



The Maine Long-Term Care

## **OMBUDSMAN**

Program

61 Winthrop Street • Augusta, ME 04330

1-800-499-0229 • Fax 207-621-0509

MLTCOP@MaineOmbudsman.org

### **In Support**

**LD 210, An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 20, 2026, and June 30, 2027**

February 14, 2025

Good morning, Senator Rotundo, Representative Gattine, members of the Joint Standing Committee on Financial Affairs and Appropriations, Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services. My name is Laura Harper, I am a Senior Associate at Moose Ridge Associates, and I live in Hallowell I am here today to provide testimony on behalf of the Maine Long-Term Care Ombudsman Program in support of the Governor's proposed biennial budget with an additional suggestion.

The Ombudsman Program provides statewide advocacy services for older and disabled residents in nursing homes, residential care and assisted living and for participants in adult day services and recipients of home care.

### **RATE REFORM SUPPORTS QUALITY OF CARE IN NURSING HOMES (A-366)**

We are very pleased to support funding for nursing home rate reform that is being implemented with the important goal of improving the quality of care for older and disabled residents served in this setting. This initiative supports increased direct care staffing levels and provides an incentive to reduce the use of contract agency staffing. These two factors can do much to improve care, encourage retention of staff and reduce costs.

**AGENCY STAFFING IS 50 – 60 % MORE COSTLY PER HOUR THAN PERMANENT STAFF AND HIGHER AGENCY USE IS ASSOCIATED WITH LOWER QUALITY**

*(Rising Reliance on Contract CNAs in Nursing Homes- PHI 2/26/24)*

In 2023, across all Maine's nursing homes, 24.2% of all staffing hours were provided by temporary staffing agencies. Also in 2023, 35% of all Maine nursing homes staffed at least 30% of their hours with temporary staff. (DHHS, OADS)

High turnover rates and higher use of agency staff results in higher costs and lower quality care. For example, in 2024, nursing homes in Maine with higher rates of staff turnover received 2.1 stars for overall quality, compared to low turnover nursing homes that received 4.1 stars under Medicare's 5-Star Quality Rating System. And again, based on 2023 data, nursing homes with the highest rates of contract agency use received 2.2 stars, while those with the lowest use of agency staff received 3.4 stars. (<https://www.cms.gov>, *Nursing Home Care Compare*)

**CONSISTENT STAFFING IS A BEST PRACTICE THAT RATE REFORM SUPPORTS**

High quality care in our nursing homes is dependent upon highly skilled and consistent direct care staff. Rate reform focused on staffing levels adequate to meet the needs of residents, reducing the use of contract agency staffing, improved resident satisfaction and clinical outcomes are important an step forward in assuring that nursing home residents receive the quality care they deserve.

**SECTION 19 WAIVER SERVES OLDER AND DISABLED MAINERS WHO ARE NURSING HOME ELIGIBLE AND WANT TO REMAIN AT HOME(A-353)**

We support funding to increase MaineCare appropriations to support services that have experienced increased enrollment and costs. Part of this funding would go to maintaining the Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities waiver that supports older and disabled individuals who are nursing home eligible but want to remain at home in the community. This home care program serves as a critical alternative to nursing home services. It provides personal care, nursing, assistive technology, transportation, care coordination, respite, and environmental modification. The availability of these services has become even more critical as several nursing homes have closed across the state limiting

access to admission. It also provides critical support for family caregivers who want to keep loved ones at home.

## **WAGE INCREASES ARE CRITICAL FOR RECRUITMENT AND RETENTION OF DIRECT CARE STAFF(94-100)**

We are concerned that MaineCare COLAs for service providers are not included in the budget. An additional concern is that in PART UU, 22 § MRSA 7402 is amended making the requirement for 125% of minimum wage reimbursement for essential support workers' labor "subject to sufficient appropriations."

Ombudsman Program staff consistently observe the impact of the direct care staffing shortage on access and quality of care. In both nursing homes and residential care homes, staffing and care are among the most frequent complaints received by our program. In home care, the inability to find staff is also one of the most frequent complaints we receive. When staff cannot be found to provide home care services, older and disabled Mainers who want to be home may experience a decline in condition or be forced into admission to a long-term care facility. Additionally, the Ombudsman Program has received an increasing number of requests for assistance in finding placement for individuals in the community who need help in being admitted into a long-term care facility.

The direct care staffing crisis in Maine has led to the Ombudsman Program's work in outreach to direct care staff employed in long-term services and supports across the state. We established the Direct Care and Support Professional Advisory Council in 2022, held focus groups with direct care staff, and most recently, held a day-long conference with 87 direct care and support professionals to learn more about recruitment and retention. In our conference report "Uplifting the Voices of Direct Care and Support Professionals", compiled by the University of Maine, Center on Aging, conference participants identified wages and benefits among their top concerns.

We hear repeatedly that these professionals choose this work because they want to do something meaningful. Many of them feel called to do the work of caring for others. Unfortunately, wages and benefits are often insufficient so that many are forced to work at a second or even a third job to make ends meet.

The increasing costs for providers necessitate cost of living increases. Undoubtedly, providers will not be able to raise wages without a COLA. Additionally, the requirement for reimbursement to allow wages equal to 125% of minimum wage was an important step forward in raising wages for direct care staff. We urge that both of these provisions be upheld to allow necessary wage increases.

Thank you for your consideration.

[www.maineombudsman.org](http://www.maineombudsman.org)