

# **LD 898: Essential Support Workforce Advisory Committee**

**2023 Annual Report**

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## 2023 Annual Report

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## Committee Overview

Established in 2021, the Essential Support Workforce Advisory Committee (ESWAC) (statutory language), as established in Title 5, section 12004-I, subsection 54-E, was created to advise the Legislature, the Governor and state agencies on the State's shortage of essential support workers, people who provide care and support to older adults, people with physical and intellectual disabilities, and those with behavioral health challenges. The Committee was not convened until 2022, and only met once that year. Thus, the Committee only started its work in earnest in 2023.

## 2023 Executive Summary

The primary duties of the Committee are to examine staffing level needs and monitor worker shortages to examine if efforts to promote these jobs and recruit and retain workers in this field have been successful. And then, based on this information, make recommendations to all levels of state government on improving recruitment and retention.

The Committee started its 2023 work by trying to determine if there is data available to establish the current number of workers working in this field. The purpose was to establish a baseline from which to measure whether current efforts to grow the workforce are being successful. After several conversations and presentations, we determined there is no sufficient data maintained on this workforce to determine a baseline number of workers currently employed in this field.

We then shifted our focus to staffing needs, trying to understand how many people are currently entitled to care but are not getting care because of staffing shortages – something called the “care gap.” The purpose of this inquiry is to establish a baseline number of workers that need to be added to this workforce to fill the “care gap.” Again, because we can’t track the number of workers, we wanted to determine if we could track increases or decreases in the care gap as a measure of success.

We discovered that there is no one place or even one agency that maintains this data, and that there are significant differences in how this data is reported, collected, and analyzed in relation to care and support needs. For instance, some programs have waitlists, some have both waitlists and people who are supposed to get served who are not being served or are underserved. In some settings, nursing homes for example, that have beds that are off-line due to staffing shortages, but no waitlist per se, occupancy rates versus hours of care that go undelivered, or people who are waiting for care, is what is measured.

The complexities and challenges of establishing a baseline from which to measure growth in either the workforce itself, or in unmet care needs, caused us to focus on searching for potential solutions. Specifically, in our third meetings, we invited Karynlee Harrington, Executive Director of the Maine Health Data Organization (MHDO) to share information about their work and to explore whether this organization could help put data sources together to build a “care gap” baseline. After several additional conversations, it became clear that MHDO could be a good partner for this work. The Committee unanimously voted at the December meeting to pursue legislation and one-time funding for MHDO to do an environmental scan and inventory of data that is already collected and/or available to be collected related to the “care gap,” and to provide a report to the legislature on what it would take to create a uniform data collection and reporting system that would establish a “care gap” baseline that could be measured over time.

In addition to this work, the Committee received regular updates on actions/projects the state is taking to grow and support this workforce to include advertising campaigns, expanding educational programs, benefits cliff work, and unified credentialing curriculum worker. However, without establishing a baseline from which to measure the shortage of workers, we cannot determine if any progress has been made.

## Committee Members

The advisory committee consists of 14 appointed members including:

- **Senator Joe Baldacci** is representing the Senate and was appointed by the President of the Senate.
- **Representative Margaret Craven** is representing the House of Representatives and was appointed by the Speaker of the House.
- **Dan Belyea** from the Maine Community College System, representing an institution of higher education engaged in workforce development, and was appointed by the President of the Senate.
- **Stephanie Capano Hatcher** from Northeast Residential Services, an essential support worker, and was appointed by the Speaker of the House.
- **Donald Dufour** from Tri County Mental Health Services, representing an organization providing services to persons with behavioral health challenges who is a member of a statewide association of providers of services to persons with behavioral health challenges, and appointed by the Speaker of the House.
- **Jess Maurer (Chair)** from the Maine Council on Aging, representing a statewide advocacy association that broadly advocates for people who are entitled to receive essential support worker services, and was appointed by the Speaker of the House.
- **Kim Moore** is the designee for the Commissioner of Labor.
- **Tom Newman** from Alpha One, representing an organization promoting independent living for persons with disabilities, and was appointed by the Speaker of the House.
- **Gloria Noyes** from Westbrook CTE, representing a career and technical education center or region, and was appointed by the Speaker of the House.
- **Mary Jane Richards** from North County Associates, representing a facility-based long-term care provider who is a member of a statewide association of facility-based long-term care providers, and was appointed by the President of the Senate.
- **Betsy Sawyer-Manter** from Seniors Plus, representing a service coordination agency for people receiving homebased and community-based long-term care, and was appointed by the President of the Senate.
- **Michael Smith** from Catholic Charities Maine, representing an organization providing statewide homemaker services through a state-funded, independent, support service program, and was appointed by the President of the Senate.
- **Abby Stivers** is the designee for the Commissioner of Health and Human Services
- **Catherine Thibedeau (Vice Chair)** from Independence Advocates of Maine, representing an organization providing services to persons with intellectual disabilities and autism who is a member of a statewide association of providers of services to persons with intellectual disabilities and autism, and was appointed by the President of the Senate.

## Staffing

The law provides funding for a part-time labor program specialist position at the Maine Department of Labor which will be staffed by Angelina Klouthis Jean, Director of Strategy and Innovation in the Bureau of Employment Services.

## Committee Duties and Powers

The advisory committee shall:

- a) Collaborate with DOL, DHHS, the State's institutions of higher education, the State's adult education programs and career and technical education centers and regions and any other state agencies to examine staffing level needs in the essential support workforce, including entities funded by the State and through the MaineCare program;
- b) Make recommendations to state agencies and the Legislature related to recruitment and retention of essential support workers;
- c) Monitor essential support worker shortages and the expansion of the essential support workforce to examine if actions taken to promote expansion in the essential support workforce have been successful;
- d) Make recommendations to the Department of Labor, the Department of Health and Human Services, the Legislature and other state agencies regarding additional research needed to further the expansion of the essential support workforce;
- e) Collect data related to the essential support workforce;
- f) Examine benefit cliff effects on essential support workers and recommend and develop a pilot project to mitigate benefit cliff effects on essential support workers; and
- g) Make recommendations to the Legislature, including any suggested legislation.
- h) Examine and monitor staffing levels, make recommendations on recruitment and retention of essential care workers, including benefit cliff pilot project and data collection efforts.

## 2023 Overview

In 2023 the committee held one meeting per quarter including on March 15<sup>th</sup>, July 31<sup>st</sup>, September 20<sup>th</sup>, and December 6<sup>th</sup>. During the four quarterly meetings, the chairs invited speakers from the committee, MDOL, DHHS, and partner agencies to provide relevant information. The meetings focused on understanding the available data, gaps in services, staffing level needs, licensing, career pathways, and the “Benefits Cliff” tool as established in the bill. The Chairs ensured that interested parties who were not members of the committee were able to participate during public comment periods. MDOL has established a webpage to make meeting recordings and materials accessible and available (<https://www.maine.gov/labor/eswa/>). The webpage was approved by the committee and launched in November 2023.

## 2023 Meeting Summaries

### March 15, 2023

The agenda for the March 15, 2023 LD 898 meeting included introductions and updates from committee members, a presentation from Maine Department of Labor and the Department of Health and Human and Services. There were six members of the public registered to attend. An opportunity for public comment was offered.

Mark McInerney, Director of the Center for Workforce Research and Information (CWRI), shared an overview of available data by occupation from the federal statistical standard and by industry through the North American Industry Classification System (NAICS). CWRI data included home health and personal care aides, nursing assistants, and social and human services assistants. The group discussed the need to work towards a specific list of “essential care” jobs that meet the statutory definition. CWRI data highlighted relevant industries including home health care services, nursing care facilities. The full slide deck is available in Appendix A.

Abby Stivers, Director of Workforce Development and Retention, shared an overview of the most recent data available (December 2022) on the OADS website. Data on participants and waitlists is available for several quarters. The number of participants served is an indicator of service delivery capacity over time. OADS also shared the additional HCBS access measures which is a multi-dimensional approach to measurement that can include length of time on waitlist or for completed assessments, service utilization, service initiation wait time, service location, and experience of care. HCBS Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) will support a better understanding of services. Full slide deck is available in Appendix B.

**Meeting Summary:** Committee members concluded that data as presented would not be adequate to establish baseline data; some committee members agreed to have some follow-up conversations to determine any additional source of the information.

### July 31, 2023

The agenda for the July 31st, 2023 LD 898 meeting included introductions and updates from committee members, a presentation from the Maine Center for Economic Policy, the Department of Health and Human and Services, the Maine Department of Labor. There were seven members of the public registered to attend. Opportunity for Public Comment was offered. Four members of the public attended and two people made testimonies about their concerns for essential care worker recruitment.

