



Senator Ingwersen, Representative Meyer, and distinguished members of the Committee on Health and Human Services, thank you for the opportunity to speak today. My name is Danielle Charles, and I am a certified Personal Support Specialist and administrator of AllMed Staffing Of New England located here in Augusta, Maine.

I'd like to address Item 6 in the proposed regulations. We have staff who are considered "fill-ins" working only a few weeks a year—often during school breaks or holidays—or who work full-time elsewhere and take occasional shifts. Others are trusted caregivers familiar with specific clients, stepping in briefly to maintain continuity when a regular caregiver is unavailable. These individuals are fully trained, but may not return for several months, making the 30, 60, or 90-day supervisory visit requirement impractical in these situations.

Another challenge is the unpredictable nature of per diem work. A caregiver might start with a client who's then hospitalized or moved to assisted living, leaving the caregiver without shifts for weeks. This can result in missed 60-day visits through no fault of their own—highlighting how fluid and reactive this work truly is.

I'd now like to address Item 7. Beyond being impractical, these required visits can be deeply uncomfortable for clients. Personal care tasks like bathing and toileting are private. As a trained PSS and former supervisor, I've stepped in when needed—and even though clients know and trust me, many still refuse to have these tasks observed. These are their homes, and they deserve dignity and respect. For some, especially those with past trauma, being watched during such moments can feel invasive and degrading.

We are in this field to support independence, not to undermine it. It is not our role to ask someone to perform intimate tasks in front of us just so we can check a compliance box. There are more respectful and effective ways to ensure quality care without compromising the dignity of the very people we're meant to serve.

We fully support training and oversight—every caregiver should be competent in the care they provide. But there are less invasive ways to ensure this, like client check-ins, written evaluations, or caregiver quizzes. These approaches maintain both quality and dignity. Thank you for your work in strengthening care standards. We simply ask for flexibility, so clients can continue receiving consistent, respectful care from trusted faces. Thank you for your time and commitment to this important work.

Danielle Charles, VP MAPCA

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