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**STATE OF MAINE**  
**ONE HUNDRED AND TWENTY-NINTH LEGISLATURE**  
**COMMITTEE ON HEALTH AND HUMAN SERVICES**

April 15, 2020

Michelle Probert, Director of the Office of MaineCare Services  
Department of Health and Human Services  
11 State House Station  
Augusta, ME 04333-0011

Dear Director Probert,

The Health and Human Services Committee held several work sessions in February and March to discuss the recommendations of the Commission to Study Long-term Care Workforce Issues including LD 2109, An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues. We are writing to respectfully request the assistance of the Office of MaineCare Services.

The Commission recommended increasing direct care worker wages to 125% of the minimum wage and MaineCare rates that reflect structural additions to provider costs including increases in the minimum wage, paid time off, EVV requirements, and background checks. The Committee made some changes to these recommendations although we agree with them in spirit. The Committee amended LD 2109 to require a \$2/hour raise in rates for all direct care worker services provided under MaineCare and state-funded programs to cover the shortfall caused by recent increases to the minimum wage. LD 2109 is still in Committee and has been carried over pursuant to Senate Paper 788 (along with all other unfinished business) to any special session that may take place in the 129<sup>th</sup> Legislature. We understand and appreciate that some rate increases aimed at direct care workers were included in Public Law 2019, chapter 616, the supplemental budget. We applaud the department for undertaking a systematic review of MaineCare rates and look forward to the outcome of the current RFP along with any ensuing actions by the department; we are hopeful that the department will account for all structural costs to providers in future rate-setting activities.

In addition to increasing direct care worker wages and developing rates under MaineCare and state-funded programs for institutional services and home and community-based services, the Commission included several other recommendations around long term care workforce issues that we believe warrant further investigation by the department. This letter lays out several requests for information and action from the Office of MaineCare Services. We also respectfully request that you keep us informed with respect to these requests at the beginning of next session.

### Temporary agency staffing

The Commission's report included a recommendation for the department to explore the possibility of limiting reimbursement rates for temporary staffing agencies that provide direct care worker services to nursing facilities. Nursing facilities must maintain staff-patient ratios or they violate federal and state requirements. In times of staffing shortages, nursing facilities have had to resort to temporary services that prove exorbitant to the facility and they do not receive additional reimbursement for these costs. Massachusetts recently capped rates that could be paid for temporary nursing staff at hospitals and nursing facilities. The Committee believes that this is an idea worth exploring and we respectfully request that the department collect data and explore options including looking at other state policies.

### Blended workers

The Committee also heard about frustrations expressed by providers and consumers of long term supports and services when different tasks within home and community settings must be done by different workers because of multiple Medicaid rules, scope of practice issues and program integrity issues. We request that the department identify ways to consolidate tasks and develop a blended worker approach so that task can be performed by a single worker whenever possible.

### Alternative reimbursement methodologies

The Commission and the Committee also believe it is worth exploring options to develop alternative reimbursement methodologies that take into account the client population and staff quality. For example, reimbursement methodologies could be amended to account for the following:

- The acuity level of clients of home and community-based services provided to older adults and adults with an intellectual disability or autism, in a similar way to case-mix is used in nursing facilities.
- Increased reimbursement for specialized care including dementia care, bariatric care, or behavioral needs.
- Additional reimbursement for merit or longevity pay for direct care workers.
- Additional reimbursement for staff training including allowing for agency or nursing facility personnel being taken off-line to conduct training.
- Including the direct care worker as paid staff in multi-disciplinary care planning teams.

### Adult day health and respite services

The Commission recommended that the department 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. While current MaineCare policy allows 40 hours a week of adult day health services for members who are nursing facility eligible, other individuals with dementia or other thresholds of cognitive loss qualify for fewer hours. Other MaineCare and state-funded programs also provide much-needed respite services. We respectfully request that the department review the adult day health and respite programs to determine whether hours should be increased. We would also like to take this opportunity to thank the department for its recent initiatives in the supplemental budget to increase reimbursement for some respite services and increase respite services for individuals with developmental disabilities on waiting lists.

### Consumer-directed services

The Commission and the Committee agree that consumer-directed options for home and community-based services should be extended to allow individuals with developmental disabilities to exercise this option. Our understanding from briefings from Director Saucier is that the department intends to allow a consumer directed option for this population as part of the effort to develop a new single waiver for adults with developmental disabilities.

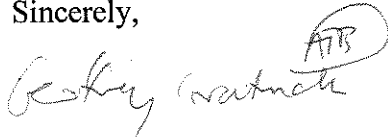
We would like to respectfully request that the department convenes a stakeholder group that includes providers, advocates and consumers to determine if there are opportunities to expand and publicize the current consumer-directed options available under MaineCare and state-funded programs. Our understanding is that staff retention is often improved in consumer-directed settings. It also increases consumer choice; if consumer-directed does not work for a client, they are still able to return to agency services.

### Assistive technology and environmental modifications

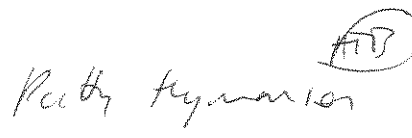
The Commission and the Committee would like to go on record as supporting the recommendation from the Aging and LTSS Advisory Group to increase and combine annual caps for assistive technology and environmental modifications. Assistive technology and environmental modifications can reduce the number of face-to-face or hands-on worker hours as well as increasing independence for individuals with disabilities.

We thank you for your attention to these Committee requests related to the recommendations from the Commission to Study Long-term Care Workforce Issues. We understand that we are making these requests at a difficult time for the department and for the State. Please let us know if you have any questions and we look forward to hearing from you early in 2021.

Sincerely,

Handwritten signature of Sen. Geoffrey M. Gratwick, with a circled "ATB" above it.

Sen. Geoffrey M. Gratwick  
Senate Chair

Handwritten signature of Rep. Patricia Hymanson, with a circled "ATB" above it.

Rep. Patricia Hymanson  
House Chair

cc: Members, Joint Standing Committee on Health and Human Services  
Commissioner Jeanne M. Lambrew, Department of Health and Human Services  
Molly Bogart, Government Relations Director, Department of Health and Human Services  
Paul Saucier, Director, Office of Aging and Disability Services