Josie Phillips, State Priorities Partnership Fellow, from the Maine Center for Economic Policy presented her research titled [“The High Cost of Undervaluing Direct Care Work”](#). This research details how “Maine’s direct care workforce is in a fragile state.”

Abby Stivers, Director of Workforce Development and Retention shared “Highlights from the Home and Community Services Recruitment and Retention Bonus Data” as an example of the work that DHHS is piloting to better address staffing needs. Full slide deck is available in Appendix C.

DOL and DHHS were invited to share updates on any new actions taken to promote the essential care workforce or support retention of workers. Abby Stivers shared an update about the Caring for ME campaign and then Kim Moore, Director of the Bureau of Employment Services shared updates about MDOL’s work to recruit and retain workers in Healthcare with an emphasis on available data for the Essential Care Workforce. Full slide deck is available in Appendix D.

**Meeting Summary:** We discovered that there is no one place or even one agency that maintains this data on number of workers, and that there are significant differences in how this data is reported. The committee, therefore, concluded that we may need to shift from focusing on the number of workers to a “care gap” measurement and then back into the number of care workers that are needed to fill the gap. The purpose of this inquiry is to determine if we could track increases or decreases in the care gap as a measure of success.

## September 20, 2023

The agenda for the September 20th, 2023 LD 898 meeting included introductions and updates from committee members, a presentation from the Division of Licensing and Certification, Department of Health and Human Services, the Maine Health Data Organization, and the Maine Department of Education. There were three members of the public registered to attend. Opportunity for Public Comment was offered.

Bill Montejo, Director, Division of Licensing and Certification, Department of Health and Human Services shared an overview of the facilities and certifications data that is currently available. He provided insights about current questions about the number of staff and residents not currently being included in the licensing compliance and standards evaluations. He also shared a Tableau database to provide data visualization of the CNA Registry data to include data such as on in-state and out of state applicants, active and inactive CNA's and the number of CNA's based on county of residence. In addition to licensing data, he shared the current reporting requirements for facilities such as reports of abuse, neglect, resident rights allegations but not staffing or vacancies. He shared that his division registers Personal Care Agencies with only requirement being a \$25 fee and Maine background check utilization for staff. The Division is working with OADS on PCA licensing standards and there will be a process for public and provider input on proposed rules for PCA licensing when they are developed.

Karynlee Harrington, Executive Director, Maine Health Data Organization (MHDO) shared an overview of her organization as an independent State Agency that serves employers, consumers, hospitals. MHDO has statutory duties that have expanded since inception more than 10 years ago to collect data from patient encounters, all data collection is governed by rules, policy now includes long-term care facilities. She also shared information about structures to talk about future data collection needs the committee might identify.

Tammy Ranger, Director of the Workforce Development and Innovative Pathways, Maine Department of Education, shared information about the Technical Center and High School guidance counselor current work for workforce recruitment and retention. Specifically, a newly expanded program Extended Learning Opportunities or Work-based learning: Academic (core and elective) credits to explore student interests with an internship in area business and use of the CTE Exploratory Course which is the #1 growing course in CTE.

Both MDOL and DHHS provided written updates. The MDOL written update is available in Appendix E and the DHHS Written update is available in Appendix F.

**Meeting Summary:** Committee members concluded that DHHS/DLC was not a data source that could be used to establish a baseline that the committee can work from. Members had interest in exploring further with MHDO regarding assistance in establishing the baseline.

## December 6, 2023

The agenda for the December 6th, 2023 LD 898 meeting included introductions and updates from committee members, a presentation from Sarah Griffen about the Atlanta Fed's Career Ladder Identifier and Financial Forecaster (CLIFF) tool known locally as the CLIMB tool, and a discussion about the Maine Health Data Organization's data collection capacity. DHHS also provided an update on HCBS workforce initiatives including the curriculum work and a marketing update in the committee member updates section (Appendix G). There were 12 members of the public registered to attend. Opportunity for public comment was offered after each presentation-focused agenda item.

### *Credentialing Curriculum*

OADS is working on Direct Service Worker (DSW) course which will serve as the base credential for Home and Community Based Services. The course is estimated to be approximately 50-55 hours of both online and in person instruction including 6 modules and roughly 30 lessons. The course is being created based on stakeholder feedback collected at the start of the course and emerging national best practices. Once a draft is complete (tentatively planned for Spring 2024) stakeholders will have the opportunity to provide feedback for revisions.

### *Career Ladder Identifier and Financial Forecaster (CLIFF) tool known locally as the CLIMB tool*

The Benefits Cliff (CLIMB tool) presentation showed the tools available for case managers to use to help participants manage opportunities. Sarah Griffen highlighted that the tools are adjusted by the Atlanta Federal Reserve as policy changes and that the data is custom-tailored to the standard of living based in Maine by town. The tool has three main features- the snapshot tool, the dashboard, and the planner. Additional coaching tools are being rolled out to help address common barriers, like folks being discouraged about the initial dip in resources when moving up the career ladder. Early next year a group of states, including Maine, are convening in Washington along with many other stakeholders to discuss the options for state policy to mitigate the benefits cliffs and better support families.

### *MHDO*

Potential collaboration between DHHS and MHDO to create a reliable method of collecting disparate data in one place specifically on the care gap (people who are entitled to receive care but for whom no services/partial services are provided due to lack of staffing).

**Meeting Summary:** The Committee agreed to create a smaller working group to look deeper at the ways the benefits cliff could be addressed to increase the number of hours a person receiving benefits can work. Committee encouraged DHHS to have wider engagement with providers in relation to the credentialing changes and ensuring this work connects to other work being done in the state, i.e., lifespan waiver. The Committee unanimously voted to pursue legislation and one-time funding for MHDO to do an environmental scan and inventory of data that is already collected and/or available to be collected related to the “care gap,” and to provide a report to the legislature on what it would take to create a uniform data collection and reporting system that would establish a “care gap” baseline that could be measured over time.



## Appendices



## Essential Support Workforce Advisory Committee

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### What data are currently available?



#### By Occupation

- Workers are classified into occupational categories based upon the work they perform and their skills, education, training, and credentials
- Job and wage data are collected by survey
- Employers in Maine are sampled to receive the Occupational Employment and Wage Statistics survey to produce sample based estimates
- Occupational classifications correspond to the [Standard Occupational Classification](#) (SOC) system, a [federal statistical standard](#) used by state and federal agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data

#### By Industry

- All employers covered by Maine's unemployment insurance system report job and wage information quarterly
- Employers in Maine are classified by industry and location
- An industry consists of a group of employer locations primarily engaged in providing the same or similar set of services, or handling or producing the same product or group of products
- Industry classifications correspond to the [North American Industry Classification System](#) (NAICS)

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## How often are these data collected? Are data available by county or region?

### Occupation

- Job and wage data are collected via survey throughout the year
- Two survey panels are conducted each year
- Data are available by:
  - county
  - metropolitan statistical area (MSA)
  - workforce investment region
  - statewide
- Geographic information is based on the location of the job/employer
- Estimates are produced annually, typically released in April (2022 Occupational Employment and Wage Statistics will become available in April of 2023)

### Industry

- All employers covered by Maine's unemployment insurance system report job and wage information quarterly
- Data are available by:
  - city/town
  - county
  - labor market area (LMA)
  - metropolitan statistical area (MSA)
  - workforce investment region
  - statewide
- Geographic information is based on the location of the job/employer
- Data become available about 4-5 months after the reference quarter ends
- [Preliminary monthly estimates](#) are available for sectors and MSAs

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## Occupational Employment and Wage Data

- There are three occupations that are relevant to the Essential Support Workforce Advisory Committee
- These occupations are:
  - Home Health and Personal Care Aides
  - Nursing Assistants
  - Social and Human Service Assistants
- CWRI compiled two sets of data for these occupations: 2021 employment and wage estimates and 2020-2030 ten-year occupational employment projections

## 2021 Statewide Occupational Employment and Wage Estimates

Occupation Title	Total Jobs	Mean Wages	Mean Entry Level Wages	Mean Wage Among Experienced Workers
Home Health and Personal Care Aides	15,890	\$15.26	\$13.58	\$16.08
Nursing Assistants	8,460	\$16.52	\$14.00	\$17.76
Social and Human Service Assistants	3,980	\$18.94	\$15.97	\$20.41

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## 2021 Occupational Employment and Wage Estimates By county

