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

2025 Report

Required by: PL 2021, c. 398, Section AAAA-7

Submitted by:
Maine Department of Health and Human Services
Office of Aging and Disability Services

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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 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 fourth report in collaboration with its partners at the Maine Department of Labor.

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 2019 Long-term Care (LTC) Workforce Report, as well as other related activities. This section is organized by topics as they appear in the 2019 report.

Reimbursement

The Department of Health and Human Services (DHHS) has taken several steps since the 2019 Workforce Report to support higher wages for direct support workers (DSWs) through MaineCare Rate System Reform and COVID-related supplemental payments in MaineCare and State-funded programs.

2024 Updates:

- In 2024, the Department proposed, and the Legislature approved a major reform of nursing facility payments, scheduled to take effect for calendar year 2025. Throughout the process the Department has actively engaged interested parties including advocacy and consumer organizations and the Maine Health Care Association to seek input and provide progress updates. The new rates increase nursing home payments and reward quality care, high occupancy rates, and low temporary staff levels. The rates are based on direct care staffing levels of 4.4 hours per resident day, well above state and federal minimums. This rate reform adds $49 million per year to base rates, reduces complexity and eliminates the cost settlement for direct and routine costs, making budgets more predictable for both facilities and MaineCare. In addition to the rate increase, the Legislature approved a three-year fund to help nursing homes transition to the new system. Part of that fund will be used for a Quality Bonus Pool to reward high-performing nursing homes;

- MaineCare rate studies in progress in 2024 included two impacting direct care and support rates. One is a study to develop rates for the future Lifespan home and community based services (HCBS) waiver program and update rates for existing HCBS waivers under Sections 18, 20, 21, and 29. Second is a rate analysis for home and community based clinical, therapy, care coordination, supportive skills building and assistive technology services in MaineCare Benefits Manual Sections 12, 18, 19, 20, 21, 29, 40, 96, and 102. Both studies are expected to be completed in 2025; and

- Effective January 1, 2024, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, 67, 96 and 97, Appendix C in accordance with the requirements of Part AAAA of P.L. 2021, c. 398, relating to 125% of minimum wage for essential workers. The Department also implemented rates resulting from rate studies for Sections 13, Targeted Case Management and 26, Day Health Services. On December 2, 2024 the Department announced that due to projected budget limitations, Part AAAA COLAs for 2025 will be reliant on additional appropriations by the Legislature.

Previous Years:

- In response to the healthcare worker challenges exacerbated by the COVID-19 pandemic, DHHS submitted and received approval of its Home and Community Based Services Improvement Plan under Section 9817 of the American Rescue Plan Act through the Centers for Medicare & Medicaid Services (CMS). A key component of the plan was to provide retention and recruitment bonus payments for new and existing direct support workers and their supervisors across several MaineCare sections of policy.[1] As of June 2023, initial reporting from provider agencies showed that more than 24,000 workers received an average of $3,429 in bonuses over the reporting period between July 1, 2021, and December 31, 2022. The initial reporting data suggests that the payments helped to stabilize and grow Maine's Home and Community Based Service workforce;[2]

[1] https://www.maine.gov/governor/mills/news/governor-mills-announces-federal-approval-bonus-payments-direct support-workers-2021-11-23

[2] https://www.maine.gov/dhhs/blog/bonuses-help-stabilize-and-grow-maines-home-and-community-based-service-workforce-2023-06-15

- In December 2023, the Department issued $19 million in one-time Medicaid (MaineCare) payments to Maine nursing facilities to support their continued recovery from the pandemic. The payment initiative prioritized direct care staffing levels to promote access and quality;[3]

- Appendix K to Maine's Home and Community-Based Services 1915(c) waivers provides the state certain flexibilities in waiver program operations during an emergency. In accordance with the Centers for Medicare and Medicaid Services (CMS) policy, the default expiration date for Appendix K flexibilities is six months following the end of the federal public health emergency (PHE). However, CMS indicated in its August 2, 2023, State Medicaid Director letter that Appendix K flexibilities may be extended past the original November 11, 2023, deadline. Maine submitted a five-year renewal application and received CMS approval effective July 1, 2023, for waiver Sections 18, 19, 20, 18, 21, and 29; and

- In September 2021, the Department issued over $123 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (also known as Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs) to assist with ongoing, COVID-related staffing shortages;

