

WHAT DOES IT MEAN

to care?

Now 103, Waterville woman reflects on life, family

BY RICH ABRAHAMSON
Staff Photographer

Editor's Note: This is the first in an occasional series of photo columns on "Care."

What does it mean to care?

Some people simply do not care.

Others care deeply. Sacrificially. They will give you the shirt off their backs or their last dollar. Sometimes a hot meal and a warm, soft place to lay your head.

Ask 103-year-old Estelle Routhier, of Waterville, "What does it mean to care?"

In a thick French accent and with help from daughter Shirley, to translate, Estelle will narrate an adventure that began in Saint-Côme, Quebec, Canada, in October 1916. It eventually led her

to a small Waterville house, just off a quiet, two-lane dirt road known as the Oakland Road.

On Oct. 3, the 103rd anniversary of Estelle's birth, the house was still the place where memories are made, and where chocolate cake, trimmed in vanilla frosting, was served. This time with three glowing candles reading "103."

In three puffs, they were out. The cake was sliced and passed around and all the pieces came with generous helpings of care and love.

'I LOVE PEOPLE'

"This lady, she's like part of the family now," said Estelle's son Ralph, while pointing to certified nursing assistant Barbara Kowalik.

Kowalik responded with a soft, "Thank you."

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Morning Sentinel photos by Rich Abrahamson

Top: Estelle Routhier, 103, blows the candles out on her 103rd birthday cake during a party at her Waterville home Oct. 3.

Above: Estelle Routhier, 103, center, and her children, from left: Ralph Routhier, 75, Patrick Routhier, 69, Ray Routhier, 66, and Shirley Huard, 62, come together as they prepare to celebrate Estelle's birthday.

 I love people. I love taking care of them. It makes me happy and gives me good feeling. I love doing this."

BARBARA KOWALIK
CERTIFIED NURSING ASSISTANT

"I've got to do this for you," said Barbara, as she leaned into Estelle's ear. The shift began with hair care, a manicure and food



Morning Sentinel photo by Rich Abrahamson

Estelle Routhier, 103, looks toward Kennedy Memorial Drive while standing on her porch at her Waterville home Oct. 9. Routhier moved to the house in 1956 when the road was a two-lane dirt path called the Oakland Road.

Caring

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preparation.

Very simple words are important to their communication. Kowalik is Polish and Estelle is French.

"I love people. I love taking care of them," Kowalik said. "It makes me happy and gives me good feeling. I love doing this."

Kowalik has seen a lot through the eyes of the woman for whom she cares.

Before Estelle's memory began to fail, she talked about her life, where she grew up, her family and siblings. She remembered the children she cared for and baby-sat for.

Kowalik and Estelle looked at photos together and talked about travel. She liked to joke, have a glass of wine with her meal, socialize and watch television, according to Kowalik. Estelle loved to read, especially French books, poetry and love stories.

At 103, Estelle's day begins with the newspaper. She reads the obituaries, scanning the names and faces for people she knew. She saves the police report for the end.

THE EARLY DAYS

Estelle got her start in St. Come, Canada. It was a good place. Her family was warm and well fed. The house was clean and well kept.

Being the oldest of 14 children came with responsibility and like other children, Estelle grew up fast. She remembers changing and washing lots of diapers.

In 1926, the family home and much of their small village went up in smoke. The community reeled. The



Morning Sentinel photo by Rich Abrahamson

Estelle Routhier reads a birthday letter written in French as she celebrates her birthday with her niece, Danielle, left, of St. Come, Canada, during a family gathering to celebrate her 103rd birthday at the family home in Waterville on Oct. 3. Pictured at the right is Estelle's son, Ray.

children, including Estelle, were spread out among the town's people, said Estelle's son Ralph, 75.

The elders, including Estelle's father, began to rebuild after the fire.

Her dad's skills as a carpenter were well suited to the town's recovery. On the other side of hard times, the family was reunited and carried on.

Estelle worked alongside her dad in the daily operation of the family's funeral home.

"He was a carpenter," Estelle said.

He would build caskets while serving the needs of families dealing with the deaths of loved ones.

Estelle, then a teenager, would cut and style the hair of the decedents. She understood her role, but admits she preferred working with the living. Later in life, she was a professional hairdresser.

TRACING HER STEPS

In 1958, the Oakland Road in Waterville was a quiet street on which to raise a family. It was a two-lane dirt road with a horse farm

and country store across the street from the Routhiers' house.