County	Home Health and Personal Care Aide Jobs	Nursing Assistant Jobs	Social and Human Service Assistant Jobs
Androscoggin	1,700	730	360
Aroostook	740	690	160
Cumberland	4,500	2,360	970
Franklin	270	120	50
Hancock	230	210	90
Kennebec	1,420	860	620
Knox	330	340	100
Lincoln	260	200	30
Oxford	390	260	80
Penobscot	2,120	1,140	640
Piscataquis	120	100	30
Sagadahoc	N/A	N/A	40
Somerset	320	240	130
Waldo	150	130	90
Washington	300	210	90
York	1,290	650	380

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## Industry Employment and Wage data

- Relevant industries to the Essential Workforce Advisory Committee are:
  - Home Health Care Services
  - Nursing Care Facilities (Skilled Nursing Facilities)
  - Residential Intellectual and Developmental Disability Facilities
  - Services for the Elderly and Persons with Disabilities
  - Residential Mental Health and Substance Abuse Facilities
  - Continuing Care Retirement Communities
  - Assisted Living Facilities for the Elderly
  - Vocational Rehabilitation Services
- Analysis of employment in relevant industries includes all job holders, not only direct support workers.
- For example, in Home Health Care Services, while health care support workers comprise the largest group of occupational employment, other types of jobs are also included such as registered nurses, health care practitioners, and management and administrative workers

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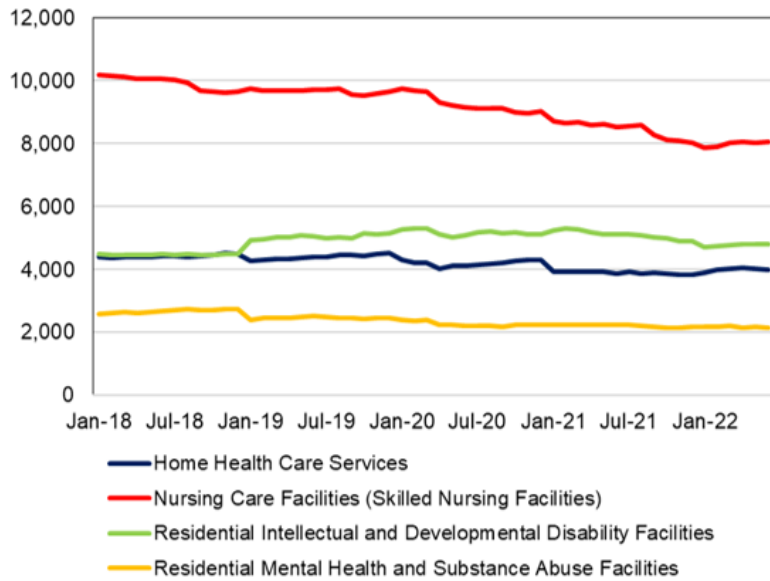
## How often is this data collected and new data reported so we know how often we should be checking for progress?

- The Occupational Employment and Wage Statistics (OEWS) program is not designed to assess whether jobs in a particular occupation are going up or down from one year to the next.
- Estimates are based on surveys of employers that are collected over different survey panels over many months.
- This does not enable a statistically valid comparison of how many jobs there are in an occupation from one year to the next as can be done with other time series data products.
- Generally, industry data are better suited to assess job trends over time.

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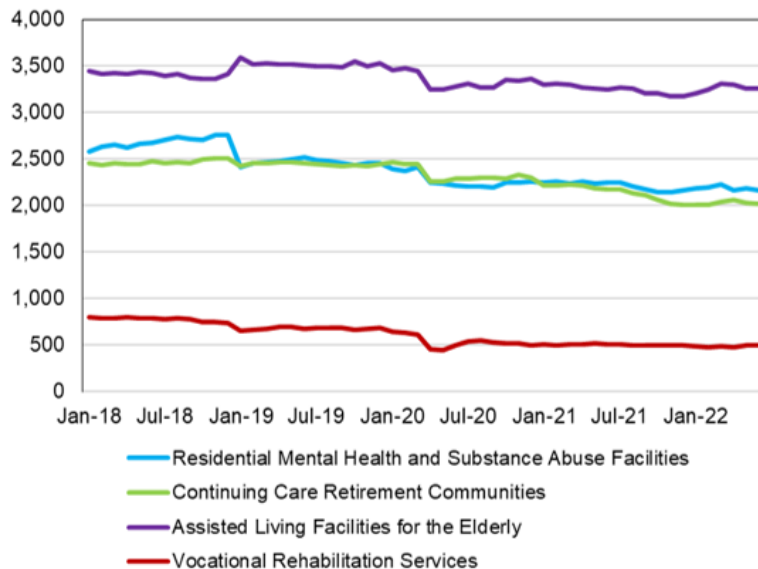
- Overall staffing levels in all eight direct support industries declined at the onset of the pandemic and remain noticeably lower halfway through 2022
- The decline is most notable in Skilled Nursing Care Facilities, the largest of the direct support industries, where staffing levels were near 9,650 before the pandemic and have fallen to about 8,150

### Wage and Salary Jobs in Direct Support Industries



- Comparing the 12 months before the pandemic to the 12 months through June of 2022, jobs are about 4,400 lower across the eight direct support industries
- Among the smaller direct support industries by total jobs, staffing levels are also notably lower in residential mental health and substance abuse facilities, continued care retirement communities and vocational rehabilitation services

### Wage and Salary Jobs in Direct Support Industries



## How can we track how many people outside of MaineCare programs are being impacted by ESCW shortage?

- Any data that we at the Maine Department of Labor provide would be representative of all payers.
- MDOL does not collect any information about payers in health care settings (MaineCare, Medicare, Private Insurance, ect.) as it relates to job and wage data.
- We collect the ownership type of the organization, i.e. private sector & not for profit, state government, local government and federal government in our job and wage by industry data.

## Occupational Mapping

Occupation Code	Occupation Title	Direct Match Titles	Occupation Definition
31-1120	Home Health and Personal Care Aides	Home Health Attendant, Home Hospice Aide, Blind Aide, Blind Escort, Elderly Companion, Geriatric Personal Care Aide, Personal Support Worker	Provide personalized assistance to individuals with disabilities or illness who require help with personal care and activities of daily living support (e.g., feeding, bathing, dressing, grooming, toileting, and ambulation). Monitor the health status of an individual with disabilities or illness, and address their health-related needs, such as changing bandages, dressing wounds, or administering medication. Provide assistance with routine healthcare tasks or activities of daily living. May also help with tasks such as preparing meals, doing light housekeeping, and doing laundry depending on the patient's abilities. Work is performed in various settings depending on the needs of the care recipient and may include locations such as their home, place of work, out in the community, or at a daytime nonresidential facility. Work is performed under the direction of offsite or intermittent onsite licensed nursing staff.
31-1131	Nursing Assistants	C.N.A., Certified Nurse Aide, Certified Nursing Assistant, Hospital Aide, Hospital Attendant, Nursing Aide, Nursing Attendant, Nursing Care Attendant	Provide or assist with basic care or support under the direction of onsite licensed nursing staff. Perform duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility. May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants. Excludes "Home Health Aides and Personal Care Aides", "Orderlies", and "Psychiatric Aides"
21-1093	Social and Human Service Assistants	Addictions Counselor Assistant, Case Work Aide, Clinical Social Work Aide, Family Service Assistant, Human Services Worker, Social Work Assistant	Assist other social and human service providers in providing client services in a wide variety of fields, such as psychology, rehabilitation, or social work, including support for families. May assist clients in identifying and obtaining available benefits and social and community services. May assist social workers with developing, organizing, and conducting programs to prevent and resolve problems relevant to substance abuse, human relationships, rehabilitation, or dependent care.

## Industry Mapping (1 of 2)

Industry Code	Industry Title	4 Digit Industry	Examples	Description
621610	Home Health Care Services	6216	Home health care agencies, Visiting nurse associations, Home infusion therapy services, In-home hospice care services	This industry comprises establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupation and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high-tech care, such as intravenous therapy
623110	Nursing Care Facilities (Skilled Nursing Facilities)	6231	Convalescent homes or convalescent hospitals (except psychiatric), Nursing homes, Rest homes with nursing care, Assisted living facilities (without nursing facilities) for the elderly with nursing care, Inpatient care hospices	This industry comprises establishments primarily engaged in providing inpatient nursing and rehabilitative services. The care is generally provided for an extended period of time to individuals requiring nursing care. These establishments have a permanent core staff of registered or licensed practical nurses who, along with other staff, provide nursing and continuous personal care services.
623210	Residential Intellectual and Developmental Disability Facilities	6232		This industry comprises establishments (e.g., group homes, hospitals, intermediate care facilities) primarily engaged in providing residential care services for persons with intellectual and developmental disabilities. These facilities may provide some health care, though the focus is room, board, protective supervision, and counseling.
623220	Residential Mental Health and Substance Abuse Facilities	6232	Alcoholism or drug addiction rehabilitation facilities (except licensed hospitals), Psychiatric convalescent homes or hospitals, Mental health halfway houses, Residential group homes for the emotionally, disturbed	This industry comprises establishments primarily engaged in providing residential care and treatment for patients with mental health and substance abuse illnesses. These establishments provide room, board, supervision, and counseling services. Although medical services may be available at these establishments, they are incidental to the counseling, mental rehabilitation, and support services offered. These establishments generally provide a wide range of social services in addition to counseling.

