



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

**First Annual Report Pursuant to
PL 2021, Ch. 398, Section AAAA-7**

February 1, 2022

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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 labor costs accounted for in 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 first report in collaboration with its partners at the Maine Department of Labor and Maine Department of Education.

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 2020 Long-term Care (LTC) Workforce Report, as well as other related activities. This section is organized by topic as they appear in the 2020 report.

Reimbursement

Since the Commission's report was issued, the Department of Health and Human Services (DHHS) has taken several steps to support higher wages for direct support workers (DSWs) through rate increases and supplemental payments in MaineCare and State-funded programs:

- In response to the pandemic, DHHS accelerated rate increases for personal support specialists, attendant care services and related home and community-based services, making them effective April 1, 2020. They had been scheduled for July 1, 2020. This included MaineCare and State-funded services;
- Also, in response to the pandemic, the Department implemented temporary rate increases to HCBS, residential care and nursing facility providers for extra costs associated with COVID-19. Facilities experiencing COVID outbreaks have been able to access these increased rates to support them in times when they have been experiencing an outbreak as defined and tracked by the Maine CDC;
- In September 2021, DHHS shared its draft schedule for implementing the rate investments associated with the first phase of the MaineCare Rate System Reform, “a strategy to improve members health and program sustainability by comprehensively evaluating rates and promoting high value services.”¹ As part of its Rate System Reform, DHHS has proposed legislation (LD 1867²) for consideration during the Second Regular Session of the 130th Legislature that would codify the structure and process for establishing and updating rates for MaineCare services that are consistent with economy, efficiency, and quality of care, as well as being equitable and data-driven. As part of this work, LD 1867 would establish a Technical Advisory Panel to contribute its subject matter expertise to the rate setting process;
- In September 2021, the Mills Administration announced supplemental COVID payments for nursing facilities, residential care facilities, and adult family care homes to help address workforce issues by retaining current staff or hiring new vaccinated staff;
- Part AAAA of the recently enacted budget (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% of minimum wage.³ Rate finalization is in process and the new rates will be retroactive to January 1, 2022 for services scheduled under Part AAAA for rate adjustments as of that date. Supplemental monthly “ramp” payments are planned for other services where rate studies are needed to ensure appropriate adjustments to meet the 125% requirement. Rate adjustment for these latter services

¹ <https://www.maine.gov/dhhs/blog/dhhs-announces-mainecare-rate-system-improvements-2021-09-30>

² <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP1377&item=1&snum=130>

³ https://legislature.maine.gov/legis/bills/display_ps.asp?PID=1456&snum=130&paper=&paperId=1&ld=1573

will take effect January 1, 2023. DHHS is also increasing its planned cost of living adjustment (COLA) to match higher than anticipated inflation rates this past year, and accelerating the COLA that had been planned for July 1, 2022 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. These rate adjustments are subject to CMS approval and rulemaking. The portion of these rate adjustments associated with the increase and acceleration of the COLA and with additional amounts necessary, beyond appropriations from the biennial budget, to ensure that labor components equal at least 125% of minimum wage are subject to legislative approval;

- In addition to Part AAAA, Nursing Facilities and Residential Care Facilities (Private Non-Medical Institution Appendix C) will receive an additional supplemental wage add-on to their rates from January 1, 2022 to June 30, 2022. This add-on is subject to legislative approval; and
- In response to the current healthcare worker challenges exacerbated by the COVID-19 pandemic, DHHS submitted a proposal as part of the federal funding opportunity through the Centers for Medicaid and Medicare Services, to provide up to \$126 million in retention and bonus payments for new and existing direct support workers and their supervisors across several MaineCare sections of policy.⁴ Registration for the initiative was open for three weeks in late November and early December, with payments planned in the first quarter of CY 2022.

Workforce Recruitment and Retention

In addition to the wage and bonus payments, the Department of Health and Human Services (DHHS) has worked closely with the Department of Labor (DOL), the Finance Authority of Maine (FAME) and key stakeholders to support increased healthcare workforce recruitment and retention efforts:

- DOL is leading the first of a three-phased 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 and Recovery Program (MJRP) DOL has retained a marketing agency for this phase of the work. Stakeholders, including 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 and the Home Care & Hospice Alliance of Maine, have provided input on key messaging and assisted DOL with reaching other stakeholders through surveys and other methods to increase our understanding of motivations, barriers, and aspirations of current and potential direct care and support workers. Media from this campaign, a website launch with worker testimonials and worker recruitment events are all slated for this year;
- DHHS will lead further media campaigns targeted to workers interested in behavioral health, aging, intellectual disability, brain injury and physical disability to follow and compliment the DOL campaign when federal HCBS enhanced funding becomes available through Section 9817 of the federal American Rescue Plan Act;
- All of the media campaigns are being informed by work done in Fall 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

