

## Recommendations in support for LD958

[This document supports testimony given by Jill Harrison, Ph.D., on April 5, 2021.]

1. **MORE QUALIFIED WORKERS/CNAs:** For more qualified caregivers in the home, CNA classes need to be more available and their credential should remain in place as long as they are supervised by an RN. CNAs should be allowed to renew their certification if they are working for and supervised by a registered nurse. "It's a huge problem." If CNAs work an 8 hour shift /year in a facility, they maintain their CNA certification, but private home health care agencies do not qualify and CNAs lose their certification.

Rationale: CNA education is very important because the professional commitment it brings to support the client is far superior than independent care givers, personal support specialists (PSS), and direct support personnel (DSPs). CNAs require 180 hours of training while PSS only require only 50 hours. The State needs to generate greater access for CNA training, including weekend and nighttime education classes to make it more accessible and affordable. By making higher education more affordable, available, attainable, the critical skill development that fosters greater self-worth, problem-solving, and empathy, along with advanced medical training, will benefit clients who wish to remain in their home. Home health care agencies are struggling right now because they can't find qualified workers.

2. **NATIONAL BACKGROUND CHECKS.** A local background check does not capture criminal history outside the state of Maine.

3. **The ATTORNEY GENERAL'S OFFICE:** The AG's Office should not grant waivers to agencies in order to employ individuals who do not pass a criminal background check.

4. **INDEPENDENT/FAMILY CAREGIVERS ARE NOT REGULATED:** They need oversight. Caregivers who work independently without agency affiliation should not be permitted, as they often do not have the training to understand the needs, signs and symptoms to take care of a client properly, especially one with complex medical needs. Lack of regulation is a problem at many levels. Furthermore, if a caregiver is fired from a facility or home health care agency, they can claim they have experience and get hired as an independent care giver. This is a public safety issue, as there is no oversight for this kind of private home health care worker and can set a client up for substandard, even unethical, care.

5. **PSS & DSP CAREGIVERS:** Personal support specialists are entry-level positions and require only 50 hours of training. This is a low standard for people who need care at home, some who present with complex medical issues. These workers should be encouraged – perhaps not required – to continue their education in order to promote CNA certification, under the supervision of an RN. More training will help them assess whether or not this kind of work is right for them.

6. **DRUG TESTS:** Drug use is suspected to be a "huge issue." Above & Beyond owners and operators, Juliette and Ron Cohen, suspect that not all CNAs, PSS, DSPs would pass a drug test. Drugs impair decision making, impact ethics, and reduce care. Even offering a \$20/hr wage does not guarantee that the work ethic and integrity are there, and drug use may only exacerbate poor worker retention and theft, to name a few problems. More education & awareness is needed on the harmful effects of legal and illegal drugs, and drug testing should be mandated.

7. **MAINE HEALTH'S ROLE:** Maine Health should provide CNA training in areas other than large hospitals and facilities. Expansion is critical. The State of Maine's website is incorrect – CNA classes are not available in Boothbay Harbor.

Rationale: One owner & operator of a home health care agency called the Maine Health program a form of "indentured servitude." CNA certification costs \$600-\$700 and there are only a couple of programs available, all controlled through Maine Health. Maine Health offers to pay for the class if the CNA will work for them in a facility afterward, yet the commitment is long and CNAs remain in facilities rather than seek employment in home health care. Juliette Cohen offers a scholarship program to pay for their workers to complete their CNA certification, even though they would not be able to act as a CNA under current state guidelines nor maintain their certification. Expand locations, days & times to increase hiring options.

8. **PERMIT WORKER FLEXIBILITY** to reduce burn-out. Above and Beyond home health care agency hires workers as independent contractors. This allows workers the freedom to schedule themselves, and presumably this helps to reduce burn-out. Long shifts also generate burn-out, so restricting shifts to 6 hours and changing the clients and workers every few months helps alleviate some risk for burn-out. As independent contractors, they can deduct the use of their car, uniform. (Juliette Cohen said that if they did not set up their business this way then they would have to charge the client \$45 per hour. Currently they charge \$27 per hour and have binder insurance that covers independent contractors.)