Later, it was renamed Kennedy Memorial Drive. Then, the town and many businesses began to cover the hills and fill in grassy areas around the Routhier's small home.

Estelle and husband, Philip, paid \$5,500 for the place, according to son Ralph. The family shared an \$8-a-month Waterville apartment before that.

They raised their four kids at the house, picked night crawlers from the front yard for fishermen, hosted numerous garage sales and made countless memories.

Rich Abrahamson is a staff photographer for the Morning Sentinel.

RECOMMENDATIONS

To address immediate needs

1. Increase reimbursement rates immediately to: a) stabilize seriously underfunded programs; b) attract new workers to staff unfilled hours; and c) stem the exodus of existing staff
2. Fund the following legislative mandates to avert the need for the same to be paid for from DCW wages and benefits
 - a. Earned Time Off as mandated by recently passed legislation
 - b. Recent and upcoming minimum wage increases
 - c. Electronic Visit Verification
 - d. Revalidation bonds
 - e. Fingerprinting

To address ongoing, systemic needs

3. Establish a mechanism to fund Long Term Care services by regularly setting rates based on verified, reliable data, including provider feedback and market-based costs
4. Implement higher reimbursement rates for more difficult/high needs cases to fund training and attract workers and providers
5. Increase reimbursement for special cases, and allow more than one worker at a time to provide care to morbidly obese patients to prevent worker injury, control worker compensation costs and assure access to services for consumers.

The amount required to fund Sections 19, 96, 63, and Chapter 11 to needed levels, based on SFY19 units for PSS, CNA, LPN, and RN, including coverage of unfilled hours, is estimated at **\$9,088,479**.

Note this amount does not include any other disciplines, such as Homemaker, DSP, etc.

	Provider A	Provider B	Provider C	Provider D
1. Please describe in general categories your current cost for providing PSS services. You may use either percentages that total 100% or per hour amounts that total the current PSS rate of \$20.52/hour. Categories would include Direct labor, Mileage & travel, Overhead & administration, or other categories as you see fit.	<ul style="list-style-type: none"> • Direct Labor & Related: 79% • Travel: 3% • Overhead: 18% 	<ul style="list-style-type: none"> • Direct Services & related: 75.7% • Mileage & travel: 2.0% • Overhead & operating: 22.3% <p><i>Note: The worker shortage has caused all agencies' admin % to increase as revenues have dropped. The inability to hire causes sales to drop while many fixed overhead costs remain the same or increase (rents, utilities, recruiting costs, EVV).</i></p>	<ul style="list-style-type: none"> • Direct Labor: 59.7% • Benefits (includes all taxes, workers comp, health insurance): 37.6% Subtotal Direct Labor & Benefits: 97.3% • Mileage/Travel: 2.7% • Overhead/Administration: We are at a deficit with this category which reflects a negative impact on our monthly financials 	<p>The current cost for providing PSS services is \$22.27 per hour.</p> <ul style="list-style-type: none"> • Of that cost, \$15.45 per hour is allocated to DCW wages, taxes, travel, training, PTO, etc. (69.4%) • An additional \$3.72 is allocated to direct service costs supporting service delivery scheduling, quality, compliance, data capture, etc. (16.7%) • With the remaining \$3.10 for indirect expenses. (13.9%)
2. Please describe unreimbursed costs you have absorbed to date, such as background check increases, minimum wage increases, revalidation bonds, or other items. Please include both the items and their amounts if possible.	<ul style="list-style-type: none"> • Background check increases: \$23,520 • Minimum wage increases: \$443,008 • EVV systems & implementation: \$97,928 • New recruitment program: \$52,500 • Revalidation bond: \$6,130 • Supervision costs: \$4,880 	<ul style="list-style-type: none"> • Background checks: \$35/hire (increase from \$21 to \$56) or over \$16,000 annually • Revalidation bond: \$11,000 annually • Minimum wage increases (2017, 2018, 2019): \$3.36/hour (incl. PR taxes & work comp), totaling over \$1.3 million to date • PSS Supervision: \$40,000 annually 	<ul style="list-style-type: none"> • Background Check increases: \$.03 per hour • Minimum Wage increases: \$1.1 million estimated cost with mandated tiered increase to minimum wage. • PSS Supervision (one-on-one): \$.11 per hour (\$48K annually) • ACA Mandated Health Insurance: \$5.86 per hour • Travel Time is increasing because of lack of staff and our commitment to serve consumers, we have had to allow our staff to travel greater distance and incur overtime costs because of increased travel time resulting in more than a 40 hour work week. 	<p>Along with what you have already mentioned:</p> <ul style="list-style-type: none"> • PSS travel time between clients • PSS mileage reimbursement for travel on behalf of a client • PSS paid time off
3. Please describe any anticipated significant future costs such as future minimum wage increases, EVV, Earned Time Off, fingerprinting, etc. Please include both the items and their amounts if possible.	<ul style="list-style-type: none"> • 2020 minimum wage increase: \$169,002 • EVV systems & implementation: \$25,000 • Fingerprinting costs: \$10,350 • Earned time off adjustment: \$5,679 • Revalidation bond annually: \$7,000 • Future MBCC checks/CPS: \$3,920 • NEW PSS Curriculum: \$25,000 	<ul style="list-style-type: none"> • Electronic Visit Verification (software & training): \$70-\$80K • Coming minimum wage increase (2020): \$1.12/hour (incl. PR tax & work comp), approximately \$896,000 and growing • Coming Earned Time Off (2021): 1 hour per 40 worked = over \$250,000 annually • Fingerprinting requirement (current employees): estimated at \$16,000 • Fingerprinting requirement (new hires): estimated at \$9,000 annually 	<ul style="list-style-type: none"> • EVV: \$.33 per hour, \$139K annually • Minimum wage mandated increase over last 3 years estimated cost \$1.1 Million, at the same time our labor costs are increasing and number of applicants has decreased at a higher rate which then results in fewer hours of care being delivered. In 2021 and beyond, we will be faced with minimum wage increases per the CPI index which will continue to increase annually. • Earned Time Off: \$121,000 annually • Fingerprinting (current 350 employees): \$9,100 • Fingerprint of all new hires (based on 200 new hires): \$5,200 annually 	<p>None other than what you describe.</p> <ul style="list-style-type: none"> • EVV: Cost not finalized • PTO: Anticipated \$60K per year at current staffing levels