## Industry Mapping (2 of 2)

Industry Code	Industry Title	4 Digit Industry	Examples	Description
623311	Continuing Care Retirement Communities	6233		This U.S. industry comprises establishments primarily engaged in providing a range of residential and personal care services with on-site nursing care facilities for (1) the elderly and other persons who are unable to fully care for themselves and/or (2) the elderly and other persons who do not desire to live independently. Individuals live in a variety of residential settings with meals, housekeeping, social, leisure, and other services available to assist residents in daily living. Assisted living facilities with on-site nursing care facilities are included in this industry.
623312	Assisted Living Facilities for the Elderly	6233	Assisted living facilities for the elderly without nursing care, Rest homes without nursing care	This U.S. industry comprises establishments primarily engaged in providing residential and personal care services without nursing care for (1) the elderly or other persons who are unable to fully care for themselves and/or (2) the elderly or other persons who do not desire to live independently. The care typically includes room, board, supervision, and assistance in daily living, such as housekeeping services.
624120	Services for the Elderly and Persons with Disabilities	6241		This industry comprises establishments primarily engaged in providing nonresidential social assistance services to improve the quality of life for the elderly or persons with intellectual and/or developmental disabilities. These establishments provide for the welfare of these individuals in such areas as day care, non-medical home care or homemaker services, social activities, group support, and companionship.
624310	Vocational Rehabilitation Services	6243		This industry comprises (1) establishments primarily engaged in providing vocational rehabilitation or habilitation services, such as job counseling, job training, and work experience, to unemployed and underemployed persons, persons with disabilities, and persons who have a job market disadvantage because of lack of education, job skill, or experience and (2) establishments primarily engaged in providing training and employment to persons with disabilities. Vocational rehabilitation job training facilities (except schools) and sheltered workshops (i.e., work experience centers) are included in this industry.



**Over the next ten years, the number of jobs in direct care is expected to increase by approximately 1,940 (6.3 percent) to meet the demand for care of an aging population.**

- In conjunction with national projections from the U.S. Bureau of Labor Statistics, CWRI publishes the ten-year statewide employment projections every two years.
- Maine is the oldest state in the nation as measured by median age. Over the next decade, the population age 65 and older is expected to increase while the share of the population below the age of 20 is projected to decline.
- These changes will occur gradually and will result in differing long-term patterns of demand for services, which are reflected in the employment projections.

- Jobs in direct support occupations are projected to increase by approximately 1,940 from 2020 to 2030.
- Maine’s aging population is expected to lead to higher demand for healthcare-related services, especially in occupations like Home Health and Personal Care Aides, Nursing Assistants, and Registered Nurses.

Occupation Title	2020 Base Jobs	2030 Projected Jobs	Numeric Change	Percent Change
Home Health and Personal Care Aides	17,380	18,712	1,332	7.66
Nursing Assistants	9,503	10,115	612	6.44
Social and Human Service Assistants	3,873	3,868	-5	-0.13

- Job growth is projected through 2030 among home health and personal care aides and nursing assistants, but most job openings in the coming decade are projected to result from replacement needs due to exits and transfers among incumbents in those jobs.
- Because of the relatively low pay, difficult work environment and lower educational and training requirements for home health and personal care aides and nursing assistants, turnover in these occupations tends to be quite high, leading to thousands of job openings.

<b>Occupation Title</b>	<b>Annual Total Openings</b>	<b>Annual Exits</b>	<b>Annual Transfers</b>
Home Health and Personal Care Aides	2,310	1,155	1,025
Nursing Assistants	1,250	625	555
Social and Human Service Assistants	450	155	290

# ESSENTIAL SUPPORT WORKFORCE ADVISORY COMMITTEE UPDATE FROM DHHS ON LTSS ACCESS MEASURES

MARCH 2023



## OVERVIEW OF PUBLICLY POSTED DATA

### The Office of Aging and Disability Services Updates Information Quarterly

- The most recent data available on the [OADS website](#) was updated in December 2022
  - Data on participants and waitlists is available for several quarters
- The number of participants served is an indicator of service delivery capacity over time

WAIVER PROGRAM	PARTICIPANTS
Brain Injury (Section 18)	195
Other related Conditions (Section 20)	44
Comprehensive Services for IDD/ASD (Section 21)	3,353
Support Services for IDD/ASD (Section 29)	2,743
<b>Unduplicated Member* Totals</b>	<b>6,335</b>

PROGRAM	PARTICIPANTS
Home and Community Benefits for Older and Disabled Adults (Section 19)	2,270
Private Duty Nursing and Personal Care Services (Section 96)	2,691
Consumer Directed Attendant Services (Section 12)	309
State Funded Home Based Care (Section 63)	688
State Funded Consumer Directed Home Based Care (Chapter 11)	91
State Funded Independent Support Services (aka Homemaker) (Section 69)	1,464
<b>Totals</b>	<b>7,513</b>

## WAIT LISTS ARE A TRADITIONAL BUT LIMITED MEASURE OF UNMET NEED

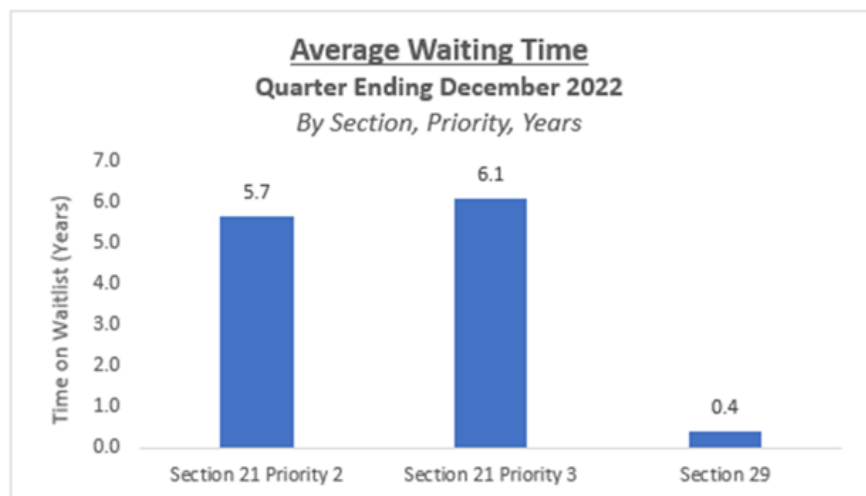
- Though imperfect, wait lists have traditionally been used as an indicator of unmet need
- People can be on multiple wait lists simultaneously, and can remain on a waitlist when enrolled in other services
- Conversely, individuals can be enrolled in programs but not have their needs fully met, or enrolled in programs after a long wait

Program	Participants	Waitlist
Home and Community Benefits for Older and Disabled Adults (Section 19)	2,270	0
Private Duty Nursing and Personal Care Services (Section 96)	2,691	0
Consumer Directed Attendant Services (Section 12)	309	0
State Funded Home Based Care (Section 63)	688	481
State Funded Consumer Directed Home Based Care (Chapter 11)	91	
State Funded Independent Support Services (aka Homemaker) (Section 69)	1464	1268
<b>Totals</b>	<b>7,513</b>	<b>1,749</b>

3

## RECENTLY ADDED: WAIT TIME IN WAIVERS FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD)

- Wait time is reported regardless of other coverage
- Section 21 Priority 1 individuals receive an immediate offer
- There is currently no wait list for Section 19 Aging and Physical Disability Waiver
- Brain Injury (Section 18) and Other Related Conditions (Section 20) are presently under development



