

## **Executive Summary**

The Commission to Study Long-term Care Workforce Issues was established by Public Law 2019, chapter 343, part BBBB, in recognition of the tight labor market and resulting workforce shortage of direct care workers across the long-term services and supports continuum including home and community-based services, residential services and other support services. The Commission was charged with studying the following issues related to the long-term care workforce:

- Measuring current demand for direct care workers and projecting future needs;
- Developing a campaign and statewide recruitment strategies to encourage more people to work in facility-based and home-based long-term care;
- Supporting career ladders throughout various long-term care settings;
- Identifying education needs and methods to fill education needs for direct care workers;
- Identifying barriers to hiring and methods to overcoming barriers to hiring;
- Developing strategies to improve the quality of long-term care jobs;
- Increasing opportunities for shared staffing among long-term care providers;
- Recommending public and private funding mechanisms to implement recommendations;
- Recommending a program to contribute to long-term direct care workers postsecondary education in related fields; and
- Recommending a pilot program to pool part-time home care workers' hours for purposes of providing greater employment opportunity and obtaining employee benefits.

The Commission held five meetings during the interim and is required to submit a report, with findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health and Human Services. Suggested legislation is included in this report for some recommendations, however, for most recommendations the Commission did not determine a preference for whether the Committee should direct executive departments by legislation or by letter. Every recommendation made by the Commission was a consensus although the representatives from the Departments of Health and Human Services and Labor chose not to take positions on recommendations. The recommendations to the Committee are as follows.

### **Reimbursement**

1. Increase wages for starting direct care workers to no less than 125% of the minimum wage.
2. Direct the Department of Health and Human Services to explore limiting reimbursement rates for temporary staffing agencies providing direct care worker services for long-term services and supports.
3. Increase reimbursement rates to reflect current and future structural additions to provider costs, including increases in minimum wage, paid time off, electronic visit verification requirements, background checks and potentially fingerprinting.
4. Direct the Department of Health and Human Services to identify ways to consolidate tasks currently performed by multiple staff in both home and community-based and residential settings.

5. Direct the Department of Health and Human Services to explore options to develop an alternative reimbursement methodology that includes the following:
  - Accounts for acuity level of clients of home and community-based services, for both older adults and individuals with an intellectual disability or autism similar to the way case-mix is used in nursing facilities;
  - Allows additional reimbursement for merit or longevity pay increases for direct care workers;
  - Allows for increased reimbursement for specialized care including dementia care, bariatric care or behavioral needs;
  - Reimburses for ongoing training including for agency or nursing facility personnel taken off-line to conduct training of employees; and
  - Includes direct care workers as paid staff in any multi-disciplinary care planning team with a reimbursement rate to recognize the value of that work.
6. Support legislation to enact a Rate Setting Commission that is independent of the Department of Health and Human Services that evaluates reimbursement rates for all long-term services and supports.

### **Workforce recruitment and retention**

7. Direct the Department of Labor, in coordination with the Department of Economic and Community Development and the Department of Health and Human Services, to develop and implement a multimedia public service campaign that promotes direct care worker jobs as a career choice. Ensure that the campaign materials include new Mainers, men, younger people including high school students, older people and individuals with disabilities.
8. Direct the Department of Labor to conduct job fairs through the State focused on direct care workers for all long-term care settings.
9. Direct the Department of Health and Human Services offer direct care training programs in languages other than English and for ESL individuals.
10. Direct the Department of Health and Human Services to explore options, including those models outlined by PHI and National Conference of State Legislatures, for supportive supervision and mentoring for direct care workers.

### **Workforce development**

11. Direct the Department of Labor to work with the Department of Education, Maine's institutes of higher education, and Maine's Career and Technical Education Centers to develop and target education and certification programs for direct care workers, including high school vocational education programs including the following:
  - Apprenticeship programs for direct care workers;
  - "Earn as you learn" programs for direct care workers; and
  - Pre-apprenticeship program for Maine's Career and Technical Education Centers.
12. Recommend to the Joint Standing Committee on Innovation, Development, Economic Advancement and Business that it amends LD 799, An Act to Create the Maine Health Care Provider Loan Repayment Program, to specify that direct care workers be considered eligible health care providers and direct care occupations be included for

priority consideration by the Maine Health Care Provider Loan Repayment Program Advisory Committee that is proposed in the bill.

13. Direct the Department of Health and Human Services to work with Maine's institutions of higher education and Career and Technical Education Centers to develop worker pools of students, including students with disabilities, interested in working as direct care workers on a part-time and/or flexible schedule basis.
14. Require all healthcare degree programs that require practicum experience to include practicum requirements and rotations in the long-term services and support sector.

### **Qualifications and training**

15. Direct the Department of Health and Human Services to examine qualification requirements for entry-level direct care workers to align qualifications across settings wherever possible without compromising consumer safety.
16. Direct the Department of Health and Human Services to immediately reconstitute, update and implement the Maine Direct Service Worker Training Program.

### **Expanding existing support systems**

17. Direct the Department of Health and Human Services to remove as many barriers to family members and guardians being paid caregivers as possible and allowable under federal law and regulations.
18. Direct the Department of Health and Human Services to review the hours allowable for adult day health services, respite services and other similar programs for adequacy in allowing individuals to remain at home with family members as long as desired by both the caregivers and the individuals receiving services.
19. Direct the Department of Health and Human Services to raise the caps and create more flexible cost models for assistive technology and environmental modifications for members receiving home and community-based services.

### **Consumer-directed services**

20. Direct the Office of Aging and Disability Services within the Department of Health and Human Services to convene a work group of stakeholders within the department that includes providers, advocates and consumers, to determine how to expand the consumer-directed options to individuals with developmental disabilities or autism and examine if consumer-directed options are fully utilized for all populations eligible for home and community-based services.

### **Pooling and connecting workers**

21. Direct the Department of Health and Human Services to convene a stakeholder group of providers to explore methods to pool workers across providers and care settings or programs, including developing a method to provide benefits to the workers.
22. Direct the Department of Health and Human Services to explore creating a HIPAA-compliant digital platform to connect direct care workers, providers, self-directing

consumers and family members. The department must include providers in its exploratory effort.

### **Public Assistance**

23. Direct the Department of Health and Human Services to explore options for increasing income levels for direct care workers who are receiving various public assistance benefits and ensure that department's case workers communicate this information to their clients.
24. Direct the Department of Health and Human Services to study public assistance programs across the spectrum to determine where higher income levels might be allowable under federal and state laws and rules and consider developing programs that provide more flexibility of increased hours among direct care workers and report findings to the Joint Standing Committee on Health and Human Services for statutory action.
25. Improve communication and navigation of maximum income levels to individuals receiving public assistance.

### **Grants**

26. Direct the Division of Licensing and Certification in the Department of Health and Human Services to convene a work group to develop proposals for projects in nursing homes focused on best practices for recruitment and retention of direct care staff using Civil Money Penalty Reinvestment Program funds and submit those proposals to the Centers for Medicare and Medicaid Services.
27. Direct the Department of Health and Human Services to consider applying for a grant under the Lifespan Respite Care program grant offered by the ACL within the federal Department of Health and Human Services, or working with any appropriate organization that is eligible.
28. Direct the Department of Health and Human Services to investigate and apply for any grant opportunities that improve the quality of long-term care services and supports.

### **Oversight Committee**

29. Enact an ongoing, independent Oversight Committee to review progress in implementing the recommendations of this Commission, address barriers to implementation, and make new recommendations as needed.