	Provider A	Provider B	Provider C	Provider D
4. Approximately how many workers do you employ across all disciplines addressed by the Commission's work? (PSS, CNA, HHA, LPN, RN, DSP, or similar)	We currently employ 180 workers in all disciplines combined: PSS- 125; RN 10 CNA-0; HHA- 0 ;LPN-1 ; DSP 44	Of a total staff of around 400, roughly 75%, or 300 are these positions.	350 PSS	175 - 160 PSS, 15 DSP
5. Approximately how many openings do you have, collectively, for the positions listed above?	•We have approximately 50 job openings for PSS. We have 3 RN openings.	We could use over 100 folks easily in these positions across the state.	50	To fill current scheduled hours, approximately 30 PSS. We are also in need of several DSP.
6. Approximately how many additional hours could you staff each week if staff were available?	If each PSS worked an estimated 30 hours per week, that is an additional 1,500 hours we could staff each week. Total of 6,000 hours monthly or 72,000 hours per year. If each RN saw 30 clients per week, that's an additional 90 hours a week or 360 hours per month or 4,320 hours per year.	We would be able to staff an additional 2000 hours or more.	500 to 750	We had approximately 3000 unstaffed hours in October. If staff were available, we have the infrastructure to handle thousands more.
7. Please describe briefly what you have done to recruit or retain staff in the last 24 months, including any unusual or special measures or benefits you have added.	<p><u>Recruitment:</u> Most importantly, 2019 we hired an employee full-time dedicated to recruitment and retention. The recruiter's main role is to provide public awareness and attend regular job fairs throughout our service area.</p> <ul style="list-style-type: none"> • Improve hiring practices for efficiency & effectiveness • Use social media & other forms of recruiting tactics • Network and create community relationships at social events <p><u>Retention:</u></p> <ul style="list-style-type: none"> • Rising Star Program- acknowledgment from coworkers on job well done results in a gift & certificate with an article in the company newsletter and promoted via FB and with name posted on digital sign and Rising Star wall in the admin building • Employee Appreciation Day- each position has its own day where the employees supervisor meet with each of them and awards a gift that changes yearly • Conduct stay interviews, exit interviews and conduct routine salary study of all positions • Employee testimonials to be used on company website and at recruiting events • Send birthday e-cards, acknowledge employee company anniversary • Flexible hours, approval of time off process more flexibility • Assign a mentor/coach to all new hires • Onboarding process streamlined • Supervisors provide timely feedback and respond timely when employee calls with questions. 	<ul style="list-style-type: none"> • Increased staff referral bonuses • Enhanced benefits offerings • Raised wages • Expanded recruiting activities • Conducted stay interviews • Increased sign-on bonuses for some positions • Much more ... 	<ul style="list-style-type: none"> • Hired a dedicated recruiter to Administrative team • Referral bonus (\$200) • Current Worker Hours available Surveys • More frequent employee satisfaction communication • Monthly Supervision phone calls by Staffing Coordinators • Years of Service Longevity awards • Christmas gift card • Meet & greet sessions across the State • Paid training for PSS course • Telephone or written appreciation feedback from HCM when consumers and referral sources tell us about good workers. 	We have developed incentive programs, added benefits like paid time off (rollout 1/1/20), sign on bonuses in areas of serious need.