## OADS IS DEVELOPING ADDITIONAL HCBS ACCESS MEASURES

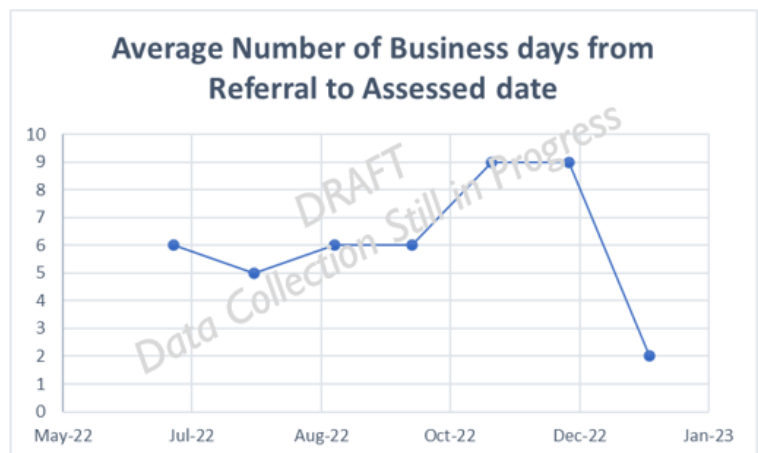
- Variables are selected based on available data sources and systems:
  - Data sources and systems vary by program (e.g. claims, administrative, and/or case management data)
- Multi-dimensional approach to measurement:
  - Length of time on waitlist or for completed assessments
  - Service utilization
  - Service initiation wait time
  - Service location
  - Experience of care

*The department expects to add additional measures to its website with its July 2023 posting*

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## UNDER DEVELOPMENT: SECTION 19 AGING AND PHYSICAL DISABILITY WAIVER TIME FROM REFERRAL TO COMPLETED LEVEL OF CARE (LOC) ASSESSMENT

- *This measure tells us how long an individual is waiting for a LOC assessment to be completed*
- *LOC assessment must be completed prior to initiating services*
- *Looking at each step of the process helps us pinpoint areas needing attention*



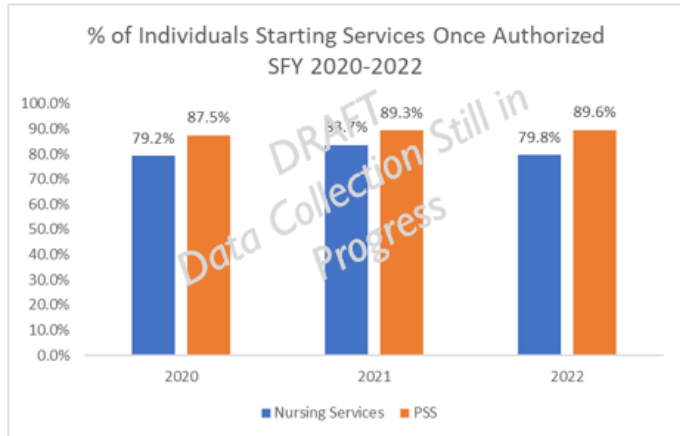
*Preliminary measure under development– not for citation*

6

# UNDER DEVELOPMENT: PERCENT OF AUTHORIZED INDIVIDUALS RECEIVING SERVICES WITHIN A DEFINED PERIOD, SECTION 19 AGING AND PHYSICAL DISABILITY WAIVER

- This measure allows us to see what happens once someone is enrolled in a program
- For example, that nursing services are harder to access than personal support services
- Using a defined study period allows us to align data sources
- Limitation: people who did not receive a service within the same period may have been assessed late in the period

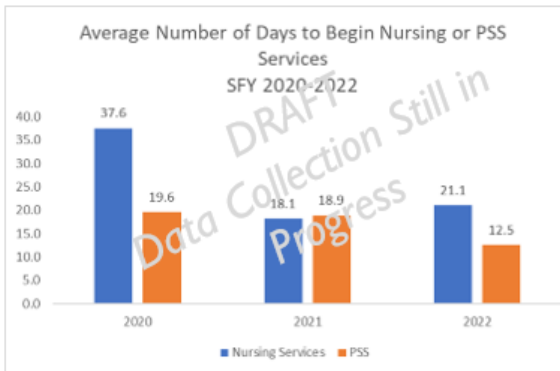
## Section 19 Individuals who received services in the same State Fiscal Year as authorized



Preliminary measure under development— not for citation

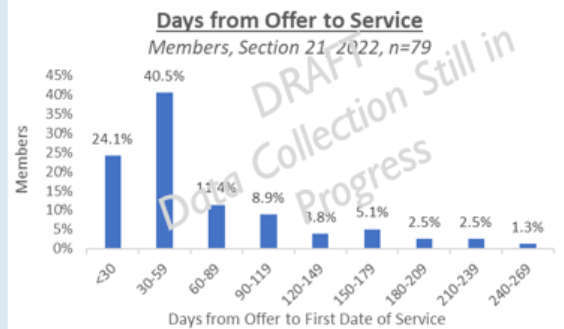
# UNDER DEVELOPMENT: TIME ELAPSED FROM OFFER OR ASSESSMENT TO FIRST SERVICE

## Section 19: Time elapsed from date of completed assessment to onset of services



- We are evaluating how long it takes to start a new service
- Aging and IDD programs have different eligibility processes, requiring different start points in this measure

## Section 21: Time elapsed from date of offer to service start date



Preliminary measures under development— not for citation

## UNDER DEVELOPMENT: COUNTY LEVEL MEASURES



The department is in the process of mapping some aging LTSS programs by county

**Service location (or where services are provided) includes staffing patterns by program and county**

***Example: Individuals with unstaffed hours and total unstaffed hours by PSS, RN and attendant***

Statewide information regarding unstaffed hours is available in the latest AAAA report: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/AAAA-Annual-Report-February-2023.pdf>

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## UNDER DEVELOPMENT: PARTICIPANT EXPERIENCE MEASURES HCBS CAHPS SURVEY

Anticipated in 2023



### HCBS Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)

- Hearing directly from participants about their experience of care is another key component to measuring access to waiver services
- CAHPS targets experience of care focused on key aspects of waiver services, such as service provider communication, care coordination and timeliness and respectfulness of workers
  - Includes survey items focused on getting needed services
  - More information: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>
- A survey vendor has been selected to conduct HCBS CAHPS in all 5 of Maine's waiver programs

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# HIGHLIGHTS FROM THE HOME AND COMMUNITY SERVICES RECRUITMENT AND RETENTION BONUS DATA

Presented by the **Maine Department of Health and Human Services**  
to the **Essential Care Workforce Advisory Committee**

July 31, 2023



## OVERVIEW

### Summary

In February of 2022, DHHS began distributing approximately \$120 million in payments to MaineCare-funded HCBS providers for recruitment and retention bonuses targeted to DSWs and supervisors across the State. The initiative was funded with federal dollars through the American Rescue Plan Act as part of Maine's HCBS Improvement Plan. Participating agencies had flexibility to develop their bonus policies within DHHS guidelines, had until December 31, 2022, to spend their allotments, and were required to submit reports to DHHS specifying how the bonuses were distributed. The reports also indicated what DSWs earned and how many were employed at the start and end of the initiative.

### Additional Reports and Resources

- [Home and Community Based Services Improvement Plan](#)
- [Commission to Study Long-term Care Workforce Issues](#)
- [AAAA-7 First Annual Report](#)
- [AAAA-7 Second Annual Report](#)
- [DHHS February 2023 Progress Blog](#)



## EXECUTIVE SUMMARY

### **Bonuses Helped Stabilize and Grow Maine's Home and Community Based Service Workforce**

**More than 24,000 DSWs and DSW supervisors in every Maine county received bonuses**

**Workers received an average of \$3,429 in bonuses over the reporting period**

**Wages rose across DSW service population groups**

**The workforce grew and agencies retained nearly 82 percent of their HCBS staff**



*Further information can be found in the following slides*

## BONUSES HELP STABILIZE AND GROW MAINE'S HOME AND COMMUNITY BASED SERVICE WORKFORCE

### **February/March 2022**

- DHHS distributes ~ \$120 million in payments to MaineCare-funded HCBS providers for recruitment and retention bonuses targeted to DSWs and supervisors across the State
- Participating agencies had flexibility to develop bonus policies within DHHS guidelines and had until December 31, 2022, to spend money
- Agencies were required to submit reports on how bonus payments were distributed and indicate DSW salaries at the start and end of the initiative



### **June 2023**

- DHHS has compiled data from a sample of 293 agency reports, which represents just over 80 percent of participating agencies
- Data reported by these agencies suggest that the recruitment and retention bonuses helped stabilize the HCBS workforce in the wake of the COVID-19 pandemic
- Agency-reported data also indicates that average regular hourly wages for HCBS workers rose between July 1, 2021, and December 21, 2022, while this initiative was in effect

*DHHS plans to continue analysis of the bonus payment data and release more information as it becomes available*

## WORKERS RECEIVED AN AVERAGE OF \$3,429 IN BONUSES OVER THE REPORTING PERIOD

### Average Weekly Hours Worked of Bonus Payment Recipients

Population	Average Hours Worked	Employees
Aging and Physical Disability	29	4,811
Intellectual Disability and Brain Injury	42	7,830
Mental Health & Substance Use	34	8,901
Multiple sections of policy listed	23	774
<b>Grand Total for All Populations Combined</b>	<b>36</b>	<b>22,214</b>

\* Shared living and therapeutic foster care provider data were excluded from this table due to variability in how hours were reported in those settings and the way they are paid (stipends, rather than hourly wages)

### Provider agencies determined individual bonus amounts

The bonus payment amounts varied by the population group served.

