



# **Efforts and Progress on Implementing the Recommendations of the Commission to Study Long-term Care Workforce Issues**

February 2024

**Third Annual Report Pursuant to  
PL 2021, c. 398, Section AAAA-7**

Maine Department of Health and Human Services  
*Office of Aging and Disability Services*

## **Table of Contents**

<b>Introduction</b> .....	3
<b>I. Progress on Recommendations from the 2019 Long-term Care Workforce</b>	
<b>Commission</b> .....	3
<b>Reimbursement</b> .....	3
<b>Workforce Recruitment and Retention</b> .....	7
<b>Workforce Development</b> .....	9
<b>Qualifications and Training</b> .....	10
<b>Expanding Existing Support Systems</b> .....	11
<b>Consumer Directed Services</b> .....	12
<b>Public Assistance</b> .....	12
<b>Grants</b> .....	14
<b>II. Current Data Related to Staffing &amp; Occupancy</b> .....	15
<b>Conclusion</b> .....	18

## Introduction

The Commission to Study Long-term Care Workforce Issues was created by the Legislature and met in 2019, issuing its recommendations in January 2020. PL 2021, c.398, Section AAAA implements a rate recommendation from that report (to ensure that MaineCare rates support at least 125 percent of minimum wage) and requires the Maine Department of Health and Human Services (DHHS) to provide annual reports each year from 2022 to 2026 regarding the Department's efforts and progress in implementing the recommendations of the Commission.

The Department has compiled this third report in collaboration with its partners at the Maine Department of Labor.

### I. Progress on Recommendations from the 2019 Long-term Care Workforce Commission

This section provides updates on activities of State agencies that address recommendations in the 2019 Long-term Care (LTC) Workforce Report, as well as other related activities. This section is organized by topics as they appear in the 2019 report.

#### Reimbursement

The Department of Health and Human Services (DHHS) has taken several steps since the 2019 Workforce Report to support higher wages for direct support workers (DSWs) through MaineCare Rate System Reform and COVID-related supplemental payments in MaineCare and State-funded programs.

2023 Updates:

- Nursing homes and residential care homes (PNMI-Cs) have been engaged by the department for rate setting reforms which are expected to be implemented in January 2025 for nursing facilities and subsequently for PNMI-Cs. The Department has been working with partners to gather feedback;
- In December 2023, the Department issued \$19 million in one-time Medicaid (MaineCare) payments to Maine nursing facilities to support their continued recovery from the pandemic. The payment initiative prioritized direct care staffing levels to promote access and quality;<sup>1</sup>
- In response to the healthcare worker challenges exacerbated by the COVID-19 pandemic, DHHS submitted and received approval of its Home and Community Based Services Improvement Plan under Section 9817 of the American Rescue Plan Act through the Centers for Medicare & Medicaid Services (CMS). A key component of the plan was to provide retention and recruitment bonus payments for new and existing direct support

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<sup>1</sup> [https://www.maine.gov/dhhs/news/dhhs-issues-19-million-maine-nursing-facilities-thu-12212023-1200?utm\\_medium=email&utm\\_source=govdelivery](https://www.maine.gov/dhhs/news/dhhs-issues-19-million-maine-nursing-facilities-thu-12212023-1200?utm_medium=email&utm_source=govdelivery)

workers and their supervisors across several MaineCare sections of policy.<sup>2</sup> As of June 2023, initial reporting from provider agencies showed that more than 24,000 workers received an average of \$3,429 in bonuses over the reporting period between July 1, 2021 and December 31, 2022. The initial reporting data suggests that the payments helped to stabilize and grow Maine’s Home and Community Based Service workforce;<sup>3</sup>

