

Senator Ingwersen, Representative Meyer, and distinguished members of the Committee on Health and Human Services. My name is Renate Scholz, and I am the owner of the Home Instead franchise that is located in Gorham and has been providing non-medical care for older adults throughout Cumberland County for nearly 25 years. I am also the chairperson of the board of the Maine Association of Personal Care Agencies. MAPCA was formed as a direct result of the personal care agency licensing rule that went into effect last August. As we came together in order to help each other understand and implement the rule, we realized that there was benefit in us having our own local professional association and a presence in Augusta who could help us affect change but also, more importantly, could keep us informed of legislation that might impact how we provide care to older adults.

We all agree that personal care agencies should be licensed and we were all appreciative of the changes that the department made based on the feedback we provided on the first draft of the licensing rule. However, once the rule was finalized, we came to realize that there were still some aspects of it that were either not in the best interest of our clients or not in the best interest of our caregivers.

One of these areas is the training requirement. A couple of years ago, I attended a listening session around the newly passed law that personal care agencies in Maine were to be licensed, the intent being for owners and other interested parties to provide input. In reality, it consisted mostly of personal care agency owners and other administrators asking a multitude of questions regarding what they might expect from the rule, worrying about the expense and the time it would take up, both of which would directly impact our clients by potentially raising rates and taking away from the time focused them.

The one thing that did seem to come out of these meetings is everyone agreeing that all caregivers should be trained. However, what that training should look like was not clearly defined. Many of us already had rigorous training programs in place for our caregivers and wrongfully assumed that our training programs would be considered. Once the final rule came out, stating that all caregivers needed to complete PSS or some other department approved training, many of us were still hopeful that there would be a process for us to get our trainings approved by the department. This was not the case, and we were told that we would have to have all our caregivers complete the 50-hour PSS training within a year. 50 hours within a year may not seem like a lot, but it is for caregivers who are already working

full-time and sometimes more than full-time while also potentially taking care of children or parents of their own or going to school.

PSS training consists of 40 hours of listening to an instructor, either in-person or on-line, and then 10 hours of hands-on learning. It is very comprehensive – more so than what is needed to provide quality personal care. There is, for example, no need for our caregivers to know the names of all the valves of the heart. The Office of Aging and Disability Services is currently creating a new and improved direct service worker training, which will be shorter and geared more specifically to what our caregivers do. We are asking that the training requirement be waived until this training is available.

We are also asking that our caregivers who have been doing this work for five or more years have the opportunity to test out of the training requirement, showing that they meet the baseline standard set by the department but not wasting their time in a training that they could be teaching. We have several caregivers on our staff who have been providing personal care for older adults for more than 10 years, some even more than 15. They have each worked with dozens of older adults providing a variety of care, from simple to complex. They are required to come to quarterly staff meetings for refreshers and to learn new skills, and they work with our nurse/trainer when they need individualized training for a specific situation. Some of these caregivers work with clients for 60 or more hours per week. They are committed to their clients and to providing the best possible care. One of these caregivers was going to testify herself but is not here because her client needed her today. If they can show that they have the skills determined by the department to be the base level, I do not feel like they should have to spend time in training that could be better spent caring for clients.

Thank you for your time and consideration.

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