	Provider A	Provider B	Provider C	Provider D
<p>8. Please provide any additional information you would like to share with the commission regarding rates, recruiting, the difficulty of hiring or retaining workers, or any other comments.</p>	<p>Provider A <u>Current Issues:</u></p> <ul style="list-style-type: none"> • Candidates need full time or a guarantee number of hours so they can maintain benefits and pay their living expenses • Reimbursement mileage rate is too low compared to what the state and federal pay (cost of maintenance/insurance and we require a reliable vehicle to prevent call outs) • No company cell phone or stipend for using personal but yet one required • Cost of onboarding staff to allow enough time to train them and build a relationship which in turn builds trust/commitment/pride in work and then retention • Having staff pay for own uniforms and cleats when they are part-time and making minimum wage • 30% of cost for health coverage for full time and part time • Staff we hire must be trust worthy • Present knowledgeable and confident with an appreciation of boundaries and a strong work ethic; our clients and their families trust we will only send them top notch staff as they are so vulnerable • We hire a staff-spend money for the background, start the training and they resign saying it isn't for them. This results in the clients we opened for that staff member requires finding back up staff or discharge them. The client goes back on the waiting list with unmet need. • With society in a state of seeing an increase in burglaries, theft, break-ins, drug use, school shootings, Assistance Plus must be able to hire staff that demonstrates our values and what we advocate for (mission, vision and values). • To provide the services we do to our community members, it takes a special kind of person. One that is comfortable going into a strangers home and providing care that can at times be very personal, and mostly, trusts us to only send them into homes that are safe. • Rural areas results in a longer distance between clients, more time on road less clients being served. • If client cancels, that employee loses work time and pay. • Shortage of staffing doesn't allow backup coverage for the current staff in the event of illness, vacation, family issues. • Administrative staff burn out easily due to the demands of the clients' needs and lack of backup staff. • The domino effect is that it results in office staff resigning due to constant training of field staff, funds are not there for cost of living raises and or frozen merits, and ongoing training opportunities. <p>Some of our most vulnerable clients are Medicaid clients and cannot afford to look elsewhere for in-home care. Without the homecare option, many frail and elderly clients will be hospitalized and diverted to assisted living or nursing home settings.</p> <ul style="list-style-type: none"> • Unfortunately, there are long waiting lists due to the inability of home care agencies to attract and keep PSS staff because of noncompetitive wages. • With the increase in minimum wage from \$7.50 to \$11/hour over the past couple of years, most agencies have no choice but to look toward other payer sources such as VA, private insurances and private pay where the reimbursement margin is not as slim • Medicaid clients will eventually fall to the wayside. Where does this leave the 2200 Medicaid clients on the waiting list for in home services? Unable to care for themselves safely in the home. 	<p>Provider B Sections 19, 96, 63 and 69 are unsustainable without a significant rate increase, and a long term solution to stabilize these services. We've been told that the Department does not favor the term 'unfunded mandate', yet when obligations are legislatively forced on providers without offsetting reimbursement, it ends up being the workers who pay in the end through lower wages. This is an unintended consequence that both state and federal legislators should understand.</p>	<p>Provider C</p> <ul style="list-style-type: none"> • Develop a way attract workers to the PSS career and create an incentive for a career path in PSS work similar to a CNA's projected career path to a Nurse; ie. tiered system for a PSS Level I, II, III. Once a worker reached a certain PSS level, allow them to train other PSS workers. Start career education early, work with vocational education programs and community colleges similar to the CNA career path. Incentivize someone to not only get into the field but stay in the field to retain and provide a more stable workforce with a career path and training incentives. For example, core course work around dementia would reflect an incentive rate increase. • Higher reimbursement rates for the following: <ul style="list-style-type: none"> o For the more difficult cases or have the monies to provide additional training such as PSS tiered levels, so we can staff more high needs cases. o Allowance of more than one worker at a time to provide care to morbidly obese consumers to prevent worker injury and not increase worker compensation costs and assure access to services for consumer. • Mandated minimum wage increase over last 3 years which has resulted in an estimated cost of \$1.1 Million, at the same time the increase has occurred, our labor costs have increased, number of applicants has decreased at a higher rate which then results in fewer hours of care being delivered. • To be able to pay our workers more and offer benefits and provide a career path will help to attract and retain workers. With an increase to minimum wage and other mandated changes we are unable to provide a higher wage and benefits, therefore difficult to compete for top talent; an increase to the reimbursement rate should be considered every time a state mandated change is implemented to reflect operational costs. Historically, a company paid a higher wage for a more experienced employee in the field. Now, with the increase to the minimum wage, we are competing with all other companies for inexperienced labor, there is no incentive for someone to get into PSS career which requires more skill and hands on work than, for example retail/fast food. • The State needs to give as much attention to the PSS worker shortage as it has for the CNA, RN shortage, but we need to show the rewarding work the PSS worker does for all the consumers day in and day out, the stories that save the lives of the consumers, the care the PSS provides allows the consumer their dignity, respect and independence in daily living before being faced with having to move care at a facility. • Across the state system there has to be a PR campaign to demonstrate value of DCW, including DOL, Licensing and DHHS. Emphasizing the important role they play as part of the health care team. 	

