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May 3, 2021

To: Senator Claxton, Representative Myer and members of the Health and Human Services Committee.

RE: LD 1573 An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues

Thank you for the opportunity to provide testimony in support of LD 1573 An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues.

My name is Rebecca Emmons. I started at Mobius as a high school volunteer and have worked in various roles - Direct Support Professional, Case Manager, Program Manager, and currently as Executive Director. Today, I am offering testimony on behalf of the employees at Mobius. I am also the Board President for MACSP, Chair of the Community and Work Support Services Committee and Chair the Association's Behavioral Supports Workgroup.

As a Direct Support Professional in 2005, my wage was \$9.35 per hour. As a new college graduate, I worked two jobs in addition to my DSP position at Mobius. I regularly had to negotiate with my landlord to make split payments on my rent, and ultimately only went to graduate school because I couldn't afford to make my student loan payments on a DSP wage. When I came into my current role as Executive Director, after watching the advocacy for Medicaid rates for years, I was shocked to find that the direct care worker wage was as inadequate today as it was in 2005. Resources continue to be invested into studies, evaluations and consultation to tell us what we already know - the reimbursement system for direct care work is woefully outdated and without a substantial initial investment, more frequent rebasing and accountability - it will remain that way.

In 2019, I was an observer of and presenter to the Long-Term Care Workforce Shortage Commission. Their work was extensive, and as seen with the prior testimonial response to LD 2109, widely supported by Maine's direct care workers and industries.

While the MaineCare Comprehensive Rate System Evaluation (March 2021) outlines a *future* process for the rebasing of Medicaid rates, our system needs a response now. This Evaluation

makes *recommendations* that are at the discretion of the Office of MaineCare Services to adopt, modify or disregard. This LD directs the Department of Health and Human Services to establish a 2-year rebasing requirement to set and increase reimbursement rates for in-home and community support services. The Evaluation recommends rebasing at five-year intervals. These services, and the individuals and families dependent upon them, cannot wait for a long-term timeline to be finalized, revisited, reformed and potentially delayed. The promise of Alternative Payment Models (APMs) and Value-Based Purchasing (VBP) is appropriately timed, however waiver-based services are some of the most complex types of services and will require broad reform and therefore more time. Our service system and direct care workers cannot wait for the assessment and implementation process of APMs and VBP.

A wage floor for direct care workers across the long-term care spectrum is long overdue. Given the entry-level requirements of the job, setting this wage floor as 125% of minimum wage is appropriate and reasonable as an *entry-level* wage. However, it is important to note there are career direct care workers across Maine. These professionals have often worked on the frontline of our field for more than a decade. Our service system relies upon them for their wealth of knowledge, dependability, and willingness to stay the course in difficult working conditions. If entry-level wage is brought to \$15.00, employers will need to take a “raise all boats” approach and increase wages across the board. If compression occurs, where an entry-level employee is making as much as a five year employee; we will see our veteran staff depart - with them all of the institutional knowledge that is only gained from experience will vanish. Without rebasing every two years, rather than five, we will once again fall woefully behind market wages and the workforce crisis will continue.

Regarding accounting for the costs of providing care and services in a manner that adequately addresses the cost of meeting training requirements and quality and safety standards, market wages for workers other than direct care workers, earned paid leave, electronic visit verification, background checks and other costs that are not provided for in the current reimbursement methodology. Mobius has experienced increased demands that reduce the time available for person-centered services in the form of:

- Required training has increased in the past five years and exceeds training time assumptions in the rate methodology.. While it is important to set a high standard for quality services across the Medicaid program, these requirements exceed what is reasonable for a wage assumption of \$11.21 per hour. For example, since January 2021 our organization has added Employment First training requirements (4 hours) and Infectious Disease training requirements (2 hours) alongside the required trainings of

CRMA (24 - 40 hours), Mandt (24 hours), Mental Health Support Specialist (40 hours), annual compliance trainings (2-5 hours per year).

- Earned Paid Leave benefit administration and record-keeping. This work represents an additional three hours of administration time for a team that has been reduced by one FTE.
- Electronic Visit Verification (EVV) has added administrative time (1 hour per day), impacted cash flow due to the delayed payment process utilized by Mainecare (average of \$20,000 biweekly) and has added a layer of documentation that draws attention away from the Medicaid Member.

LD 1573 establishes the Long-term Care Workforce Oversight Advisory Committee to collect and compile data related to workforce shortages and services provided to clients. Transparent data, shared across stakeholders, will improve collaboration and aid in shared decision-making. Defining a core set of metrics, captured by a 3rd party and publicly reported on an annual basis would improve accountability across our system.

Without immediate and concrete action, the home and community-based service system in Maine will continue to collapse. Unless service providers can pay a more competitive wage, our positions will continue to remain unfilled. Ultimately, the clients and families we serve will be the ones that suffer the most from continued inaction.

The time for deliberation is over. The moment for action is now. On behalf of the clients and employees I serve, please do the right thing and support LD 1573.



Rebecca Emmons, MPH
Executive Director
remmons@mobiusinc.org
207.380.4052