- In 2023, DHHS convened its Technical Advisory Panel (TAP) and implemented its second round of rate setting under Public Law 2001, c. 639 (LD 1867) which was enacted in 2022 and took effect August 8, 2022. As passed, c.639 creates a new stand-alone section of Maine law (22 MRSA §3173-J) that codifies the processes and principles for the MaineCare Rate System. These processes and principles include setting a schedule for regular rate review and adjustment, to be reviewed annually in consultation with the TAP; reviewing relevant state and national data to inform rate amounts and payment models, with an emphasis on models that promote high-value services by connecting reimbursement to performance; and formalizing a clear and transparent process for rate determination that includes public notice and comment. In the second round of rate setting, MaineCare, in coordination with OADS, is conducting studies on Sections 18, 20, 21, and 29. MaineCare published a request for quote (RFQ) in December of 2023 to conduct a rate analysis for home and community based clinical nursing and therapy services;
- Appendix K to Maine’s Home and Community-Based Services 1915(c) waivers provides the state certain flexibilities in waiver program operations during an emergency. In accordance with CMS policy, the default expiration date for Appendix K flexibilities is six months following the end of the federal public health emergency (PHE). However, CMS indicated in its August 2, 2023, State Medicaid Director letter that Appendix K flexibilities may be extended past the original November 11, 2023, deadline. Maine submitted a five-year renewal application and received CMS approval effective July 1, 2023, for waiver Sections 18, 19, 20, 18, 21, and 29; and
- Effective January 1, 2023, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, 67, 96 and 97, Appendix C to ensure rates continue to support the requirements of Part AAAA of P.L 2021, c. 398, relating to 125 percent of minimum wage for essential workers. The Department also implemented rates resulting from rate studies for Sections 13, Targeted Case Management and 26, Day Health Services and is in the process of finalizing rates from a rate study for Section 2, Adult Family Care Homes to ensure compliance with both P.L. 2021 c. 398, Part AAAA for Section 2 and 26, and P.L. 2021 c. 639 for Sections 2, 13 and 26.

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<sup>2</sup> <https://www.maine.gov/governor/mills/news/governor-mills-announces-federal-approval-bonus-payments-direct-support-workers-2021-11-23>

<sup>3</sup> <https://www.maine.gov/dhhs/blog/bonuses-help-stabilize-and-grow-maines-home-and-community-based-service-workforce-2023-06-15>

## Previous Years:

- In September 2021, the Department issued over \$123 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (also known as Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs) to assist with ongoing, COVID-related staffing shortages;
- In December of 2021, Governor Mills directed the Department to waive penalties on nursing facilities during the federal public health emergency (PHE) that are experiencing low occupancy rates. The Department is applying this waiver to Section 97 Private Non-Medical Institution (PNMI) Appendix C facilities as well. This enabled nursing and residential care facilities to be reimbursed according to actual resident days instead of a minimum of 80 or 90 percent occupancy as outlined in MaineCare policy;
- Part AAAA of the budget enacted under Laws of Maine 2021, c. 398 directed DHHS to implement rate increases to ensure the labor component of rates are equal to at least 125 percent of minimum wage. On May 3, 2022, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, and 96 that are associated with Part AAAA of P.L 2021, c. 398, retroactively to January 1, 2022. Supplemental monthly “ramp” payments were paid during calendar year 2022 for other long-term care and personal support services in Sections 2 and 26, where rate studies were needed to ensure appropriate adjustments to meet the 125 percent requirement. The first distribution of these temporary supplemental payments included payments for both January and February 2022. For the remainder of the calendar year, payments were issued monthly to eligible providers from March 2022 through December 2022;
- DHHS also increased its planned cost of living adjustment (COLA) for FY22 to match higher than anticipated inflation rates and accelerated the COLA that had been planned for July 1, 2022 by six months to January 1, 2022, in order to provide additional support for non-wage-related costs and to be able to operationalize both sets of adjustments for Home and Community Based Services (HCBS) waivers;
- In addition to Part AAAA, Nursing Facilities and PNMI Appendix C facilities received an interim supplemental wage add-on to their rates from January 1, 2022 to June 30, 2022. The Department then collected wage data from facilities to fully implement section AAAA-5 of the biennial budget, 2021 P.L. c. 398, which requires that direct care rates for providers in Section 67 and Section 97, Appendix C enable providers to cover labor costs for essential support workers of at least 125 percent of the minimum wage. Rate letters for these facilities were posted on September 29, 2022, including add-on rates for Part AAAA, with rates retroactive to July 1, 2022;

