Long Term Care Workforce Commission
September 26, 2019

Long Term Services and Supports Descriptions and Training Requirements (*Updated 9/23/19)

Provider Description	Training Requirements	MaineCare Rates*
Personal Support Specialists (PSS) - are unlicensed assistive personnel employed to provide hands-on assistance with daily living for older adults and people with disabilities. PSS's provide services related to a member's physical requirements for assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).	• Be at least 17 years old • Complete the 50-hour PSS training program: necessary for certification	$5.13 ¼ hr
Attendants*- are unlicensed assistive personnel employed to provide hands-on assistance. Attendant's provide services related to a member's physical requirements for assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).	• Be at least 17 years old • Competency of the attendant must be verified by consumer/member	$3.73 ¼ hr

Home Health Aides (HHA)- A HHA provides assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) including assistance with bathing, skin and hair care; getting in and out of bed; preparing meals; and using the bathroom.	• Be at least 16 years old
	• Receive home health aide orientation provided by the home health agency you work for
	• Have completed 9th grade (although a high school diploma or GED is preferred)
	• And, depending on where you work/ who you work with:
	  • Successfully complete the 180-hour CNA Training Program
	  • Be listed on the Maine Registry of Certified Nursing Assistants
	  • Receive at least 12 hours of in-service training annually
		$5.50 ¼ hr

Long Term Services and Supports
Percentage of Self-Directed Services

Program	Number of Individuals on Program as of 6/30/19	Number of Members Self Directing as of 6/30/19	% Self Directing As of 6/30/19
Medicaid: Section 19 Home and Community Benefits for Elderly and Disabled	1573	615	39%
Medicaid: Section 12 Consumer Directed Attendant Services	406	406	100%
Medicaid: Section 96 Private Duty Nursing Services	2341	94	4%
State Funded: Section 63 Home Based Care	939	113	12%
State Funded: Ch 11 Consumer Directed Personal Attendant Services	145	145	100%
State Funded: Ch 69 Independent Support Services	1852	508	27%
Total	**7226**	**1881**	**26%**

Report of the Direct Care Worker Task Force
Submitted to the Maine Department of Health and Human Services
January 2010

Recommendations	Status 2019
1. Develop a rational, equitable, clear framework for defining jobs, administering compensation, designing and delivering training, and ensuring a sufficient and quality workforce;	Partially completed through HRSA-funded project but not implemented
2. Set rates for all titles to include wages, benefits (including health insurance and workers' compensation), training, travel, supervision, administrative costs (including but not limited to, liability insurance, recruitment costs, background checks, and motor vehicle violation checks) in order to establish and achieve wage levels, transparency, and parity across programs;	Completed via Burns and Associates Rate Study 2015. On-going
3. Ensure participation of direct care workers in the federal grant recently awarded to the Governor's Office of Health Policy and Finance to provide affordable health insurance for uninsured low-income direct care workers, part-time, and seasonal workers.	Status unknown
4. Establish a statewide job classification system of direct care and direct support job titles, focusing on personal care jobs within the DHHS home-and-community-based service programs;	Partially completed through HRSA-funded project but not implemented
5. Develop a logical sequence of employment tiers, showing employment and training links among long-term care and acute care jobs – in both facility-based and homebased services;	Partially completed through HRSA-funded project but not implemented
6. Continue the work that's been started in order to complete the development of the classification system (pursuant to LD 1078 and LD 400) and implement a systemic approach to Maine's long-term care programs and policies. Consider creating a multi-departmental mechanism with the responsibility and authority to implement the recommendations.	Status unknown

A Report to 124th Maine Legislature by the
Maine Department of Health and Human Services about
Four Related Pieces of Legislation (LDs 400, 1059, 1078 and 1364)
January 20, 2010

Recommendations:

Recommendations	Status 2019
1. Balance the mix of services in Maine's system of long-term services and supports. a. Establish a global budget for long-term services and supports as a management tool for the allocation of resources. b. Establish the ratio (percent) of financial resources that Maine should commit to home-and community-based services and to institutional services. This should be consistent with federal health care reform proposals to increase the Federal Medical Assistance Percentage (FMAP) when a greater percent of long-term care expenditures are for home-and community-based services. c. Establish a long-term goal of 50% of total long-term care expenditures allocated to home- and community-based services. d. Fund home- and community-based services at a level that eliminates waiting lists.	a. Not implemented b. Not implemented c. Goal surpassed d. Varies by program
2. Streamline Maine's system of home- and community-based services. a. Combine multiple existing programs into fewer programs to promote equity, facilitate portability among program choices and living arrangements and optimize service use by the person in need of services. b. Create greater equity across long-term home-based programs in terms of financial eligibility requirements, types and amounts of services available, rates of reimbursement, and wages paid to direct care workers. c. Design MaineCare-funded waiver and state plan programs and state-funded programs to include both agency-provided and self-directed services. d. Identify opportunities for inclusion of independent support services (i.e. homemaker/IADL activities) as a MaineCare-funded service.	a. Partially completed; process ongoing b. Partially completed c. Completed for Older Adults and Adults with Physical Disabilities; under consideration for other populations d. In process
3. Develop a simple and unified self-directed model across programs with budget authority. a. Create a single model of self-direction based on best practices to be incorporated into all home- and community-based services. b. Develop a single skills training curriculum for people participating in self-direction. c. Include and consistently define surrogacy in all self-directed programs. d. Develop "budget authority" within the self-directed options to allow greater flexibility	a. Completed for Older Adults and Adults with Physical Disabilities b. Completed for Older Adults and Adults with Physical Disabilities c. Not completed

for consumers in directing services to meet their needs. e. Recognize and maximize elements of self-direction even for people who choose to have an agency deliver services.	d. Completed
4. Create and maximize flexibility in the planning and delivery of services. a. Allow greater flexibility in the implementation of service plans.	a. In process
5. Maximize the ability of people to make informed choices. a. Create standard terms and definitions for services and programs. b. Develop a public education campaign to inform people about home- and community-based services. c. Develop clear, concise and easily understood guide and other resource materials for people seeking or receiving services. d. Improve the awareness of options among all providers and during the discharge planning process (hospitals, physicians, etc.)	a. Partially completed b. Not completed c. Completed d. Completed and ongoing
6. Design a quality management strategy across funding streams and population groups. a. Establish care coordination standards to maximize quality outcomes for people who receive services. b. Develop/review protocols for scheduling and coordinating home visits by providers and care management agencies including at-risk criteria. c. Establish maximum care coordination caseload ratios. d. Continue to review/define conflicts of interest and potential for harm in at least the following areas: eligibility determinations, assessment, care plan authorization, service plan implementation, care coordination and service provision. e. Enhance standards and training for all those who work in the long-term care system.	a. Completed b. Partially completed c. Not implemented d. Completed and ongoing e. Ongoing
7. Optimize the independence of persons receiving services. a. Identify alternative funding opportunities. b. Identify gaps and needs for assistive technology.	a. In process b. In process

c. Identify resources for the Aging and Disability Resource Centers (ADRCs).	c. In process
8. Improve the financial and functional eligibility determination processes. a. Educate assessors and eligibility workers about new program options. b. Develop information materials that will be shared at the time of assessment. c. Continue implementing process improvements in order to provide effective, efficient access to a new streamlined system.	a. Completed and ongoing b. Completed and ongoing c. Ongoing
9. Develop a clear, equitable, rational framework for direct care workers in terms of compensation, classification of job titles, and training and advancement. a. Achieve equitable wage levels across programs. b. Establish a statewide job classification system of direct care worker job titles, focusing on personal care jobs within the DHHS home- and community-based service programs. c. Develop a logical sequence of employment tiers, showing employment and training links among long-term care and acute care jobs—in both facilities and home-based services. d. In addition to DHHS, involve the Department of Education, the Board of Nursing, and the Department of Labor in the implementation of these actions.	a. Not completed b. Partially completed through HRSA-funded project but not implemented c. Partially completed through HRSA-funded project but not implemented d. Status unknown
10. Assure consistency in rate-setting approaches and cost components across programs. a. Use common methods for inflation or other adjustments in rates. b. Include consistent cost components in rates (e.g. wages, benefits, training, travel, supervision, and administrative costs.)	a. Completed via Burns and Associates Rate Study 2015. On-going b. Completed via Burns and Associates Rate Study 2015. On-going