature has adopted many of these recommendations.
- It has passed its own recommendations as well.

Approach:

- The Department aims to document the outcomes of its work.
- In its orientation meetings in January 2023, each component presented its progress and challenges.
- Today, we discuss three areas where we both strive for improvements and can demonstrate change:
 - This presentation is not a comprehensive evaluation of the Department's work.
 - The topics included are illustrative.

Examples Progress to Date

- **Public health:** Ran one of the best-rated state responses to the COVID-19 pandemic, according to analyses by the [Commonwealth Fund](#) and the [National Bureau of Economic Research](#).
- **Health coverage:**
 - Led the nation with the [largest drop in the state uninsured rate](#) from 2019 to 2021, largely due to expanding Medicaid, [Governor Mills' first action](#).
 - Launched a State-based Marketplace, CoverME.gov, for private coverage, reversing enrollment declines.
 - Working with the Bureau of Insurance, implemented a [State Innovation Waiver](#) that reduced the average health insurance premium for small businesses for the first time >20 years.
- **Health disparities:** Supported community-based organizations to address [COVID-19](#) disparities, serving nearly 30,000 people, addressing other [disparities](#), created an Office of Population Health Equity, and [removing barriers to services for asylum seekers](#).
- **Training:** Implemented [Higher Opportunity for Pathways to Employment \(HOPE\)](#), with 193 parents earning 205 degrees and credentials; expanded statewide “two-generation” or “whole family” supports; and ranked 4th best in support for direct care workers according to a new study.
- **Child care:** Expanded [child care slots](#) beyond pre-pandemic levels, creating [permanent salary supports](#) for over 7,000 child care workers, and supporting child care construction to add as many as [4,700 slots](#).

Examples of Work in Progress

- **Strengthening Maine’s behavioral health system:**
 - Added a [unit](#) to Dorothea Dix Psychiatric Center tailored to serve older adults and restored [Federal funding](#) for the Riverview Psychiatric Center.
 - Launched pilots including the [MaineMOM program](#); a [crisis center “living room”](#) as an alternative to jail or an emergency department; and mobile crisis planning process.
 - [Invested](#) \$230 million in behavioral health services in 2022 and 2023 alone.
- **Reforming how Maine pays for Medicaid:** Implementing an award-winning [law](#) that ensures regularly updated, evidence-based payments that support high-quality health care for Maine people and fair and sustainable reimbursement to Maine's providers.
- **Advancing healthy aging:** In addition to reforming payment systems, continuing work on the [Elder Justice Roadmap](#) and social supports like home-delivered meals.
- **Expanding capacity and range of supports for individuals with intellectual or developmental disabilities:** Increased by [46%](#) from 2017 to 2022 the number of adults with IDD receiving residential services supports; implementing American Rescue Plan \$239 million that advances access, innovation, and quality.

Office of Aging and Disability Services

Challenge: Insufficient services for older youth and adults with IDD

- Siloed services for older youth and adults with intellectual and developmental disabilities
- Few, one-size-fits-all models that don't adapt to changing needs and aspirations

Approach:

- Based on stakeholder input during a reform process in 2020 to 2021, OADS has proposed a Lifespan Waiver to begin January 2025.
- Key features include the following:
 - Enrollment starting at age 14 to support families, prepare children for greater independence and facilitate seamless transition to adult services
 - Enable supports to change over time within one program
 - Introduce service innovation and expand self-direction
 - Better address the impact of aging for individuals with IDD (and their families)

Office for Family Independence

Challenge: Extended call wait times

- Expansion of eligibility that strains eligibility specialists
- Increased demand with impact of the pandemic, increased inflation
- Federal pandemic suspension and then resumption of eligibility determinations (“unwinding”)

Approach:

- Created Wilton Call Center to help answer influx of calls
- Launched redesign of mymaineconnection.gov, an online services platform
- Supplemented staff with 150 contracted staff for support
- Created cross-Department unwinding team to manage end of the pandemic
 - Created a dedicated position in the Commissioner’s Office to coordinate
- Utilized CoverME.gov call center vendor to perform outbound calls to MaineCare members to update their contact information
- Provided an extended 90-day window for individuals disenrolled from MaineCare to apply and select a plan through CoverME.gov

Office of Child and Family Services

Challenge: Increased challenges and needs for Maine families

- Rapidly expanded need
- Concerns about service gaps and sufficiency of organizational support

Approach:

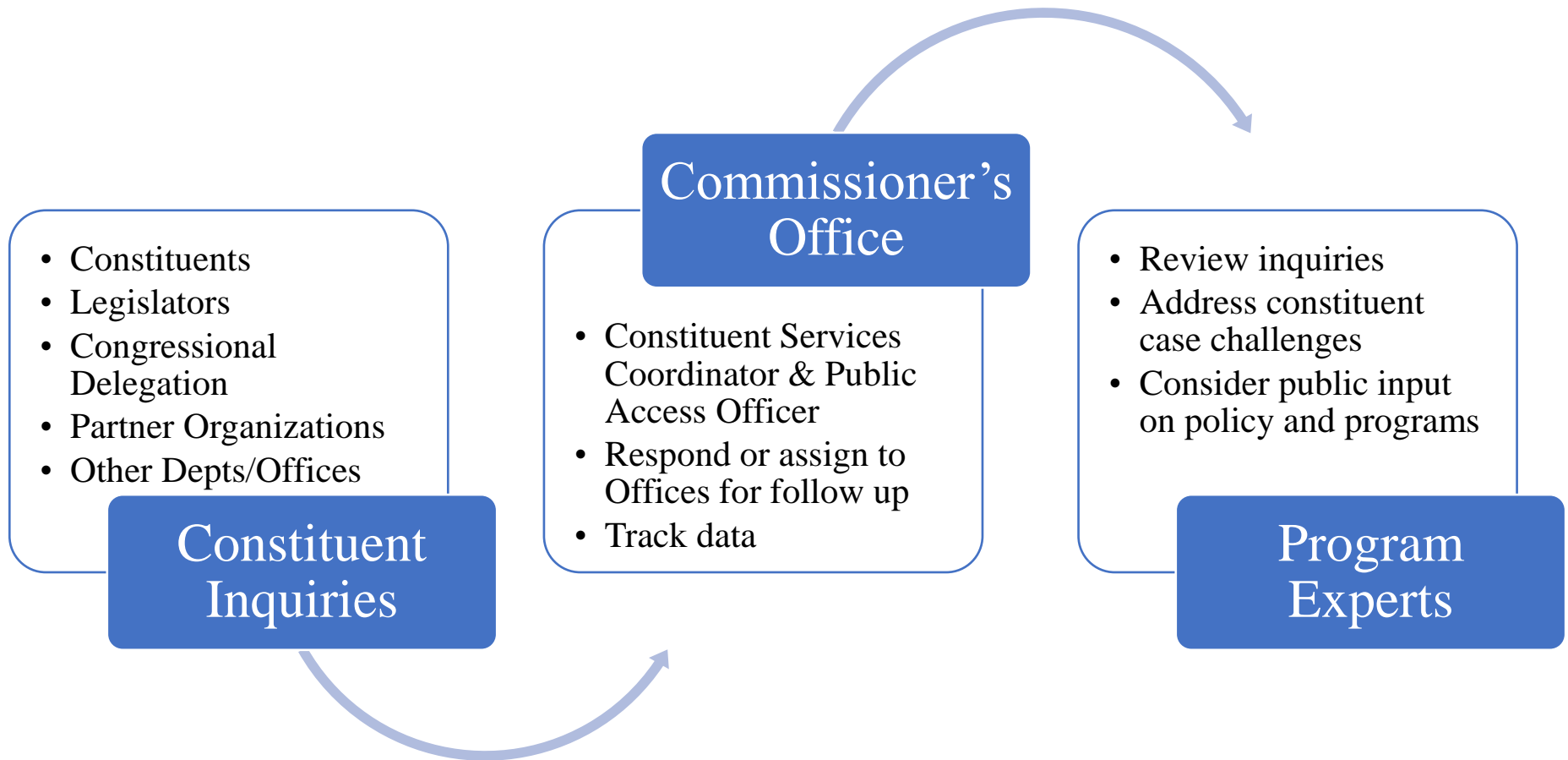
- Created a third Associate Director, ensuring clear accountability for child care (early care and education) and children's behavioral health services
- Dramatically increased state lines for child welfare, along with the type of positions to account for stresses on current staff
- Implemented Family First Preventive Services Act aggressively to expand early intervention and services
- Developed a Child Safety and Family Wellbeing Plan to intervene earlier upstream
- Acted on recommendations from the many child welfare oversight and advocacy organizations on system improvements
 - This includes policy and practice changes within OCFS and DHHS control

Office of Child and Family Services

On the structure of the Department in general and OCFS in particular, specifically whether child and family services or just child welfare should be broken out into its own department, we are open to ideas that improve Departmental services and help Maine kids and families.

- In the past, legislation was put forward to restructure the Department. We opposed these bills over concerns that creating additional bureaucracy could hinder delivery of services.
- This remains a concern, but the Department would reconsider this position if an in-depth review indicates that a restructuring, along with the cost to replicate infrastructure currently shared in DHHS, could improve services more than other investments (such as staff salaries and supports).
- Health, safety, and welfare are our most important goals and we remain open to all policy ideas that are supported by evidence and can help improve the Department's ability to achieve its mission.

Constituent Services



Constituent Services

Timeliness of Constituent Services Responses

- Data from July-Sept 2023
- Over 80% of issues resolved within 2 days
- 869 tracked inquiries to the Commissioner's Office during Q3