- In response to the healthcare worker challenges exacerbated by the COVID-19 pandemic, DHHS submitted and received approval of its Home and Community Based Services Improvement Plan under Section 9817 of the American Rescue Plan Act through CMS. A key component of the plan was to provide retention and recruitment bonus payments for new and existing direct support workers and their supervisors across several MaineCare sections of policy.<sup>4</sup> Over \$121 million was paid in the first quarter of CY 2022 to 354 agencies. Agencies had until 12/31/2022 to utilize the retention and bonus payment funds. Final reports that will include worker-level data were due February 1, 2023;
- Public Law 2001, c. 639 (LD 1867) was enacted in 2022 and took effect August 8, 2022. As passed, c.639 creates a new stand-alone section of Maine law (22 MRSA §3173-J) that codifies the processes and principles for the MaineCare Rate System. These processes and principles include setting a schedule for regular rate review and adjustment, to be reviewed annually in consultation with the TAP; reviewing relevant state and national data to inform rate amounts and payment models, with an emphasis on models that promote high value services by connecting reimbursement to performance; and formalizing a clear and transparent process for rate determination that includes public notice and comment. DHHS convened the TAP and implemented its first round of rate setting under the new law;
- In August 2022, the Department issued \$25 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs). The funds were distributed proportionally based on each facility type’s CY 2019 MaineCare revenue for these services;
- In September 2022, the Department issued one-time payments to eligible providers of Per Diem Home Support and Home Support – Family Centered Support under MaineCare Benefits Manual Section 21, Home and Community Benefits for Member’s with Intellectual Disabilities or Autism Spectrum Disorder to assist with ongoing, COVID-related staffing shortages in residential group homes;
- Public Law 2021 c. 635 enabled the Department to provide High MaineCare Utilization payments for Section 97 Appendix C facilities. This provided tiered add-ons to the facility rate when a facility’s MaineCare member occupancy exceeds 70 percent and 80 percent. Nursing facilities also receive High MaineCare Utilization payments; and
- Appendix K to Maine’s Home and Community-Based Services 1915(c) waivers provides the state certain flexibilities in waiver program operations during an emergency. Section K-2.b.ii. of Maine’s Appendix K, which allows service caps to be exceeded and group home staffing to be lower than authorized levels, was originally set to expire on May 31,

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<sup>4</sup> <https://www.maine.gov/governor/mills/news/governor-mills-announces-federal-approval-bonus-payments-direct-support-workers-2021-11-23>

2020. Due to continuing need related to the COVID-19 pandemic, the Department has extended this provision eleven times, most recently through March 31, 2023. On October 1, 2022, the Department set the minimum staffing in Section 21 group homes at 80 percent of authorized levels, provided that the health and safety of residents can be maintained. This represents an increase from the 50 percent minimum established at the beginning of the pandemic. The Department is monitoring workforce conditions closely and will make decisions about April 1, 2023 staffing levels by the end of this year. [Note that the Department subsequently increased the threshold to 85 percent through June 30, 2024.]

## **Workforce Recruitment and Retention**

In addition to rate increases and one-time payments, the Department of Health and Human Services (DHHS) has worked closely with the Department of Labor (DOL) and other public and partners to support increased healthcare workforce recruitment and retention efforts:

### 2023 Updates:

- In 2023 DHHS continued to run and support the Caring for ME campaign which targeted direct care and support workers interested in the areas of behavioral health, aging, intellectual disability, brain injury and physical disability. The campaign created video's which spotlight HCBS workers in Maine and ran ads in a mix of digital and traditional media outlets. Additional marketing efforts will begin in early 2024;
- DOL continues to conduct targeted health and Long-Term Services and Supports (LTSS) job fairs, which will be further developed in conjunction with the ongoing media campaigns. LTSS providers have been participating in statewide job fairs, as well as customized connections (i.e., reverse job fairs) to specifically identified individuals who have direct care and support employment goals; In Federal Fiscal Year 2023, CareerCenters around the state hosted 407 hiring events. Among them more than 95 percent featured employers hiring positions in direct care jobs; and
- The Department has continued to work with Maine's Long Term Care Ombudsman Program to support the activities of the Direct Care and Support Advisory Council. In 2023, this council was actively involved in several presentations to state lawmakers, advocacy organizations, and other partners. Council members continue to receive leadership and support to present ideas that help strengthen Maine's HCBS workforce.

### Previous Years:

- DOL led the initial efforts for a media campaign to recruit persons of all ages and life stages into front line health and long-term services work. With funding from the Governor's Maine Jobs & Recovery Plan (MJRP) DOL retained a marketing agency and collected partner feedback. Representatives from the Maine Long-Term Care Ombudsman Program, Catholic Charities Maine, LeadingAge, the Maine Council on

Aging, the Maine Health Care Association, the Maine Association of Community Service Providers, the Home Care & Hospice Alliance of Maine, and the Maine Direct Care & Support Professional Advisory Council have provided input on key messaging and assisted DOL with reaching other partners through surveys and other methods to increase our understanding of motivations, barriers, and aspirations of current and potential direct care and support workers;

