

Italics = Commission member suggestions

POTENTIAL RECOMMENDATIONS – RATES
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-term
1	<p>Increase rates (to at least 125% of minimum wage) across the continuum of care (HCBS, AL & NFs) so that providers are able to pay caregivers a competitive wage</p> <p><i>Change language to “Increase starting DCW rates to at least 125% of minimum wage...” (Stair, Harden)</i></p> <p><i>Change to 250% or to more than \$15/hr (Jolicoeur)</i></p> <p><i>Living wage (Humphrey)</i></p>	<p>Establish a rate-setting commission for non-facility based LTSS, including rates, for related services that support the system (LD 1052 carried over by HHS)</p>	<p>Establish rates that provide increased reimbursement for specialized care (e.g. dementia or bariatric)</p> <p><i>Insert behavioral (Humphrey) – n.b. not intended as comprehensive list</i></p>
2		<p>Establish automatic annual COLA adjustments to DCW rates in statute (already required in some settings or under some programs)</p>	
3		<p>Direct DHHS to establish rates that:</p> <ul style="list-style-type: none"> - reflect current and future structural additions to providers’ costs (i.e. increases in minimum wage, PTO, 	

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Row	Immediate	Intermediate	Long-term
		<p>EVV, background checks / fingerprinting);</p> <ul style="list-style-type: none"> - account for acuity (similar to case-mix in NFs); - account for workers' skill level; - allows for merit or longevity pay increase; - allow for reimbursement for ongoing training; and - mileage reimbursement (??) <p><i>Change to Immediate (Stair)</i></p> <p><i>Add to mileage reimbursement "and/or compensation for travel time between clients" (Humphrey)</i></p>	
4		<p>Require DHHS to review DCW rates every ?? years (P.L. 2017, ch. 459 – requires review every 2 years)</p>	
5		<p>Require DHHS to review differential rates across sections/programs for DCW services</p>	
6		<p>Require DHHS to establish a maximum rate that temp agencies can charge providers for temporary staffing (??)</p>	

POTENTIAL RECOMMENDATIONS – PROGRAM DESIGN (MaineCare)

(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
7		Direct DHHS to standardize the qualification requirements for entry-level DCWs across programs (i.e. age, education, proficiency in English, familial status) <i>Opposed by Stair</i>	Create a standard DCW designation that sets baseline requirements applicable to all settings so that workers can easily move between settings to meet demand staffing demands and to increase job satisfaction (also in Recommendation section for Career Ladder / Workforce Development)
8		Direct DHHS to standardize the training and certification requirements for entry-level DCWs across programs <i>Opposed by Stair</i>	Remove barriers to family members being paid caregivers as permitted by federal law/regulations (Resolve 2019, ch. 102 – applies to §19) <i>Explicitly include parents of minors (Fay) – n.b. not already included?</i>
9		Expand and promote the consumer directed option	Expand coverage of assistive technology and environmental modifications that reduce the need for hands-on care (as recommended by the Aging and LTSS Advisory Group) <i>Change to Intermediate (Stair)</i>
10			Increase hours allowable for Adult Day Health Services
11			Include DCWs as paid staff in any multi-disciplinary care planning team.

POTENTIAL RECOMMENDATIONS – PROGRAM DESIGN (MaineCare)
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
12			Direct DHHS to identify ways to consolidate tasks currently performed by multiple staff

POTENTIAL RECOMMENDATIONS – PROGRAM DESIGN (Public Assistance Programs)
 (from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
13		<p>Direct DHHS to examine public assistance programs to allow DCWs to maintain eligibility when income exceeds current program caps (e.g. SNAP, Housing subsidies) ?? – limited to specific programs? Does this apply to DCWs employed in other professions as well?</p> <p><i>Raise 20 hrs/wk work to 30-40 hrs without penalizing members (Jolicoeur) – n.b. TANF already 30 hrs work required for parents with children over the age of 6 years. SNAP based on income and family size (federal). Some changes made to TANF income cliffs in 1R.</i></p>	
14		<p>Include older DCWs in the Medicare Savings Program</p>	

