

April 14, 2025

Committee on Health and Human Services  
ATTN: The Honorable Henry Ingwersen and  
The Honorable Michele Meyer  
100 State House Station  
Augusta, ME 04333

**Re: LD 1540 - Resolve, to Direct the Department of Health and Human Services, Office of MaineCare Services to Create the Complex Care Assistant Training Program (CCA)**

Dear Senator Henry Ingwersen and Representative Michele Meyer,

My name is Lindsey Howard, and I am the Director of Government Affairs at Maxim Healthcare Services ("Maxim"). Maxim is a national provider of home healthcare, homecare, and additional in-home service options. We provide skilled nursing care in Maine through our Portland Office, employ over 100 nurses and serve over 85 patients throughout the State.

Maxim specializes in private duty nursing (PDN) services. As you know, PDN is continuous skilled nursing care provided in the home for medically complex and vulnerable pediatric and adult patient populations under Medicaid, many of whom require assistive technology such as ventilators and tracheostomies to sustain life.

We are writing today opposing as currently drafted **LD 1540**, to create a family caregiving program for PDN patients. Like many providers, we support family caregiving programs as an important supplement to skilled PDN care.

As drafted, LD 1540 presents four main concerns:

**Patient Safety**

- Our primary concern is for the safety and wellbeing of our most fragile patients. Maxim goes to great lengths to place these patients in the hands of well-trained and well-educated **licensed** nurses.
- As written, our understanding is that the legislation cannot be implemented due to the mismatch between unlicensed caregivers and nurse delegation allowances. In Maine, a nurse cannot delegate certain tasks, such as ventilator and tracheostomy care.
- Notably, of the five programs like the one proposed in **LD 1540** around the country, only Arizona and Florida allow tracheostomy and ventilator care within the scope of the family caregiving program, but both states have struggled to find providers who are willing to participate and conversations to scale back the level of care within the program are ongoing.

**Provider Liability**

- Secondly, the proposed program creates liability concerns and threatens nurses and nursing agencies. Maxim is ultimately responsible for the care that our nurses provide. This unfortunately comes with a

significant amount of professional liability risk. The proposed legislation could make it very difficult for nursing agencies, especially smaller ones, to maintain operations in the state.

### Duplication of MaineCare Programs

- The Office of MaineCare Services (MaineCare) is currently working through technical assistance to implement a family paid caregiving program due to the passage of [LD 346 An Act to Clarify the Requirements for Family Caregivers](#).
- The implementation of these regulations have been difficult due to the legislative language not aligning with the state Medicaid code.
- MaineCare is relying on the Centers for Medicare and Medicaid Services (CMS) to help the state work through a new waiver to provide these services, but during this time of federal uncertainty, those efforts may take longer than usual.

### Reimbursement Rate Consideration

- Low reimbursement rates do not meet providers' operational expenses and make it difficult for providers to offer competitive wages to caregivers in the labor market. Increasing PDN reimbursement rates, however, will allow providers to recruit and retain quality employees by providing more competitive wages to attract the most qualified caregivers for complex and high-acuity children and adults.
- Section 96 providers are waiting for the final rate recommendation that was finalized earlier this year through the rate determination process.
- When the state invests in home health care, patients are able to access care in their home with family rather being away from them in a more expensive setting like a facility or hospital. With sufficient reimbursement rates, providers are able to secure adequate staffing.
- We respectfully ask the legislature to focus on maintaining and expanding direct services, rather than creating additional personnel or policy requirements with ill-defined goals, especially given the restriction of certain Medicaid waivers by CMS on April 10<sup>th</sup>, 2025.

These considerations **require careful attention to what is appropriate for a family member who is not a trained, licensed nurse to be required to do**. In short, this program has a place as a complement to PDN nursing care, but safeguards must be put in place for patient safety.

During the public committee hearing on April 14, 2025, several questions were asked on the efficiency of this type of program in other states. Maxim has helped develop this program in other states and currently participates in states with Complex Care Assistant programs. We have provided further insight to some of those topics:

- **Training Hour Requirements.** The baseline training should be the same requirements that the Maine Certified Nursing Aide (CNA) program established which is a minimum of 130 hours of training.
- **Provider Training and Paying for Training.** The overall complexity of the patient determines the length of the training and ongoing training which includes a comprehensive re-evaluation of all aspects of patient care, the care environment, and progress toward goals, with associated updates to the plan of care, coordination of care, and education. If the state Medicaid programs do not reimburse PDN

providers for training, families requiring CCA training are going to find it difficult to find participating providers.

- **Massachusetts CCA Program Clinical Oversight.** Outlined in [130 CMR 438.00](#), Continuous Skilled Nursing agencies are required to assess CCA services regularly by a Registered Nurse.
- **Utilization Cap of Medicaid Fee Schedule.** Florida and Arizona are currently working on [amendments](#) to include capitation of CCA hours to 40 hours a week. These states have realized that this was a needed change to decrease the amount of PDN hours that were going to be taken.
- **Compliant to Hiring Policies.** CCA should be required to follow all state and company hiring policies.

Thank you again for your attention to this important issue and the role of PDN providers. Please contact me at [lihoward@maxhealth.com](mailto:lihoward@maxhealth.com) with questions.

Sincerely,  
Lindsey Howard  
Director of Government Affairs

Maxim Healthcare Services  
1685 Congress St.  
Suite 201  
Portland, ME 04102

CC: Committee Members, Health and Human Services  
Megan Lasorsa, Committee Clerk