

Good afternoon,

My name is Jillian Jolicoeur and I am the Chief Operations Officer at Assistance Plus. We are a for profit privately own

ed licensed and registered home health care, behavioral health and intellectual disability agency in Maine providing services to children, adolescents, adults and the elderly throughout the State excluding York, Aroostook and Washington counties. We have locations in Waterville, 2 in Benton, Wilton, and Brunswick. We service approximately 1,100 clients on a monthly basis and have 300 employees.

### **Services We Offer**

#### **Children's Behavioral Health and Developmental Disability**

- . Behavioral Health Home- Section 92 MaineCare
- . Targeted Case Management- Section 13 MaineCare
- . Outpatient Therapy- Section 65 MaineCare

#### **Adult Behavioral Health**

- . Behavioral Health Home- Section 92 MaineCare
- . Case Management- Section 17 MaineCare
- . Daily Living Support and Skills Development- Section 17 MaineCare
- . Outpatient Therapy- Section 65 MaineCare
- . WRAP Around Emergency funding- SAHMS Contract
- . We are now approved for A Substance Use Health Home- Section 93

#### **Adult Developmental Disability**

- . 1:1 Home and or Community Support- Section 21 & 29 MaineCare
- . Center-based community support- Section 21 & 29 MaineCare
- . Shared Living- Section 21 & 29 MaineCare

#### **Home Care for Children and Adults**

- . Personal Support and Certified Nursing Assistant- Section 19, 63, 96
- . Skilled Nursing- Section 19, 63, 96
- . Homemaker and Companionship- not MaineCare approved

#### **New hires**

In 2018, we hired 77 PSS and 23 DSP employees and termed 91 PSS and 27 DSP. Our turnover ratio was 64% for LTC and 78% for DSP. We staffed over 220,000 hours of PSS and DSP in 2018.

In 2019, we hired a total of 33 direct care workers. We termed 59. Reasons for leaving include:

- Taking a break from homecare x4
- Went back to school x4
- Lost funding for client (Family provider) x2
- No response – disappeared x5
- Moved away x 2
- New job x9
- No transportation
- Client termed staff (Family provider)
- No reason given x13
- Retiring
- Termed x3
- Medical x6
- Family issues
- Shared Living

In 2019,

- We have implemented 30 day follow up calls for new hires
- We offer exit interviews and stay interviews with the hopes of gathering useful data to help retention.
- This is also our second full year doing Employee Appreciation days.
- We have a full employee recognition committee.
- We track where employees are recruited from
- We recognize employees on their birthday as well as another designated day for the specific caregiver.
- We also offer employee surveys and feedback processes.
- Furthermore, we offer regular rising star awards and recognition gifts for 3 positive comments per direct care worker.
- We do regular monthly newsletters
- Recognition as well as Facebook posts
- Employee and client testimonials
- We pay \$1.00 more hourly for private pay clients.
- As well as increased pay on holidays and weekends.
- Mileage rate .30 mile. We drive on average approx. 800,000 miles per year
- Greater insurance policy prices are required for those staff transporting.
- We pay for employee referrals.
- We offer sign-on bonuses for hard to fill positions.

- Recruit New Americans and asylum seeking individuals to work in Maine
- Help keep our young Mainer's in Maine
- Require high school students to complete a direct care curriculum to graduate during summer
- Create a plan to attract older workers to work in direct care
- Marketing campaign to promote this type of work
- Better communication and collaboration with regulatory bodies

Jillian Jolicoeur COO

- We also offer cross-training
- Training are free for all employees, paid trainings
- We offer paid time off for all of our part- time employees. Field staff earn approximately a week a year of paid time off for a 40 hour/week position. This added cost was around \$160,000 and implemented in 2017.
- We also offer health insurance with a year look back
- We also pay employees a flat fee for a missed visit.
- We raised base pay and current wages for all DSP staff in 2018.
- We have a full time recruiter
- We increased supervisory efforts for all DSP's and PSS staff. PSS obtained raises only from minimum wage hikes. Many PSS staff remained capped due to low funding. We attempted to increase RN wages but are still waiting for a bill to pass for visit rates across all programming and billing out of home time.
- We have issues with maintaining train the trainers. We are working on this currently.
- We offer different internships
- Most employees have he flexibility of making their own schedule
- We are looking to add residential services to reduce turnover
- We employ family caregivers
- We work on many advisory committees to increase communication and knowledge about agency delivery of service concerns
- We offer mentor positions with quarterly stipends to provide peer to peer contact with front line workers
- We are adding skype to better reach staff only when funding allows
- We promote from within when able
- Our recruiter spends 50% of her time on direct recruiting
- We use various advertising techniques
- We allow overtime to meet the demands, new in 2019

### **Recommendations**

- Increase reimbursement rates
- Different level of care rates for acquuity levels
- Implement the Muskie Center Direct Service Worker Curriculum
- Allow college credits towards MHRT-c, nursing, case management
- Allow 10<sup>th</sup> grade education for DSP
- Curriculums and EVV in French
- Open up train the trainer for immigrant populations

# **Care Coordination is Essential to Serve Consumers, Control Cost and Ensure Quality to the Home and Community Based Long Term Care System**

## **Who is served:**

- SeniorsPlus serves an average of 4400 people each day in the home and community based care system.