POTENTIAL RECOMMENDATIONS – CAREER LADDER / WORKFORCE DEVELOPMENT
 (from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
15	Make available, through a variety of mediums, information on the amount of income a DCW may earn before exceeding the cap for public assistance programs. DOL or DHHS?	DOL to work with DOE and institutions of higher education to: <ul style="list-style-type: none"> - explore apprenticeship programs for DCWs; - explore “earn as you learn” programs for specific job types; - identify all industry related training/education programs, including healthcare industry programs, that have practicum requirements and work to require rotations in LTSS/LTC; - develop worker pools of students interested in part-time/flexible schedules 	Create a standard DCW worker designation that sets baseline requirements applicable to all settings so that workers can easily move between settings to meet demand staffing demands and to increase job satisfaction (also in Recommendation section for MaineCare program design)
16	DOL to promote DCW jobs as a career choice <i>Add language to convey value of “care giver” (Fraser)</i>	Develop and release a public service campaign promoting the DCW field	Direct DHHS to create a digital platform to connect DCWs, providers, self-directing consumers, and families. <i>Expand to include workers being reassigned in some circumstances e.g. client in hospital (Fraser) – justification language?</i>
17	DOL to hold job fairs solely focused on DCWs		Create a clear career pathway from all entry level DCW jobs across settings into other positions and professions in long term care. Who??

POTENTIAL RECOMMENDATIONS – TRAINING
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
18		<p>DHHS to reconstitute and update the HRSA training and certification program developed by DHHS and Muskie School of Public Services (one standardized core curricula with specialty modules and distance learning options)</p> <p><i>Change to Immediate. Put PSS training mandates on hold. (Jolicoeur)</i></p> <p><i>Offer training in other languages and ESL; specialized care offered including ABA, dementia, pain with ID (Humphrey)</i></p>	
19		<p>DOL to work with DOE and institutions of higher education to work with high school vocational education programs to develop DCW certification programs for high school students</p> <p><i>Tuition discounts for DCW continuing education (Humphrey)</i></p>	

Additional recommendations:

- *Develop untapped workforce of people with disabilities, new Mainers, retirees (Fraser) – n.b. Who? How? Is this a justification or a goal that needs additional recommendations to achieve it or something different?*
- *Invest in supervision staff (quality initiative) (Fraser) – n.b. DHHS provides/requires training? Rates associated to ensure payment? Something else?*

POTENTIAL RECOMMENDATIONS – OTHER
(from Commission to HHS Committee)

Row	Immediate	Intermediate	Long-Term
20	Establish a 2-year oversight commission to meet quarterly to: <ul style="list-style-type: none"> - review progress toward implementing recommends; - address barriers to implementation; and - make new recommendations as needed. Who should they report to?	Establish a DCW month to recognize the important work done by members of this profession.	Direct the State Economist to forecast future need for DCWs. regular/annual/biennial basis?
21	DECD to prioritize this employment sector for solutions to workforce shortage. Consider marketing assistance, child and elder care credits, housing subsidies, and transportation options for DCWs	Investigate methods to pool workers across providers and/or settings, including how to provide benefits Who? <i>Include additional strategies around the uncertainty of income for DCWs, e.g. payment while client is in hospital (Fraser)?</i>	Direct DHHS to report quarterly on usage and unmet demand, including unstaffed hours, unstaffed positions, and unfilled beds caused by staffing shortages
22	DHHS to consider using Civil Money Penalty funds to address workforce shortage	Direct DHHS to investigate grant funds available for behavioral training for DCWs.	Direct DHHS to investigate impact of swing beds in critical care access hospitals on rural nursing facilities in the same geographic area and consider options to remedy any negative impacts
23		Direct DHHS to consider obtaining grant funds under Lifespan Respite Care Program grant offered by the U.S. ACL	