- For workers serving those with aging and physical disability needs, the average bonus was \$1,631.01
- For workers serving those with intellectual disabilities and brain injury the average bonus was \$3,741.76
- Workers who support those with mental health and substance abuse challenges received the highest average bonus payments at \$4,154.25

## WAGES ROSE ACROSS DSW SERVICE POPULATION GROUPS

### Average Wages of Direct Support Workers Before and After Bonus Payment Data Collection

	Aging and Physical Disability	Intellectual Disability and Brain Injury	Mental Health & Substance Use	Multiple Populations Served
<b>Before July 2021</b>	\$18.47	\$15.14	\$20.63	\$16.10
<b>After December 2022</b>	\$20.39	\$16.76	\$22.07	\$17.05

Average wages for DSWs rose during the bonus period, between July 2021 and December 2022, the data show. In addition to other rate increases, the Department implemented Part AAAA of PL21, Ch. 398 during this period. Part AAAA requires MaineCare rates to reimburse for direct support wages of at least 125 percent of the state minimum wage. In 2022, 125 percent of the state minimum wage was \$15.93 per hour. The data show that agencies serving all population groups paid their workers on average at least that amount by the end of 2022, with variation across populations served.

## THE WORKFORCE GREW AND AGENCIES RETAINED NEARLY 82 PERCENT OF THEIR HCBS STAFF

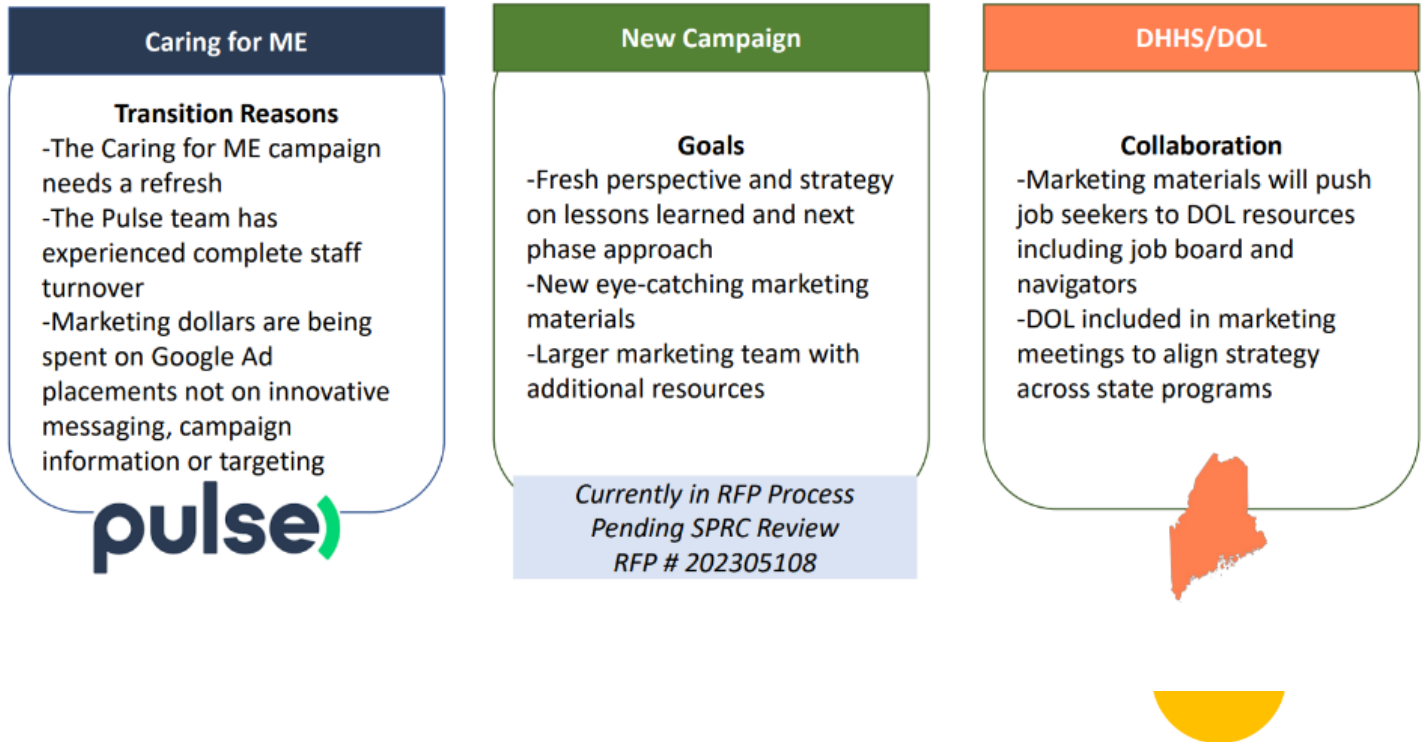
- The goal of the recruitment and retention bonus initiative was to stabilize HCBS staffing during the COVID-19 pandemic. Agencies reported a combined total of 20,295 workers in March 2022. By December 31, 2022, the 293 agencies included in this analysis reported a total of 24,499 workers, **a gain of 3,574, or nearly 21 percent.** This is likely a conservative estimate of workforce growth, since the sample represents most but not all participating agencies.
- Agencies likely achieved this increase through a combination of recruitment and retention. The reports indicate that 81.9 percent of workers who received a bonus remained employed at the agency at the end of reporting period. That retention, along with successful recruitment of new workers, yielded a net increase in the workforce. Participating agencies reported paying recruitment **bonuses to 5,517 newly hired workers and 18,982 existing workers.**

*DHHS plans to continue analysis of the bonus payment data and release more information as it becomes available in the future*

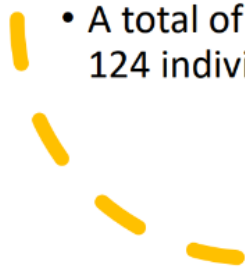



# Caring for ME Next Steps

OADS is working on a new iteration of HCBS marketing and will continue to collaborate with DOL




## Healthcare Navigators

- Healthcare Navigators are receiving referrals via Healthcare Training for ME, Caring for ME, Career Center Consultants, and community partners.
  - Navigators received 35 new cases last week and are currently working with 100 individuals.
  - A total of 96 individuals have been referred to training opportunities, 124 individuals to support services, and 90 to employment.
- 



# Tuition Remission Enrollment: 472 of 1,500 Goal

- 472 individuals have enrolled in a program with support from Tuition Remission at MDOL, including MHRT-C, ACRE, LPN, CRMA, PSS, CNA, CADC, and “Fading Supports”.
  - Recent engagement with the Maine Primary Care Association to create training cohorts with private providers and fulfilling clinical work with local employers.
  - MDOL has engaged with Adult Education and MCCS around the priority job list and unmet training needs to build additional classes in the upcoming fall semester.
- 

## LTSS Needs Assessment Work Group Update

As part of DHHS efforts to restructure Maine's system of supports for older adults and adults with physical disabilities in Maine, the Office of Aging and Disability Services has convened stakeholders from across Maine's LTSS sector to explore ways to improve nursing facility and residential care systems that focus on quality, innovation, and accountability in order to better serve and meet the needs of Maine people.

One such initiative has been the convening of a multi-sectoral Needs Assessment Workgroup. The purpose of this workgroup has been to advise DHHS about ways to best identify LTSS services and needs by county. This work will serve as a guide as DHHS explores ways to continue to invest in sustainable living for older adults and adults with physical disabilities throughout the state.

This workgroup has met four times since April of this year and have reviewed a continuum of services, including home care, day services, residential and nursing facility services. This effort has identified a set of population, capacity, and needs metrics which are currently being calculated. The workgroup will meet in October to review the draft LTSS System Assessment results.