## **Role of Care Coordination:**

Care Coordination is one of many services that work together to allow a consumer the choice to receive care at home, where care is less costly than institutionalization. Ensuring that care and services are coordinated and that only authorized services are delivered lowers overall cost and maintains quality in the in-home care system.

## **The trained and licensed care coordinator ensures that consumers who want to remain in their home get the right service, at the right place, and at the right time**

- Ensures plan of care is followed and provides choice of in-home service providers
- Offers choice and explanation of consumer-direction for personal care services and provides skills training and support
- Authorizes the service for in-home care providers to carry out
- Ensures consumers have access to and knowledge of resources to allow them to stay at home as safely as possible
- Develops an inventory of what informal resources the consumer has available to them (family, friends, faith, etc.)
- Continually assesses and monitors a consumer's needs and strengths; refers back for reassessment as necessary
- Assesses for other needs and makes appropriate referrals
- Connects to other case management system to avoid duplication, assures coordination and roles and responsibility clarification

## **The trained care coordinator monitors service delivery for quality and quantity of care**

- Maintains contact with the consumer regarding their overall services
- Receives and follows up on complaints from consumers regarding service delivery
- Continually problem-solves situations regarding provider; presents consumer with choices to avoid interruptions in service
- Reconnects consumers to services when they are being discharged from a hospital or other short term institutional stay
- Provides a support for consumer and family decision-making
- Works with Adult Protective Services when issues of abuse, neglect or exploitation arise

*From Betty Sawyer-Mantel*

- Files complaints with Office of Program Integrity as warranted

### **The trained care coordinator ensures that the person continues to qualify under state and federal program rules**

- Receives assessments/plans of care and implements it with the consumer.
- Ensures that the consumer continues to meet the financial criteria established for the various programs
- Ensures that program rules are accurately applied to bring in-home and care coordination services to the consumer (we operate under 3 different sets of regulations and consumers may move from one program to another)
- Ensures spending program caps are not exceeded
- Carries out the federally mandated assurances through the Medicaid waiver requirements

### **Care Coordination is Central to the LTSS System**

- Care coordination is a third party; independent of the assessment agency and the direct care agencies. It has no affiliation with a particular provider so is able to act as an independent advocate on behalf of the consumer
- The Care Coordinator assists a consumer or family in navigating the long term care system
- It ensures a check and balance for the system that addresses quality of service, quantity of service and the right service for each consumer
- It is the linkage and referral hub that connects consumers with information, choices, and services.
- It saves resources by ensuring that consumers get the correct amount of care in the community rather than being unnecessarily placed in institutions.
- Care coordinators are trained to know many program regulations in order to insure that a duplication of service is avoided.

## **SeniorsPlus Direct Care Worker Issues and Thoughts for Attraction and Retention**

- Reimbursement for mileage to and from client homes
- Training – all types ...dealing with difficult behaviors, mental health, substance abuse, dementia, safety, lifting and using equipment...
- Career pathways – perhaps certificates in some of the above could help with differentiating pay levels. The more certifications you have the more skilled you are, the more you get paid.
- Agency cell phones, especially with EVV requirement
- Benefits including paid time off, healthcare, etc
- Some base wage guarantee – no show rates for agencies so that workers can be paid.
- And of course livable wages



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Syntiro is a respected leader in building capacity, making change,  
and promoting equity and social justice.

**Mission**

Syntiro is committed to working for equity and social justice, access and opportunities that enhance and improve education and employment outcomes.

**About**

Syntiro works for equity in partnership with educators, state agencies, and community organizations seeking to acquire knowledge, embrace change, and increase effectiveness in education and employment. For over thirty years, our Maine-based nonprofit has been respected for its commitment to providing creative and innovative professional development and results-based services addressing critical issues facing Maine and the nation.



# In Maine....

- 36,137 Blind & Disabled SSI recipients
- 1,930 (5.3%) SSI recipients in ME are working
- 4,997 People with IDD in Day/Employment services
- 901 People who are receiving integrated employment services (inc. group placements)

- \$63,510,640 is spent for day/employment services in Maine
- 3,370,000 is spent on integrated employment services in Maine.

2015 SSI Annual Statistical Report: [www.statedata.info](http://www.statedata.info)



To: Anna Broome

From Don Harden

Re: Summary Notes from Workforce Commission Presentation of 9/26/19

### **Program Overview:**

- ISS (aka the State Homemaker Program) assists consumers needing physical assist with IADL's (housekeeping, laundry, grocery shopping/food preparation, non-medical personal assistance) to remain independent in the Home.
- Program is low cost, preventative; two hours average weekly.
- Provided in all 16 counties; 2169 consumers served in FY 2019
- Currently 8-10 % consumers on the rolls reported as unstaffed. Wait List to bring people onto services is also impacted by staffing.
- There are geographical differences in where staff vacancies and unstaffed consumers are located; greatest workforce challenges are in Southern Maine and track along the coastal counties into Hancock. Urban areas, Greater Bangor, Augusta-Waterville and Lewiston-Auburn are also becoming more challenging to staff.
- Number of applications & hires; most recently completed period processed 1,060 resumes to get 43 hires. *Evidence of the incredible opportunity costs of workforce recruitment; time spent on recruitment that formerly was devoted to consumers and worker supervision.*
- Turnover due primarily to (1) opportunity to take another job at higher pay, usually outside of LTSS (2) and "retirement"; in part aging out, in part personal reasons, in part medical reasons.

