



An Act to Ensure Access to Services for Adults with Intellectual and Developmental Disabilities by Requiring Rate Studies for Home and Community-based Services

Joint Standing Committee on Health and Human Services

April 11, 2023

Senator Baldacci, Representative Meyer and esteemed members of the Health and Human Services Committees:

My name is Melinda Ward. I am the President & CEO of OHI in Bangor, Maine. OHI was incorporated in 1979, and we provide supports and services for over 400 adults with intellectual and developmental disabilities, autism, and mental illness in six counties.

Thank you for the opportunity to provide testimony in strong support of **LD 744** which would direct DHHS to conduct rate studies in 2024 for MaineCare HCBS Group Home and Community Supports and Community Membership services for people with intellectual disabilities or autism spectrum disorder. This bill would also direct the department to establish a work group to help determine a daily rate for Group Home services and adjust the minimum staffing level to 85% after the Appendix K waiver ends in November and before new rates would be available in January 2025.

I appreciate the Department's efforts to invest in workforce development and the cost of living adjustments received to date, and flexibilities to date, however a viable rate, that will sustain a competitive wage, is critical and cannot wait.

Since the fall of 2021, OHI has been sending a written email update about our workforce shortage to Paul, Betsy, Bill Montejo, and others on nearly a weekly basis. On March 24, our update included the following data, which may be of interest to you:

- OHI has 285 employees; 269 were on the 3/17 payroll (this means 16 were out on FMLA, subs that didn't work)
 - 240 are full time; 10 are part time; 35 are substitute (per diem)
- OHI has 48 job openings
- OHI has had 793 resumes submitted since 7/1/2022, some are duplicates (applicants applying to more than one job or more than one time)
- 82 were hired
- 304 were screened out because they did not call back, did not show up to an interview after up to four attempts by OHI staff to reach them
- 374 were rejected for employment with OHI (some of the 374 reflect an applicant being rejected more than once)

- Remaining are/were in the evaluation/interviewing process
- Our 2022 turnover rate for DSPs/RTs was 31.76%
- The primary reason for leaving was pay/benefits/personal
- Our employee retention rate is over 6 years

Group homes are closing and consolidating because the rates of reimbursement in Section 21 are low. Food, utilities, building maintenance and repair, insurances costs all have increased, and new expenses have been added such as the cost to fit test employees for N95 masks (\$35 each) or pay for employees to have titers (up to \$200 each, depending on what is needed) so we know what immunizations they need in order to work.

We have not been able to assist people to come off the waiting list because we barely have enough staff to support the people who currently live in the homes. If someone we support passes away or moves out, we don't fill the vacancy to avoid being stretched beyond capacity for staff.

Last summer we had 85 job openings, and up to 40 staff out sick with Covid or symptoms. The overtime premium we paid DSPs and RTs was over the top (over \$610,000 in the last fiscal year) and I have reasonable concern about the well-being of our staff. We still don't compete with local businesses for entry level workers.

We are grateful for the efforts the Department has put forth over the past year or so, to support efforts to recruit and retain DSPs. I believe the recruitment and retention bonuses made a difference, for example. The DSP career advertisement is good as well.

I urge though, for continued initiatives to address the workforce crisis – specifically to support **LD 744**.

Thank you for your time and consideration.

Respectfully Submitted,
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