9. **SUPERVISION & OVERSIGHT:** For new or struggling home health care workers, restrict work environment. Short shifts, no more than 6 hours at a time, have other people come in before/after to provide oversight of a worker who may not meet the standard or not providing quality/adequate care. Having at least two caregivers assigned to one location provides a check & balance system. Workers do tell on each other. Use a communication book. Supervisor drops in unannounced. Perhaps the State should also implement some kind of additional oversight, and this checks and balance system may help indicate subpar agencies and its workers.

a. GPS tracker app: Caregivers clock in when they arrive at the client's home with this app, and this protects client and employee.

b. Video cameras are also a way to keep a client safe and insure quality work. Mentoring, support, advice could also be generated from reviewing video with a client or caregiver.

c. Reporting - an online form that requires agency to report to the state once or twice a year is something I'd like the Committee to consider, although Juliette Cohen, R.N. says that regulations and paperwork are too burdensome already. Juliette Cohen would prefer to spend more time guiding, supervising, talking with her workers to help prevent burn-out and insure quality client care.

d. Workers need supervision and review. For every 40 hours of service, for example, 2 hours of on-site supervision should be made in the home, and changes to the home care plan should be discussed and modified as necessary. The site should be inspected for cleanliness and receipts should be accounted for, summarized, and reported on a routine, perhaps biweekly, basis. Clients' concerns should be taken seriously and investigated. If there is evidence of substandard care, the worker should be put on probation, a report filed, and removed from the home if a second incident occurs.

10. **FINANCIAL RESPONSIBILITIES:** Caregivers' access to clients' finances need to be restricted. Above & Beyond highly recommends two purchasing options for their clients' needs: a) Keep an envelope with a small amount of cash accessible, such as \$200, in order to purchase items for the client, and receipts go in the envelope so that the exact amount can always be accounted for; or b) use a credit card with a small limit, such as \$1000, that the worker has access to. Home health care agencies should have a fiduciary responsibility for their workers, but Juliette Cohen cautions this kind of oversight. If home health care agencies had a fiduciary responsibility to cover \$30,000 worth of stolen items and cash from a client's home, "we would go broke."

11. **CARE PLANS AS A LEGAL DOCUMENT:** Families should agree with the changes made in care plans, and these care plans need to be updated, as needed. As clients' needs change, different levels of training and service should be documented.

12. **SUPPORTING THE RIGHT TO PROSECUTE:** The right to prosecute: In a pending case, a Lincoln County Assistant District Attorney fears that criminal charges against a home health care worker might be thrown out because the victim, an 80 year old woman with Alzheimer's, will not be able to testify. The alleged offender-caregiver is well aware of her cognitive decline, and so this means that the alleged offender may not be held accountable for her crimes.

Some sites for you to consider:

[https://www.mainehealth.org/Maine-Medical-Center/Healthcare-Professionals/Nursing/Education-Professional-Development/Cna-Training?fbclid=IwAR0TBMRs4SPPVrU2kOj\\_BRWWq4mWIm2K\\_I1zyJA3uc-GQ6mRB3e2wEiYZjU](https://www.mainehealth.org/Maine-Medical-Center/Healthcare-Professionals/Nursing/Education-Professional-Development/Cna-Training?fbclid=IwAR0TBMRs4SPPVrU2kOj_BRWWq4mWIm2K_I1zyJA3uc-GQ6mRB3e2wEiYZjU)

<https://www.maine.gov/dhhs/dlc/cna-registry/crma-pss-training>

A New York Times article, dated April 4, 2021: Here's the link:

<https://www.nytimes.com/2021/04/01/business/nursing-homes-covid-retirement.html>

This article appeared in yesterday's *New York Times*, April 4, 2021, that I thought would interest the Committee. This perspective from a geriatric social worker claims that quality care in nursing homes should be available in the community; essentially, she argues that there's a bias toward institutions. She also advocates for states to create a master plan for aging elders in community non-profit villages, as has been demonstrated in California and other states. It would be interesting to follow-up and explore such a vision for Maine.

We need to build in a structure that supports home health care and the clients who need it. At the same time, we need to honor the work required of this home health care industry, and reward those who take their work seriously. And while I realize that predatory, exploitive behavior is the exception rather than the rule, agencies have a sacred responsibility to maintain the highest of standards to employ only those worthy of this demanding occupation. I believe this can only happen with private home health care agencies hiring well-trained workers, preferably with a CNA, and a systemic change to hold the agencies and the workers accountable with some government oversight. This means national background checks, ongoing training and supervision,

and to provide workers a living wage, and incentivize more training. Making these jobs honorable and competitive is the highest legacy we can leave our loved ones as they age in place, and the oversight this burgeoning industry needs your attention.

We can make progress at supporting elder care at the speed of trust, increased training sites and financial support, meaningful regulation, and oversight.

Thank you for prioritizing the needs of our elderly.

Sincerely,

Jill Hume Harrison  
96 Atlantic Avenue  
Boothbay Harbor, ME 04538

Jill Harrison  
Boothbay Harbor

In conjunction with the testimony I provided to the Committee on April 5, 2021, here is the document that provides more information and recommendations in support of LD 958.