Meeting recordings and materials may be accessed at: <https://www.maine.gov/dhhs/oads/about-us/initiatives/long-term-care-system->

## Resources

As the Committee performs its work it may be helpful to record the data that the Department has made available to help establish a baseline of available data and identify gaps moving forward:

- [DHHS Website](#)
  - o *Relevant Blogs:*
    - [Bonuses Help Stabilize and Grow Maine's Home and Community Based Service Workforce](#)
    - [DHHS Awards Second Round of Grants for Innovative Projects Supporting People with Disabilities](#)
    - [DHHS Advances Health Care Workforce Development Strategy](#)
  - o *Workforce Resources:*
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    - [Workforce Development and Retention](#)
- [Reports](#)
  - [Commission to Study Long-term Care Workforce Issues](#)
  - [AAAA-7 First Annual Report](#)
  - [AAAA-7 Second Annual Report](#)



Janet T. Mills  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF LABOR  
54 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0055

Laura A. Fortman  
COMMISSIONER

## MEMORANDUM

**TO:** Essential Support Workforce Advisory Committee  
**FROM:** Maine Department of Labor  
**DATE:** September 20, 2023  
**RE:** Quarterly Updates to the Advisory Committee (LD 898) Regarding Efforts to Expand the State's Essential Support Workforce

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The Maine Department of Labor (MDOL) held eight listening sessions on the American Rescue Plan Act (ARPA) initiatives, including health care, attended by over 200 key customers, including state workforce board members, the state workforce board's immigrant/New Mainers committee, local workforce board members, state advocates, non-profit organizations. Sessions focused on aligning MDOL's initiatives with the goals of the DECD 10-year plan and State Workforce Board plan. Feedback on healthcare initiatives included a need to make career pathways in healthcare clearer, including advancement opportunities, general feedback on all DOL initiatives, focus on training pathways and opportunities to highlight specific career fields and how individuals can get involved, and foster relationships between various agencies and departments to break down information silos in order to share information in a better and more deliberate fashion.

This memo provides the third of four quarterly updates to the advisory committee regarding the efforts to expand the state's essential support workforce including updates on the Healthcare Training for ME website, the Tuition Remission program, and the work of Healthcare Navigators. MDOL partners with DHHS, DOE, MCCS, and UMaine System to ensure alignment across our healthcare programs.

### Healthcare Training for ME

Healthcare Training for ME is a [website](#) designed to bring training opportunities from partners within the Maine Community College System, Adult Education, DHHS, and private providers to one space to help people interested in finding **training opportunities**. This coordinated training website was launched in April 2022. It has had more than 42k page views since its iteration. In the last 6 months, the site has had more than 8k unique users.

### Tuition Remission Program

Tuition Remission funds short-term (less than 18 months) credentials and training for current patient-facing workers in "traditional" healthcare sector roles in hospitals, long-term care facilities and home-

based settings, emergency services, behavior health, and dental offices. The Tuition Remission program has received 681 individual applications and 78 employers' applications via Healthcare Training for ME. As of September 14<sup>th</sup>, 2023, 644 individuals have been enrolled in the program and 244 individuals have completed training.

Relevant to this Committee, notable training certificates funded by this program include 303 individuals with certificates in Mental Health Rehabilitation Technician/Community (MHRT-C), Association of Community Rehabilitation Educators (ACRE), Certified Nursing Assistant (CNA), Fading Supports, Personal Support Specialist (PSS), Certified Residential Medication Aid (CRMA), Registered Behavior technician (RBT), Certified Alcohol and Drug Counselor (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 43% of the goal to serve 1,500 individuals. Funding for employers and individuals remains available by request at the [Healthcare Training for ME website](#).

### **Healthcare Navigators**

The COVID-19 pandemic has exacerbated the pre-existing employment and retention challenges in the healthcare workforce. To support communities disproportionately affected by the pandemic Healthcare Navigators offer connections to essential jobs in the healthcare sector with customized career guidance, connections to trainings, and support services.

The concept of a navigator – one steeped in the resources available to not only support an individual interested in obtaining short or long-term training to meet a workforce goal, but one also widely knowledgeable about the healthcare sector and the availability of career pathways is critical to attract new workers into the health care profession. This initiative was developed in close collaboration with DHHS and is one piece of a multiprong approach to address existing healthcare workforce issues amplified by the COVID crisis.

Healthcare Navigators are CareerCenter Consultants dedicated to connecting and/or reconnecting Maine residents interested in jobs in the healthcare sector, as well as providing information and coaching related to stackable credentials and prior learning credits to assist out-of-state and foreign trained healthcare workers quickly re-credential.

As of September 14<sup>th</sup>, 2023 Healthcare Navigators have received a total of 1,093 referrals via Healthcare Training for ME, Caring for ME, Career Center Consultants, and Community partners. A total of 107 individuals have been referred to training opportunities, 151 individuals to support services, and 103 directly to employment.

### **Resources**

As the Committee performs its work it may be helpful to note the data that MDOL has made available like:

- Maine Earns: <https://www.maine.gov/labor/cwri/mpso/>
- Workforce Outlook: <https://www.maine.gov/labor/cwri/outlook.html>



Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Aging and Disability Services  
11 State House Station  
41 Anthony Avenue  
Augusta, Maine 04333-0011  
Tel: (207) 287-9200; Toll Free: (800) 262-2232  
Fax (Disability) (207) 287-9915; Fax (Aging) (207) 287-9229  
TTY: Dial 711 (Maine Relay)

## MEMORANDUM

**TO:** Essential Support Workforce Advisory Committee  
**FROM:** Department of Health and Human Services  
**DATE:** September 20, 2023  
**RE:** Quarterly Updates to the Advisory Committee (LD 898) Regarding Efforts to Expand the State's Essential Support Workforce

---

This memo provides the third of four quarterly updates to the advisory committee regarding the efforts to expand the state's essential support workforce. As requested by the Committee, this memo provides updates on the Caring for ME marketing campaign and long-term services and supports (LTSS) system needs assessment currently underway. In addition, the memo provides a section of resources available on the Department of Health and Human Services' (DHHS) website.

### Caring For ME and Marketing News

With input from over 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. Last year, 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 over 100 employers and more than 250 jobseeker participants, resulting in 30 jobseekers submitting applications, receiving conditional offers and interviews for open positions and over 20 jobseekers connected with Healthcare Navigators for additional job search support.

The Maine Department of Labor (DOL) transitioned the Caring For ME campaign to DHHS in December, 2022 and DHHS continues to target direct care and support workers interested in behavioral health, aging, intellectual disability, brain injury and physical disability. DHHS has continued marketing for careers in Home and Community Based Services (HCBS) work through digital and traditional media channels. The campaign has created a new "Real Stories" video with another currently in production. A key goal has been to drive web traffic to Maine DOL's Career Centers and Healthcare Navigators. This year, Healthcare Navigators have received a total of 1,051 referrals via Healthcare Training for ME, Caring for ME, Career Center Consultants and Community Partners.

In June, DHHS posted an RFP for additional marketing services building on the Caring For ME campaign to target direct care and support workers for behavioral health, aging, intellectual disability, brain injury and physical disability work. The new work will evaluate Maine's HCBS

workforce messaging efforts to date, assess market conditions post-pandemic, create new messaging to promote and elevate the profession and launch a new marketing campaign. The chosen bidder for the new marketing work is Broadreach Public Relations. DHHS is currently in contract negotiations with the vendor and plans to begin work with them this fall.

In addition to the Caring For ME campaign and the newly awarded RFP work there are other marketing efforts which promote HCBS work. 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, including positions with HCBS and LTSS providers. This strategy is part of a public/private partnership with the Maine Hospital Association, Maine Primary Care Association and the Maine Health Care Association. Last year, this campaign created 22 career exploration videos, a job board, and a career toolkit distributed across all high schools in Maine. As we highlighted in an earlier Committee update, DOL data suggests that HCBS workers who leave the profession often join other segments of Maine's healthcare workforce and Maine is committed to providing support for people to grow their healthcare careers. An update on the achievements of this year's efforts will be available in the third AAAA report available in early 2024.

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 initial 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.

### **LTSS Needs Assessment Work Group Update**

As part of DHHS efforts to restructure Maine's system of supports for older adults and adults with physical disabilities in Maine, the Office of Aging and Disability Services has convened stakeholders from across Maine's LTSS sector to explore ways to improve nursing facility and residential care systems that focus on quality, innovation, and accountability in order to better serve and meet the needs of Maine people.