- With input from 700+ current and future workers and the advisory group, the Caring For ME campaign launched in April 2022 to recruit workers for direct care and behavioral health career opportunities. Through a combination of digital outreach, traditional media and social media, the Caring For ME website, featuring current job opportunities, events and career pathways information, had 40,000 visitors, 3,000 of whom continued to MaineJobLink to access current job postings in the field. As part of the Caring For ME campaign, four in-person and one virtual hiring event took place with 100+ employer and 250+ jobseeker participants—resulting in 30 jobseekers submitting applications, receiving conditional offers and interviews for open positions and 20+ jobseekers connected with Healthcare Navigators for additional job search support;
- DOL transitioned the Caring For ME campaign to DHHS in December, 2022 and DHHS will further target direct care and support workers interested in behavioral health, aging, intellectual disability, brain injury and physical disability. Additional marketing efforts are being planned to continue and build on the Caring For ME campaign;
- As part of a broader healthcare workforce attraction campaign, DHHS has contracted with Live and Work in Maine to develop health career exploration and outreach tools aimed at encouraging graduating high school students and younger workers to enter the healthcare profession. This strategy is part of a public/private partnership with the Maine Hospital Association, Maine Primary Care Association, and the Maine Health Care Association. This campaign has created 22 career exploration videos, a job board, and a career toolkit distributed across all high schools in Maine. The multimedia advertising strategy includes radio, video, traditional and social media, resulting in 58,533 job views for positions in the healthcare sector, and 699 applications to healthcare jobs posted on the Live and Work in Maine job board. This campaign will continue in CY 23 with a wider target audience;
- All media campaigns are being informed by the Maine Direct Care & Support Professional Advisory Council, a group of front-line workers established in the fall of 2021 by the Long-Term Care Ombudsman with support from the Maine Health Access Foundation and DHHS. Several discussion groups were held with direct care and support workers in both HCBS and residential care to learn more about their jobs, why they do them and what would make them better. The results from these discussions informed the media campaigns and were key in planning improvements in workplace culture. Members of the Council have used their social networks to bring more worker voices into these efforts through surveys and focus groups;
- With funding from the Governor’s Maine Jobs & Recovery Plan (MJRP), the Finance Authority of Maine (FAME) continues to administer the Maine Health Care Provider Loan Repayment Pilot Program for certain health care professionals who commit to living and working in Maine for at least 3 years. This is one-time funding for loan repayments of eligible program participants to address critical workforce shortages

exacerbated by the COVID-19 pandemic, including but not limited to the behavioral health and oral care sectors; and

- To support recruitment efforts for non-English speaking Mainers, DHHS continues to work with the Department of Education (DOE) to expand Bridge English as a second language (ESL) courses that tie into direct care credentials such as Certified Nursing Assistant (CNA), Personal Support Specialist (PSS) and others.

## Workforce Development

DHHS, DOL and DOE continue to collaborate on a number of workforce development initiatives.

2023 Updates:

- The Maine DOL has been expanding healthcare pre-apprenticeship and registered apprenticeship programs. The Maine Apprenticeship Program currently has 11 registered sponsors in healthcare, including Maine DHHS, MaineGeneral Health, Northern Light Health, and MaineHealth. The Maine Apprenticeship Program is also engaged with CVS to establish a registered apprenticeship program in Maine, with a focus on serving individuals with disabilities;
- Through the Maine Jobs & Recovery Plan (MJRP) funds and a US Department of Labor grant, MaineHealth has expanded their Medical Assistant apprenticeship program to three additional locations. It has also established a Clinical Career Awareness Pre-Apprenticeship, in partnership with Southern Maine Community College. Three other certified pre-apprenticeship programs have also been established through the use of MJRP funds – a CNA Pre-Apprenticeship in partnership with Lewiston Adult Education and Clover Manor, a Medical Assistant Pre-Apprenticeship in partnership with Portland Adult Education (PAE) and Northern Light Health (NLH), and a Healthcare Office Pre-Apprenticeship in partnership with PAE and NLH. These pre-apprenticeships are focused on increasing representation to historically marginalized populations, particularly multi-lingual learners. To date, over 60 pre-apprentices have been enrolled in these programs, with a goal of over 600 to be served through the grant period, which ends December 31, 2024;
- Supported by Maine Jobs & Recovery Plan funding, DOL hired two full-time healthcare career navigator positions to assist individuals statewide interested in healthcare careers get connected to training and job opportunities. Since the inception of the Maine Jobs Plan, healthcare navigators have worked with 1,250+ individuals who are referred from a variety of sources, including the Caring For ME campaign, and has connected 385 individuals to free training, job opportunities and other services. These positions also focus on helping out-of-state and foreign-trained workers navigate the complex credentialing landscape and connect to healthcare careers, in partnership with ongoing efforts; and
- In addition to our Maine Jobs & Recovery Plan funding, DOL has made investments in the “Caring Economy” through the QUEST grant. QUEST is a dislocated worker grant created in direct response to the COVID-19 pandemic. The grant can help workers reach their employment or educational goals by providing help with services and supports such