- ISS has a three-part human resource strategy to staff consumers; (1) CCM Agency direct care workers (47% of units provided); (2) Sub-contracted workers from private LTSS agencies (23%); (3) Self-direction (30%). (*Self-direct consumers find their own worker and direct their own care.*)
- One of our strategies to address the DCW shortage has been to grow SDC to 30% of our total service units.
- We're seeing a decrease in doing business with sub-contractors as their rate of reimbursement for PSS has increased, their costs of business are going up, and they struggle with the same recruitment & retention issues we are facing.

### **Current strategies being used to address the DCW shortage at ISS:**

- Increased rates of reimbursement for sub-contractors to improve our competitive positioning with the higher PSS rate.
- Increased wages for CCM homemakers:
  - Can't compete dollar for dollar with other parts of the economy for workforce
  - Just trying to compete with other DCW agencies and stay ahead of minimum wage.
  - Geographical wage differences; \$12.50 base pay in Southern Maine; \$11.00 in more rural areas where comparative wages are lower.
- Increased access for workers to part-time (20-29 hours a week) and full-time (30 or more hours) benefits based on increased work hours. We are finding in a world of high-deductible health care largely inaccessible to many of our workers cost wise that paid time off is serving as more of an incentive. Some cannot/will not increase workhours due to putting in jeopardy essential entitlements.
- Incentivizing workers through one-time cash stipends for (1) increased production targets; (2) agreeing to serve difficult to staff consumers on the unstaffed list; (3) personal referrals that result in DCW hires.

- ISS is seeing the need to increasingly provide “contingency funds and supports” to workers to address their own life issues/poverty. E.g. assistance with car repair and supplemental car insurance; personal needs due to emergencies.
- Some workers are becoming increasingly difficult to recruit and retain because of the technological divide. I.e. they live off the grid in terms of connectivity and due to their own poverty can’t purchase IT equipment necessary to operate in what is becoming increasingly higher-tech. We are spending more time navigating this technological divide with workers and assisting them.
- Increased use of worker team meetings to provide morale boosts, training; feedback on the impact of the service, personal testimonials from satisfied, grateful consumers.
- Expansion of the Self-Direct Care Option
  - Increased wages for SDC Workers, on par with agency workers.
  - Increased support in from program staff to help SDC consumers find a SD worker.
- With recruitment more aggressively and creatively marketing the non-pay benefits of working in ISS at CCM; the importance and meaningfulness of the work; the mission of our agency; the opportunity for pathways to other jobs at CCM.
- Program staff continue to be active at Career Center Job Fairs and other Recruitment but is trying out more targeted recruitment events such as going to Catholic Parishes and inviting parishioners to be part of the solution by agreeing to work part time, be a SDC worker or volunteer.

**Thoughts on what we could be doing more of:**

- Pipeline is critical; this is about workforce quantity, a workforce gap based on the imbalance between less workers entering the workforce than those aging out, a one to two-decade problem. We need to have a higher awareness marketing campaign from State Leadership about aging,

workforce issues in the State of Maine, and the opportunity for Mainers to be part of the solution by staying in or returning to the workforce.

- Because it's about workforce quantity we need to be laser focused on where in the demographic the greatest opportunities for recruitment & retention are. For the immediate term the mature/older worker is the demographic cohort we could be getting more gain from. Employers need to be sensitized and educated about the business case for older workers and applying best practices.
- The 2013 MDF/Chamber Report identified demographic groups that could be focused on to address the workforce quantity issue. What are the action plans from DOL/State Workforce Board for all these buckets of opportunity?
- What can the LTC industry do together in the way of co-opetition (cooperative competition) to recruit, market our job opportunities and pool staffing. This would include a high-level marketing campaign about the opportunities and meaningfulness of working with our aging population. The LTC industry could host more targeted recruitment events.
- PHI says 51% of LTSS workers are on entitlements; at ISS we experience workers who are constrained in how much they can earn and more importantly how many hours they can work. A question for the Commission is can we leverage any flexibility in those programs to access this potential pool of hours.
- Rates of reimbursement do need to keep pace with changing market forces, continually benchmarked and examined across the DCW continuum so we don't create inequities and workforce shortages in one area through addressing one part of the continuum. There needs to be a commitment to ongoing rate methodology review and potential for rate increases as costs of business go up.
- In some programs there was decades back differential rates for the more challenging service provision situations. Differential rates would enable a provider to provide higher compensation to those workers dealing with

more challenging situations, often an issue with worker retention and understaffed consumers.