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- [Reports](#)
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  - [AAAA-7 First Annual Report](#)
  - [AAAA-7 Second Annual Report](#)

# LD 898 DHHS Quarterly Update

Director of Workforce Initiatives  
Abby Stivers  
December 6<sup>th</sup>, 2023



## Curriculum Goals

### Progress

- In 2021 the department undertook a survey of nationally available curriculum and best practice standards
- That same year OADS worked with Muskie to assess all HCBS training across the state and create a plan for future training
- In 2022 OADS began work on the DSW course with the goal of launching in Spring 2024

### Summary

- OADS is creating a Direct Service Worker (DSW) Course which will be the basis of Aging and IDD/Brain Injury HCBS training
- The course is 50-55 hours of instruction including 8 hours of in-person instruction and skills training
- The DSW course will create stronger training for those who work with Maine's aging population and eventually take the place of the current PSS training
- The DSW course will provide additional aging training to DSPs

## Other States

*Since we started working on Maine's DSW course, other states have also been working on training*

### Wisconsin

- Created A Free Online course  
~30 hours of instruction w/ 14 core competencies
- Gave \$250 bonuses to people who completed the course and \$250 to people once they found a DSW job

*Maine stakeholders expressed that they want in person components to training and training less than 50 hours would lower quality*

### Michigan

- Creating three stackable levels of Direct Care Worker education
- Only looking to establish one credential during the grant period

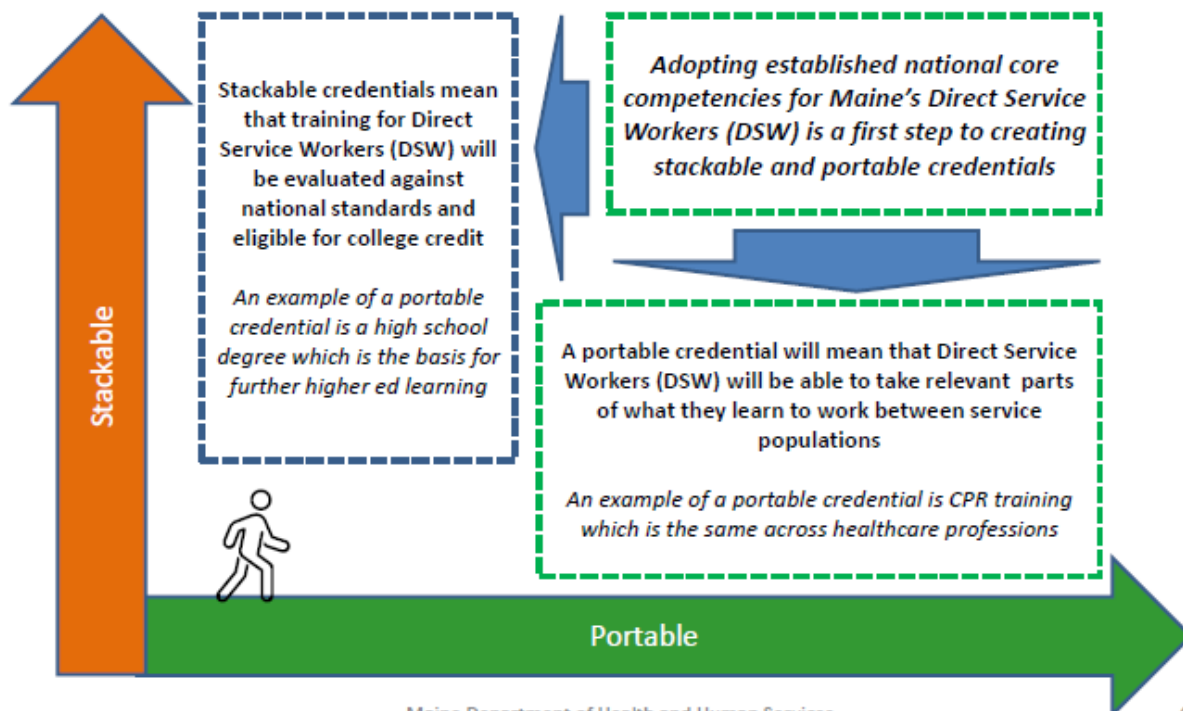
*National experts expressed to Maine the importance of building around the DSP credential and CMS core competencies rather than replacing a national title*

### North Carolina

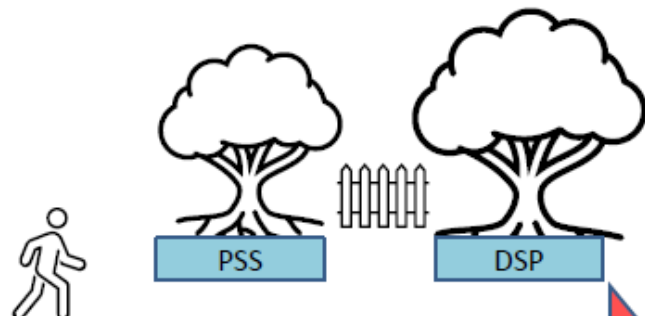
- Cross walked the curriculum that they have and found it to be overly complex and not in line with CMS Core competencies
  - Working on a new curriculum

*This is similar to the steps that Maine is currently taking to improve our training curriculum*

## Curriculum Goals



# Curriculum Goals



*The current system does not offer portable credentials*

The current system does not allow DSW's to easily change the service populations that they serve and the settings in which they work

*However, much of the base level training for PSS and DSP staff is similar*

*This group has expressed frustration that similarities between training credentials are not acknowledged*

Maine Department of Health and Human Services

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# Curriculum Progress

- *The DSW course will provide a comprehensive overview of Direct Care and Support work per CMS Core Competencies*
- *Assessments will measure both learned course knowledge and in person demonstrated skills*
- *Units are built on adult learner best practices including less reading and more narration, learning games, and activities*
- *Aging material and training is being updated to reflect national best practices and create a strong foundation for all HCBS workers*



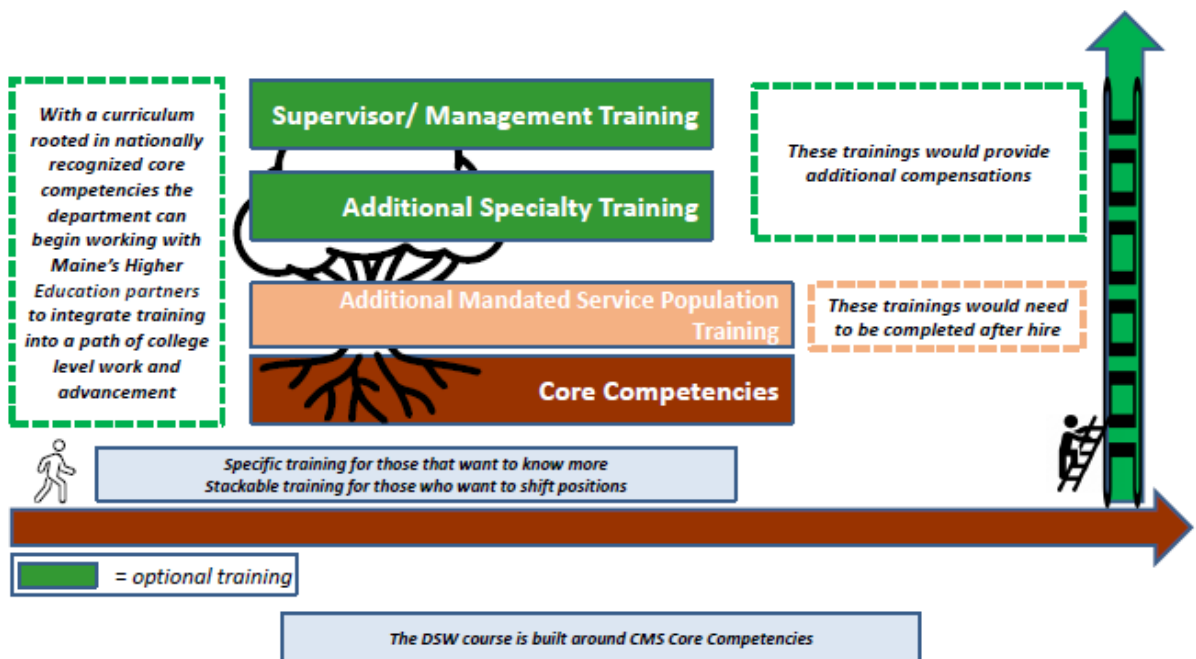
Maine Department of Health and Human Services

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# CMS Core Competencies for the Direct Service Workforce: Competency Areas

1. Communication
2. Person-Centered Practices
3. Evaluation and Observation
4. Crisis Prevention and Intervention
5. Safety
6. Professionalism and Ethics
7. Empowerment and Advocacy
8. Health and Wellness
9. Community Living Skills and Supports
10. Community Inclusion and Networking
11. Cultural Competency
12. Education, Training, and Self-Development

## Career Pathways of Core Competencies



# Marketing Update

## Caring for ME

CAREER PATHWAYS    JOB OPENINGS    TRAINING    REAL STORIES    EVENTS    RESOURCES    CONTACT

Paid advertisements for the Caring for ME campaign are winding down and will end in December- The website will continue to run and be updated for the next year

A campaign final report will be ready and made publicly available in January of 2024



## Coming in 2024

A new marketing vendor will begin another HCBS marketing campaign in 2024 including OADS and OBH marketing priorities

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## Questions?

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