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

care to learn more about their jobs, why they do them and what would make them better. The results from these discussions will also be used to plan improvements in workplace culture. The workers who participated in discussion groups are also providing some initial members for an LTSS Worker Advisory Council which will bring the workers' voices into several workforce development initiatives;

- DOL has also conducted targeted health and LTSS job fairs which will be further developed in conjunction with the 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;
- With funding from the Governor's Maine Jobs and Recovery Program (MJRP), the Finance Authority of Maine (FAME) is administering 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 to enable the Maine Health Care Provider Loan Repayment Pilot Program to make loan repayments to 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;
- In order to support recruitment efforts for non-English speaking Mainers, DHHS is currently working 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; and
- In 2021, DHHS created the on-line DHHS Recruitment and Retention Toolkit.⁵ Prior to the launch of the toolkit, informational sessions were held with providers of health care, behavioral health and long-term services and supports where they provided valuable feedback and questions that assisted in the first iteration of this active resource directory. In addition to staff recruitment and retention resources, providers are referred to this site for relevant information such as available regulatory flexibilities, MaineCare reimbursement updates, non-profit grant opportunities and federal financial support.

Workforce Development

DHHS, DOL and DOE are collaborating on a number of workforce development initiatives:

- Utilizing a combination of Maine Jobs and Recovery Program (MJRP) funds and a federal grant, DOL is actively expanding healthcare pre-apprenticeship and apprenticeship programs for the sector at large, with an emphasis on increasing representation within apprenticeship programs among communities disproportionately impacted by the pandemic. DOL has been working with DHHS, as well as the Maine community college system and the Department of Education's (DOE) Career and Technical Education team. Current apprenticeship sponsors include Northern Light Health and Maine General Health. The MJRP and federal grant funds allow for expansion of healthcare pre-apprenticeship and apprenticeship programs via grant funding to interested employers, industry associations, labor unions, education and training providers, and community-based organizations;
- DHHS is engaged with the University of Maine System and Community College System to align learning standards with provider needs. One pilot at the University of Maine at Fort Kent will enable 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

⁵ <https://www.maine.gov/dhhs/recruitment-and-retention-toolkit>

(CRMA) in year 3 as they work on their nursing degrees. This will allow nursing students to engage in paid work in different capacities along the continuum as they move through their degree program;

- As part of the COVID-19 response, the University of Maine System 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 are sent directly through the Maine Responds system. Permanent and longer-term needs are sent to the Career Services offices across the Community College and University of Maine Systems. The process to connect with students is outlined in the DHHS Recruitment and Retention Toolkit; and
- Supported by Maine Jobs and Recovery Plan funding, DOL is hiring for two full-time healthcare career navigator positions that will be based within local Career Centers to assist individuals interested in healthcare careers get connected to training and job opportunities. These positions will 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.

Qualifications and Training

Qualifications for doing direct care and support work vary by program and group served. DHHS and DOL are engaging stakeholders 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 Departments are also exploring methods to make available training easily found by seekers, so training access does not pose a barrier to job seekers.

- In October 2021, DOL and DHHS released an online survey to assess current healthcare and training needs to key healthcare associations, including those representing hospitals, home health, behavioral health, outpatient services, dental services, LTSS, and skilled nursing facilities. The survey results identify key training and recruitment gaps by provider type as well as barriers to training and assistance.⁶ In addition, this document outlines the activities that DOL, DHHS and others are engaged in to address training and recruitment needs;
- DOL and DHHS are working closely with adult education (DOE), MCCA and UMS partners to coordinate a centralized approach to healthcare training opportunities and training funding. The funding will be a combination for ~\$7 million in tuition remission funding from Maine Jobs and Recovery Plan as well as MCCA funding. The target will be focused on working with employers to connect incumbent health care workers in entry level jobs with training funding to support attaining certifications/credentials to move up the career ladder—supporting retention and advancing 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—that are particularly relevant to the direct care workforce; and
- DHHS has launched the Worker Portability and Advancement initiative, which seeks to create a base credential usable by individuals in at least two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP), with consideration also being given to Mental Health and Rehabilitation Technician I. The base credential would enable a direct care and support worker to perform entry-level work across multiple groups of people, and to pursue

⁶ Maine Dept. of Labor, and Maine Dept. of Health and Human Services (2021). *Healthcare Recruitment and Training Needs: Key Findings from 2021 Survey*

additional expertise to advance in the field. This work builds on a project funded by the federal Health Resources and Services Administration from 2012 to 2015 that was not implemented.