as childcare, transportation, education and training, and apprenticeships. QUEST has a specific focus on the care economy, green energy, and infrastructure and is administered by the local area workforce boards throughout the state. In Federal Fiscal Year 2023, 102 folks were trained in healthcare including CNA, MA, Home Health, and Personal Care, representing 44 percent of the investment;

#### Previous Years:

- DHHS is engaged with the University of Maine System (UMS) and MCCA to align learning standards with provider needs. One pilot at the University of Maine at Fort Kent has enabled UMFK nursing students to earn certification as a Personal Support Specialist (PSS) in year 1, a Certified Nursing Assistant (CNA) in year 2, and a Certified Residential Medication Aide (CRMA) in year 3 as they work on their nursing degrees. This allows nursing students to engage in paid work in different capacities along the continuum as they move through their degree program. This model is being expanded to other colleges across Maine; and
- As part of the COVID-19 response, the UMS was formally engaged as a partner to coordinate students who would be available to increase the worker pool. Job postings for short-term/crisis staffing needs were sent directly through the Maine Responds system. Permanent and longer-term needs are sent to the Career Services offices across the MCCA and UMS. The process to connect with students is outlined in the DHHS Recruitment and Retention Toolkit.

### Qualifications and Training

Qualifications for doing direct care and support work vary by program and group served. DHHS and DOL are engaging partners and reviewing certification requirements with an eye toward greater consistency (e.g., minimum age to do a certain task) and opportunities for cross training to give workers more opportunities. The Department is also exploring methods to make available training easily found by seekers, so training access does not pose a barrier to job seekers.

#### 2023 Updates:

- DOL and DHHS are working closely with the Department of Education (DOE), Maine Community College System (MCCA) and the University of Maine System (UMS) partners to coordinate a centralized approach to healthcare training opportunities and training funding via Healthcare Training For ME (launched in April 2022). The funding is a combination of approximately \$7 million in tuition remission funding from the Maine Jobs & Recovery Plan as well as MCCA funding. The focus is working with employers to connect incumbent health care workers in entry level jobs with training funding to support attaining certifications and credentials to move up the career ladder and to improve retention and quality of care. Though not exclusively focused on direct care, priority occupations for training funding support include CNA, CNA-M, CRMA and home health aide, among others. The Tuition Remission program has funded more than 700 healthcare workers. Relevant to this report, notable training certificates funded by this program includes 303 individuals with certificates in MHRT-C, ACRE, CNA, Fading Supports, PSS, CRMA, RBT, CADC, Footcare Nurse Specialist, and Certified Dementia

Care. Currently, Behavioral Health Professional (BHP) and Direct Support Professional (DSP) certifications are fully funded by DHHS. With one and a half years remaining in the project, the team has reached 47 percent of its goal to serve 1,500 individuals. The Maine Community College System has also funded healthcare training, resulting in 2,772 unique enrollments since the inception of Healthcare Training for ME, and 2,552 individuals have completed their studies notably for this report including CNA, Medical Assistant, and Phlebotomists; and

- DHHS continued development of the Worker Portability and Advancement initiative, which is creating a base credential usable by individuals in at least two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP). The base credential will enable a direct care and support worker to perform entry-level work across multiple groups of people and aspire to pursue additional expertise to advance in the field. Throughout 2024 the Department will meet with partners to receive input and test the new curriculum as it prepares to launch it.

Previous Years:

- To address the significant challenge of finding Direct Support Professionals (DSP) who are able to communicate and care for individuals who use American Sign Language (ASL), DOL and DHHS worked together to record the DSP training in ASL. Those trainings are now being made available through the College of Direct Support. This curriculum version will better meet the needs of potential DSP's who are ASL users.