Showing locations in the
Maine of ME
in alphabetical order

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	Wednesday 11/20/2019	Thursday 11/21/2019	Friday 11/22/2019	Saturday 11/23/2019	Sunday 11/24/2019	Monday 11/25/2019	Tuesday 11/26/2019
<p>Augusta - Community Dr IdentoGO 5 Community Dr Unit L106 Augusta, ME 04330</p> <p>Directions</p>	Click to Schedule	Closed	Closed	Closed	Closed	Click to Schedule	Click to Schedule
<p>Augusta - Riverside Dr Albison's Printing 124 Riverside Dr Augusta, ME 04330</p> <p>Directions</p>	Closed	Closed	Closed	Closed	Closed	Closed	Closed
<p>Belfast - High St Belfast Free Library 106 High St Belfast, ME 04915</p> <p>Directions</p>	Closed	Closed	Closed	Closed	Closed	Closed	Closed
<p>Brewer - Center St Brewer School Department 281 Center St Brewer, ME 04412</p> <p>Directions</p>	Click to Schedule	Click to Schedule	Closed	Closed	Closed	Closed	Click to Schedule
<p>Farmington- South St University of Maine - Technology Center 117 South St Farmington, ME 04938</p> <p>Directions</p>	Closed	Closed	Closed	Closed	Closed	Closed	Closed
<p>Lisbon- Lisbon Rd Ace Detective and Security Agency 72 Lisbon Rd Lisbon, ME 04250</p> <p>Directions</p>	Closed	Closed	Closed	Closed	Closed	Click to Schedule	Click to Schedule
<p>Machias- O'Brien Ave University of Maine at Machias Torrey Hall RM 229F 116 O'Brien Ave Machias, ME 04854</p> <p>Directions</p>	Click to Schedule	Closed	Closed	Closed	Closed	Closed	Closed
<p>Portland - Lancaster St IdentoGO 175 Lancaster St Ste 213 Portland, ME 04101</p> <p>Directions</p>	Click to Schedule	Click to Schedule	Click to Schedule	Closed	Closed	Closed	Click to Schedule
<p>Presque Isle- 2nd St Mark and Emily Turner Memorial Library 39 2nd St Presque Isle, ME 04789</p> <p>Directions</p>	Click to Schedule	Closed	Closed	Click to Schedule	Closed	Click to Schedule	Click to Schedule
<p>Springvale- Bradeen St Sanford Community Adult Education 21 Bradeen St Ste 201 Springvale, ME 04083</p> <p>Directions</p>	Click to Schedule	Click to Schedule	Click to Schedule	Closed	Closed	Click to Schedule	Click to Schedule
<p>Winslow- Benton St Winslow Elementary School 285 Benton Ave Rm 177 Winslow, ME 04901</p> <p>Directions</p>	Closed	Closed	Closed	Click to Schedule	Closed	Closed	Closed