Expanding Existing Support Systems

Over the past year, DHHS has made modifications to policy, where allowable by law, that enhance the opportunity of family members to become paid caregivers.

- DHHS has successfully completed a MaineCare Section 19 Home and Community-based waiver amendment to allow, in some circumstances, a spouse to be a paid caregiver for a member.⁷ The waiver amendment has been approved by the Centers for Medicaid and Medicare Services (CMS) and OADS/OMS is currently in the rulemaking process; and
- As part of its response to COVID-19, DHHS added emergency provisions to its HCBS waiver programs to allow family members, spouses and guardians to be paid by agencies to provide services to their family members. The Department is assessing how those provisions have worked and whether or not to make them permanent in future waiver amendments or renewals submitted to CMS.

Consumer Directed Services

DHHS has long had consumer-directed options in its programs for older adults and individuals with physical disabilities and those options have been growing in popularity. The Department is now working to expand self-directed options to other groups.

- The Department convened a work group to determine how to expand participant self-direction/Consumer Directed Options to individuals with developmental disabilities or autism based upon recommendations from stakeholders convened by the Maine Developmental Disabilities Council. The work group drafted recommendations for a model of self-direction for select services for the HCBS Waivers;
- Self-direction has been extended on an emergency basis during the pandemic to participants of Section 18 (Brain Injury Waiver) and 20 (Other Related Conditions Waiver); and
- DHHS has submitted a temporary modification to the MaineCare Benefits manual Section 29 services (Supportive Services for Individuals with Intellectual Disabilities waiver) to add self-direction as a service delivery model for select services. This is an interim measure to expand self-direction while the model for intellectual disability is being refined.

Pooling and Connecting Workers

Pooling and connecting workers may have potential to increase staffing efficiency in the system while also increasing the number of workers with benefits, but preliminary exploration has not generated much interest at the provider level, which is where this would need to operate in order to be effective.

- Early in pandemic, in response to outbreak-related staff shortages, the Department asked provider associations to encourage staff sharing among their members. The associations did not believe

⁷ <https://content.govdelivery.com/accounts/MEHHS/bulletins/26aed8c>

this approach would deliver value due to the considerable effort that would be needed to design and operate such a system. They also cited competition among members as a barrier to sharing staff; and

- To help address critical staffing shortages within skilled nursing facilities and other LTSS, DHHS worked with ADvancing States to pilot a candidate matching platform called Connect to Care Jobs⁸. This platform was designed to allow direct care and support workers and providers to match open positions with available candidates. The pilot was rolled out in phases with skilled nursing facilities first, with additional providers added in phase two. It was determined that not enough candidates were creating profiles, therefore, DHHS in consultation with DOL, made the decision to focus energies on candidate attraction to the Maine JobLink, rather than an additional candidate matching platform.

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.

- The Recruitment and Retention Tool Kit noted earlier includes a section on benefits that may help retain workers and information on how to access them. Benefits include health coverage subsidies through CoverME (Maine's state-based health insurance marketplace), child care subsidies and tax credits, housing subsidies and rental assistance, tuition remission and student loan relief programs;
- The ASPIRE program through the Department's vendor, FEDCAP, is conducting a pilot in which ASPIRE participants are being screened for interest in healthcare programs and enrolled in the Healthcare Careers On-ramp program. The program enables ASPIRE participants to access a three-week exploration of healthcare careers, connect with healthcare employers, and gear up for success in credential programs including CNA and PSS. The program is offered both to fluent English speakers, as well as English Language Learners utilizing ESOL supports;
- The Department, in partnership with the Federal Reserve Bank of Atlanta, is launching a Benefits Cliff Tool Pilot in mid-February. The pilot will enable workers to receive coaching and the tool will allow the worker 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;
- 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;

⁸ www.connecttocarejobs.com

- 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) hosts 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:

- As noted earlier, 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. The insights gathered from workers have already informed media campaign efforts and will be valuable as the Department explores feasibility of a nursing home retention initiative funded with Civil Money Penalty Reinvestment Program funds;
- The Department recently received a federal Money Follows the Person (MFP) Capacity Building grant award that includes a workforce development component;
- The Department has allocated over \$136 million of enhanced Federal Medical Assistance Percentage (FMAP) for workforce-related activities. The funds are available for MaineCare HCBS programs under Section 9817 of the American Rescue Plan Act. The largest share (\$126 million) was allocated to direct support worker bonuses and the remainder is funding the Portability and Advancement initiative, family caregivers, expansion of self-direction and access to nursing services; and
- After careful consideration, the Department concluded that it would not be successful in pursuing a Lifespan Respite Care program grant offered by the ACL due to insufficient infrastructure needed across the Department. However, the Legislature authorized the Family Caregiver Grant Pilot Program with funding from the American Rescue Plan Act. The pilot program that will award grants directly to eligible family caregivers to support their service needs. The evaluation of this pilot project will inform the future direction of the respite services offered by the State Respite Care Program.