### **Expanding Existing Support Systems**

In October 2022, DHHS and the five Area Agencies on Aging implemented Respite for ME, funded through the Maine Jobs & Recovery Plan. The two-year pilot program provides up to \$2,000 grants for family caregivers providing care to a loved one at home. Informal and unpaid caregivers may use the funds for respite care, counseling and training, legal and financial guidance, and assistive technology. Family caregivers can also access services to maintain their own health such as occupational and physical therapy.

- Preliminary reporting on the Respite for ME grants show that over 406 unique individuals participated on the program with \$543,516.44 grant funds expended. Funds were used for respite services, assistive technology/devices, and for home modifications and repairs. The largest group of Respite for ME Grants caregivers were 61–70-year-olds. Seventy-five percent of the caregivers identified as women and overall, 63 percent of caregivers had annual incomes under \$35,000.
  - In late 2023, the individual Respite for ME grant amounts increased from \$2,000 to \$5,171; and
  - An [evaluation report](#) of the program's first year has shown positive effects on caregiver health and wellbeing.

- In July, 2023 the benefit cap for assistive technology (AT) increased from \$1,000 to \$1,500 and the cap for environmental modifications increased from \$3,000 to \$4,500 for section 19 waiver services.

### **Consumer Directed Services**

DHHS has long had consumer-directed options in its programs for older adults and adults with physical disabilities and those options have been growing in popularity. The Department worked to expand self-directed options to other adult groups. These options allow participants to find and hire their own support workers rather than use a provider agency. The option is often used to hire and pay family members.

- Self-direction has been expanded to participants of Section 18 (Brain Injury Waiver), 20 (Other Related Conditions) and 29 (Supportive Services for Individuals with Intellectual Disabilities waiver) through modifications to the waivers through the emergency use of the Appendix K option during the federal public health emergency. DHHS pursued and obtained changes to its waiver policies to allow these options to continue; and
- Self-Direction is currently offered in Maine Care Section 19 (Older Adults and Adults with Physical Disabilities Waiver), Section 96 (Private Duty Nursing and Personal Care Services) and Section 12 (Consumer Directed Attendant Services). In addition, the Department also allows self-direction in its state funded Section 69 (Independent Support Services), Section 63 (Home Based Services and Supports).

### **Public Assistance**

The Department has explored a number of strategies to ensure that low-income workers or prospective workers understand the public assistance programs that are available to them.

2023 Updates:

- Families Forward (through the Fedcap TANF ASPIRE program) now offers a Health and Human Services career development On Ramp program. Participants learn about career ladders in both fields and how they intersect. In this 15-day hybrid adult learning model students participate in both in-person classroom settings and in a digital classroom. Course activities include writing assignments, simulation activities including mock interviews, lectures, speakers, and videos. Students participate in weekly networking events with employer and educational partners geared toward the geographical locations of each cohort and their specific interests;

Beginning in week four, most students are placed in a field training experience, employment, or educational opportunity. Some may decide that healthcare and human services is not a pathway for them, and they are referred to other On Ramp options or other educational programs. English Language Learners are given additional supports through a partnership with adult education, in-person and online language classes using

EnGen, and tutoring delivered by Greater Portland Immigrant Welcome Center. The On Ramp is now offered every other month;

In 2023, 133 participants have engaged in the Health and Human Services Career exploration, 106 participants engaged in additional education and job training activities and 17 secured employment in healthcare following the On-Ramp program;

- The Department, in partnership with the Administration for Children and Families (ACF) and the American Public Human Services Association (APHSA), in addition to the Federal Reserve Bank of Atlanta, launched a Benefits Cliff Tool Pilot in February 2022. The pilot enables workers to receive coaching and the tool allows workers to see how starting in entry level healthcare jobs can provide a pathway to greater economic mobility while helping them plan for how it will or will not impact their benefits. The first pilot was completed in 2022, in partnership with state agencies and community organizations. Feedback from staff and families was positive, with the tool helping to spur discussion about careers and wage increases. In 2023, Maine DHHS and MDOL joined ACF and APHSA to launch a broader uptake of the tool. At the same time, the Federal Reserve Bank of Atlanta expanded the project to offer a suite of tools, including:
  - A calculator that enables participants to evaluate their overall net income gain with wage increases;
  - The benefit cliff tool piloted in 2022; and
  - An in-depth budget and career planning tool.

