



# **MAINE ASSOCIATION OF PERSONAL CARE AGENCIES**

## **Testimony in Support of LD 1442: Resolve, Regarding Personal Care Agency Licensing Rules**

April 17, 2025

Senator Ingwersen, Representative Meyer, and distinguished members of the Committee on Health and Human Services:

My name is Bev Uhlenhake, I am a Government Affairs Consultant at Pierce Atwood, and I am presenting the following testimony in Support of LD 1442 on behalf of the Maine Association of Personal Care Agencies, a group of businesses whose work assists primarily older adults and people with disabilities in Maine to remain in their homes longer, maintain relationships with family and neighbors, and generally live healthier, happier lives.

I want to thank Senator Baldacci for sponsoring this bill to tweak the licensing rules for personal care agencies. I also want to thank folks like Representative Meyer and members of the Department of Health and Human Services staff, with whom we've had conversations about the proposal in front of you and from whom we received valuable feedback in its drafting. I also want to be clear that the Maine Association of Personal Care Agencies and its members appreciate this committee's initiative in previous legislative sessions in proposing the licensing of the industry, a move which recognizes and enforces the need to ensure quality care. This bill should in no way be interpreted to be a request to reduce the standards of care or to eliminate the new licensing process.

As of Tuesday of this week, there were 358 active agency records found in the PCA licensing database. I think it's important to understand as we discuss this bill that personal care agencies can vary greatly in terms of their clientele, size, scope, funding sources, geography, etc... These licensing rules, which were just implemented in August of last year, must serve as a baseline for all of these organizations. Many of these agencies also provide other services, and those services and/or their funding streams create layers of regulations on top of what we are discussing today.

I'm going to walk through each portion of the bill and give you a quick overview of why it is being proposed. There are a number of PCA leaders who plan to testify and give you more specific examples of how these rules are impacting their businesses.

### Section 1: Physical office space in Maine

By definition, the vast majority of services PCAs provide are in the homes of clients. Prior to Covid, many of our agencies already performed their administrative tasks outside of a physical office, and that has only increased since the beginning of the pandemic. It is very rare that a client or their family would meet with staff outside the client's home, and accommodations can be made for those occurrences. The cost to rent and staff a physical office simply drives up costs that could be spent serving clients.

### Sections 2, 4, & 5: Direct Support Worker curriculum

The current rule states that staff members must meet one of the following: have been a CNA, completed the PSS training or a department-approved program related to personal care, or has enrolled in PSS training or a department-approved program within 60 days of hire.

DHHS is currently drafting a Direct Service Worker (DSW) training that should be ready in 2025. In fact, on Tuesday of this week, the Department sent an email to the PCAs offering them the opportunity to be a part of a pilot program for the training if they are privately funded. It is our understanding from members of the committee that is working through the course development process that the DSW training will be significantly more effective and efficient for PCA staff. The drafted course is expected to be approximately 20 hours in duration, as opposed to the 50 hours required for PSS training.

LD 1442 asks that DHHS add the DSW training to the list of approved courses and delay implementation of the training requirements until the DSW curriculum is offered. This will ensure that our new staff are being trained with the most appropriate and current standards of quality care. It would also represent a significant savings of time and money for our staff and agencies. The current rule requires that staff be signed up for training within 60 days and have completed training within 9 months of their hiring, and we're asking that these timeframes remain the same except that the ticker start upon the offering of the newer, better, hopefully soon-to-be-released curriculum. The PCA Licensing Rollout Guidelines require that all existing staff be trained within one year, and we're asking that that also be delayed so that the DSW curriculum can be used.

It should be noted that no staff member goes into a home without receiving an orientation, and staff already work up to nine months without the training.

### Section 3: Test-out provision for seasoned staff

Many of PCA staff have been working in the industry for decades. While we understand the need to ensure that they are aware of current best practices, we believe that the ability for our seasoned staff to test out of the trainings to be the best use of their time and our clients' money.

### Section 6: Supervision schedule

The current rule regarding the observation of new staff requires that they be observed once in each of the first three months of their service. Because of the needs and variable

circumstances of the clients, scheduling opportunities to visit during specific activities of daily living can be difficult. Additionally, not all staff work with multiple clients or for extended hours each week, making strict timing requirements for supervision difficult. LD 1442 recognizes that staff should have onsite observation if possible within the first month of service, but that after that first month, the schedule should be more flexible. We did not ask for a reduction in the number of observations; in fact, the number went from three observations in the first three months to four observations in the first year.

#### Section 7: Observation of employees/clients

The current rule requires that on-site supervision must occur while the employee is providing personal care services. Item 7 simply clarifies that supervision should occur in a manner that recognizes the very intimate care that is provided by PCA staff and that a client's right to privacy should be sacrosanct. This is a particularly touchy issue for a number of our agency leaders, and I know you'll hear more in follow-up testimony.

#### Section 8: Reporting of reasonable allegations of misappropriation of client property

The Maine Association of Personal Care Agencies unequivocally supports the immediate reporting of all allegations related to abuse, neglect, and exploitation. This slight modification of the addition of the word "reasonable" in relation to the misappropriation of client property allows the PCAs to investigate these issues prior to reporting to the Department.

#### Section 9: Signatures on services plan updates

This item recognizes the reality that the legal representative of a client of a PCA is not always available or actively involved in the day-to-day care of the clients and that some care plans change quite often. This section would allow for notice of modifications to be given within three days of the alteration. This would not change the requirement for agencies to get signatures on initial care plans or on annual reviews of the plans.

Thank you very much for your consideration of this bill. I'm happy to answer any questions you might have.

Respectfully submitted,

Bev Uhlenhake

On behalf of the Maine Association of Personal Care Agencies