II. Current Data Related to Staffing & Occupancy

The Department has limited data on LTSS system capacity, and while a workforce shortage clearly exists, it is not possible to link unstaffed hours or empty beds directly to workforce shortages. In addition to exacerbating workforce challenges, the pandemic has also impacted demand for LTSS in ways that are not fully understood. Nationally and in Maine, families have deferred admissions to nursing homes due to concerns about infection, and home care participants have reduced the assistance they receive for the same reasons. The demand for self-direction has increased, likely reflecting both the shortage of agency workers and family’s belief that they can more safely provide supports within their close networks of family and friends.

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.

Residential and Nursing Capacity

Table 1. Licensed Capacity of Adult Residential and Nursing Facilities in Maine, 2020 and 2022⁹

| | Number of Licensed Facilities | Bed Capacity |
|--|-------------------------------|--------------|
| Assisted Housing Facilities (includes Residential Care, Private Non-Medical Institutions, Waiver Group Homes and Assisted Living) | | |
| May 2020 | 852 | 10,800 |
| January 2022 | 1,154 | 11,528 |
| Nursing Facilities | | |
| May 2020 | 93 | 6,506 |
| January 2022 | 88 | 6,335 |

Table 2. Occupancy Data for Nursing Facilities and Residential Level IV Facilities, 2020 and 2021¹⁰

| | Total Number of Facilities | Total Number of Medicaid Beds | Total Number of Beds | % Occupancy |
|---|----------------------------|-------------------------------|----------------------|-------------|
| Residential Care Facility Level IV | | | | |
| November 2020 | 128 | 2,848 | 4,510 | 82.88% |
| November 2021 | 125 | 2,798 | 4,426 | 84.66% |
| Nursing Facility Occupancy | | | | |
| November 2020 | 93 | 3,645 | 6,506 | 80.62% |
| November 2021 | 92 | 3,242 | 6,496 | 73.75% |

⁹ Data Source Maine DHHS

¹⁰ Data Source Maine Minimum Data Set (MDS) 3.0 reports

Home Care Capacity

Table 3. Capacity of Maine Home Care Programs, 2020 and 2021¹¹

| | Unduplicated Number of Members Served | Number of Unstaffed Members | % of Partially or Fully Unstaffed Members | Waitlist |
|---|--|--|--|-----------------|
| MaineCare Programs | | | | |
| Section 12- Consumer Directed Attendant Services | | | | |
| November 2020 | 374 | 25 | 7% | 0 |
| November 2021 | 317 | 23 | 9% | |
| Section 19- Home and Community Benefits for Elderly and Adults with Disabilities | | | | |
| November 2020 | 2,133 | 169 | 30% | 0 |
| November 2021 | 2,233 | 177 | 34% | 0 |
| Section 96- Private Duty Nursing and Personal Care Services | | | | |
| November 2020 | 2,672 | 449 | 44% | 0 |
| November 2021 | 2,735 | 509 | 48% | |
| OADS State Funded Programs | | | | |
| Section 63- In-Home and Community Support Services for Elderly and Other Adults | | | | |
| November 2020 | 962 | 168 | 45% | 553 |
| November 2021 | 677 | 104 | 44% | 996 |
| Section 69- Independent Support Services Program | | | | |
| November 2020 | 1,669 | 261 | 16% | 925 |
| November 2021 | 1,518 | 298 | 20% | 1425 |
| Chapter 11- Consumer Directed Personal Assistance Services | | | | |
| November 2020 | 114 | 2 | 2% | 88 |
| November 2021 | 94 | 4 | 4% | 121 |

¹¹ 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, Maine Department of Labor, Maine Department of Education, and the Finance Authority of Maine to address the shortage of LTSS workers in Maine. The pandemic has impacted the labor market generally, including the LTSS sector. The Department has launched multiple initiatives since the Workforce Commission completed its work, including short-term interventions to stabilize the market and longer-term initiatives to build and strengthen the LTSS workforce for the future.