In 2023, over 150 staff across multiple agencies participated in training on how to use the tools, including several staff from the Department. Regular office hours are now being implemented to offer regular technical assistance and guidance on their use;

- Beginning in May 2023, the Office for Family Independence (OFI) began redetermining eligibility for an estimated 17,000 households, representing approximately 31,000 members each month. Under the continuous coverage requirements in the FFCRA, Maine has been required to maintain enrollment of nearly all members through the end of the month in which the PHE ends. The omnibus appropriations bill for 2023 lifted the continuous coverage protections and delinked them from the public health emergency. The Department has many steps to prepare for the end of the continuous coverage requirement including: continued issuing and processing MaineCare renewals throughout the PHE to keep case information as up to date as possible; developed enhanced standard operating procedures to ensure the ability to record telephonic signatures for all renewals and applications; launched My Maine Connection, a new online portal to apply for benefits, renew current benefits, report changes, submit verifications, request MaineCare cards, and enroll in electronic noticing; contacted members who have had mail returned to the Department as undeliverable; developed text messaging and email options to alert members of upcoming renewals; developed a communication plan to request updated contact information, including conducting outreach to member's who may need to update their information; published online resources for MaineCare members and partners, including unwinding plans and Frequently Asked Questions; partnered with community-

based organizations to provide a point of contact for direct assistance to MaineCare members; and established a 15-month CoverME.gov Special Enrollment Period that coincides with the redetermination process to allow MaineCare members to easily explore plan options and enrolling affordable Marketplace coverage;

#### Previous Years:

- In 2020, the Department extended transitional MaineCare from 6 months to 12 months to individuals who lost MaineCare assistance due to earnings. This extends the individual's full MaineCare benefits for one year following the increased earnings that put them over the limit. Prior to the end of the 12 months, a letter is sent to the family to see if they can continue to be enrolled in MaineCare. If they remain over the limit a referral is made to CoverME for other subsidized health coverage options;
- MaineCare income limits are set per coverage group, such as parents and caretakers, pregnant women, childless adults, etc. Increasing income levels for direct care workers, or any other specific employment type, is only an option if the income limits for all MaineCare applicants in the coverage group are increased. MaineCare eligibility guidelines are posted online for all coverage groups. Applicants also receive information about the limits via notices of decision; and
- The Department's Office for Family Independence (OFI) continues to host monthly community partners meetings with MaineCare providers, local advocacy groups, etc. as a forum to share information such as upcoming changes to public assistance rules or process or respond to inquiries questions from agencies who support our applicants and members.

#### Grants

The Department and its partners have received grants and other assistance related to workforce issues, including the following:

##### 2023 Updates

- As part of a federal CDC Health Disparities Grant, DHHS launched a pilot to increase and expand capacity of health-related training programs. This Initiative seeks to address health care workforce shortages by expanding the network of rural clinical preceptors, providing access to clinical learned placement systems and expand clinical placements through a public and private partnerships within the Building-ME Network. This initiative has streamlined clinical placements by using a "Common Preceptor" form and "Clinical Site Directories" to efficiently match academic institutions with rural sites available for clinical placement. Additionally, through the development of new rural clinical preceptorships, as well as the expansion of current rural clinical preceptorships, approximately 380 clinical placements will occur with providers in rural and underserved communities.

## Previous Years:

- In 2021, the Maine Health Access Foundation (MeHAF) provided a grant to the Maine Long-term Care Ombudsman Program (LTCOP) to conduct discussion groups with direct care and support workers who work in nursing homes, residential and home-based settings. As part of Section 9817, under the American Rescue Plan Act, OADS has contracted with LTCOP to continue this effort through an initiative that has supported the creation of a Direct Care and Support Worker Advisory Council. Members of the Council include direct care and support staff providing in-home care, working in assisted living and residential care homes, and nursing facilities. The purpose of the Council is to build leadership and advocacy skills as well as to inform and makes recommendations to policy makers about workforce initiatives;
- DHHS received a federal Money Follows the Person (MFP) Capacity Building grant award that includes a workforce development component; and
- DHHS decided that pursuing a Lifespan Respite Care grant from the federal Administration for Community Living would not be feasible and has instead received approval from CMS to fund a pilot program under Section 9817 of the American Rescue Plan Act.

## **II. Current Data Related to Staffing & Occupancy**

This section includes available information on capacity in Maine’s residential and home care programs. While useful in monitoring access to services, users should be very cautious in interpreting what the data tell us about LTSS workforce availability.

The numbers below suggest a continuing shortage of workers. Bed capacity and occupancy in residential and nursing facilities edged downward in 2023, after having stabilized in 2022. The decreased residential capacity was more than offset by significant increases in the number of people enrolled in MaineCare and state-funded home care programs in 2023, though the number of participants whose care plans were partially staffed also increased.

## Residential and Nursing Capacity

Table 1. Licensed Capacity of Adult Residential Facilities in Maine, 2020, 2022, 2023<sup>5</sup>

<b>Assisted Housing Facilities</b> <i>Includes Residential Care, Private Non-Medical Institutions, Waiver Group Homes, and Assisted Living</i>		
	<b>Number of Licensed Facilities</b>	<b>Bed Capacity</b>
May 2020	852	10,800
January 2022	1,154	11,528
December 2022	1,179	11,771
<b>December 2023</b>	<b>1,157</b>	<b>10,863</b>

Table 2. Occupancy Data for Residential Level IV Facilities, 2020, 2021, 2022, 2023<sup>6</sup>

<b>Residential Care Facility Level IV</b> <i>PNMI-C and Level IV Adult Family Care Homes</i>				
	<b>Total Number of Facilities</b>	<b>Total Number of Medicaid Beds</b>	<b>Total Number of Beds</b>	<b>% Occupancy</b>
November 2020	128	2,848	4,510	82.88%
November 2021	125	2,798	4,426	84.66%
November 2022	122	2,758	4,419	85.70%
<b>December 2023</b>	<b>119</b>	<b>2,815</b>	<b>4,534</b>	<b>72.72%</b>

Table 3. Capacity and Occupancy of Nursing Facilities in Maine, 2020, 2021, 2022, 2023

<b>Nursing Facilities</b>				
	<b>Total Number of Facilities</b>	<b>Total Number of Medicaid Beds</b>	<b>Number of Beds</b>	<b>% Occupancy</b>
November 2020	93	3,645	6,506	80.62%
November 2021	92	3,242	6,496	73.75%
October 2022	87	3,175	6,136	78.96%
<b>October 2023</b>	<b>83</b>	<b>3,166</b>	<b>6,125</b>	<b>76.73%</b>

<sup>5</sup> Data Source Maine DHHS

<sup>6</sup> Data Source Maine Minimum Data Set (MDS) 3.0 reports

## Home Care Capacity

Table 4. Capacity of Maine Home Care Programs, 2020, 2021, 2022 and 2023<sup>7</sup>

MaineCare Programs			
	Unduplicated Number of Members Served	Percentage of Members Receiving Less Than All of PSS and Nursing Hours	Waitlist
<b>Section 12 - Consumer Directed Attendant Services</b>			
November 2020	374	7%	0
November 2021	317	9%	
November 2022	323	6%	
December 2023*	325	7%	
<b>Section 19 - Home and Community Benefits for Elderly and Adults with Disabilities</b>			
November 2020	2,133	30%	0
November 2021	2,233	34%	
November 2022	2,339	33%	
December 2023*	2,686	50%	
<b>Section 96 - Private Duty Nursing and Personal Care Services</b>			
November 2020	2,672	44%	0
November 2021	2,735	48%	
November 2022	2,833	47%	
December 2023*	2,846	62%	
<i>*Reporting for Home Care Capacity shifted in 2023 from monthly to quarter reports</i>			

OADS State Funded Programs			
	Unduplicated Number of Members Served	Percentage of Members Receiving Less Than All of PSS and Nursing Hours	Waitlist
<b>Section 63 - In-Home and Community Support Services for Elderly and Other Adults</b>			
November 2020	962	45%	553
November 2021	677	44%	996
November 2022	768	53%	398
December 2023*	1,487	71%	0
<b>Section 69 - Independent Support Services Program</b>			
November 2020	1,669	16%	925
November 2021	1,518	20%	1425
November 2022	1430	20%	1269
November 2023	1407	17%	1312
<b>Chapter 11 - Consumer Directed Personal Assistance Services</b>			
November 2020	114	2%	88
November 2021	94	4%	121
November 2022	93	7%	0
<i>Effective October 1, 2023, Chapter 11 and Section 63 programs merged into a newly consolidated Section 63 program</i>			

<sup>7</sup> Data provided via reporting from Maine's Service Coordination Agencies: Alpha One, Catholic Charities of Maine and SeniorsPlus, LLC

## **Conclusion**

This report outlines key progress and activity by the Maine Department of Health and Human Services, the Maine Department of Labor, and other public and private entities to address the shortage of LTSS workers in Maine. The general labor shortage continues across all sectors and continues to impact the continuum of LTSS. The Department continues its work on multiple workforce initiatives and will maintain a strong focus on the LTSS workforce in the coming year.