- In December of 2021, Governor Mills directed the Department to waive penalties on nursing facilities during the federal public health emergency (PHE) that are experiencing low occupancy rates. The Department is applying this waiver to Section 97 Private Non-Medical Institution (PNMI) Appendix C facilities as well. This enabled nursing and residential care facilities to be reimbursed according to actual resident days instead of a minimum of 80% or 90% occupancy as outlined in regular MaineCare policy;

- Part AAAA of the budget enacted under 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. On May 3, 2022, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, and 96 that are associated with Part AAAA of P.L 2021, c. 398, retroactively to January 1, 2022. Supplemental monthly "ramp" payments were paid during calendar year 2022 for other long-term care and personal support services in Sections 2 and 26, where rate studies were needed to ensure appropriate adjustments to meet the 125% requirement. The first distribution of these temporary supplemental payments included payments for both January and February 2022. For the remainder of the calendar year, payments were issued monthly to eligible providers from March 2022 through December 2022;

- DHHS also increased its planned cost of living adjustment (COLA) for FY22 to match higher than anticipated inflation rates and accelerated 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 for Home and Community Based Services (HCBS) waivers;

- In addition to Part AAAA, Nursing Facilities and PNMI Appendix C facilities received an interim supplemental wage add-on to their rates from January 1, 2022, to June 30, 2022. The Department

[3] https://www.maine.gov/dhhs/news/dhhs-issues-19-million-maine-nursing-facilities-thu-12212023-1200?utm_medium=email&utm_source=govdelivery

then collected wage data from facilities to fully implement section AAAA-5 of the biennial budget, 2021 P.L. c. 398, which requires that direct care rates for providers in Section 67 and Section 97, Appendix C enable providers to cover labor costs for essential support workers of at least 125% of the minimum wage. Rate letters for these facilities were posted on September 29, 2022, including add-on rates for Part AAAA, with rates retroactive to July 1, 2022;

- In response to the healthcare worker challenges exacerbated by the COVID-19 pandemic, DHHS submitted and received approval of its Home and Community Based Services Improvement Plan under Section 9817 of the American Rescue Plan Act through the Centers for Medicare & Medicaid Services (CMS). A key component of the plan was to provide retention and recruitment bonus payments for new and existing direct support workers and their supervisors across several MaineCare sections of policy.[4] Over $121 million was paid in the first quarter of CY 2022 to 354 agencies who reported almost 21,000 workers in the registration process. Agencies had until 12/31/2022 to utilize the retention and bonus payment funds. Final reports that will include worker-level data were due February 1, 2023;

- Public Law 2001, c. 639 (LD 1867) was enacted in 2022 and took effect August 8, 2022. As passed, c.639 creates a new stand-alone section of Maine law (22 MRSA §3173-J) that codifies the processes and principles for the MaineCare Rate System. These processes and principles include setting a schedule for regular rate review and adjustment, to be reviewed annually in consultation with the Technical Advisory Panel (TAP); reviewing relevant state and national data to inform rate amounts and payment models, with an emphasis on models that promote high value services by connecting reimbursement to performance; and formalizing a clear and transparent process for rate determination that includes public notice and comment. DHHS convened the TAP and implemented its first round of rate setting under the new law;

- In August 2022, the Department issued $25 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs). The funds were distributed proportionally based on each facility type's CY 2019 MaineCare revenue for these services;

- In September 2022, the Department issued one-time payments to eligible providers of Per Diem Home Support and Home Support – Family Centered Support under MaineCare Benefits Manual Section 21, Home and Community Benefits for Member's with Intellectual Disabilities or Autism Spectrum Disorder to assist with ongoing COVID-related staffing shortages in residential group homes;

- Public Law 2021 c. 635 enabled the Department to provide High MaineCare Utilization payments (HMUP) for Section 97 Appendix C facilities. This HMUP provides add-ons to the facility rate when a facility's MaineCare member occupancy exceeds 70% and 80%. Nursing facilities also receive this HMUP; and
- Appendix K to Maine's Home and Community-Based Services 1915(c) waivers provided the state certain flexibilities in waiver program operations during an emergency. Section K-2.b.ii. of Maine's

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

Appendix K, which allows service caps to be exceeded and group home staffing to be lower than authorized levels, was originally set to expire on May 31, 2020. Due to continuing need related to the COVID-19 pandemic, the Department has extended this provision eleven times, most recently through March 31, 2023. On October 1, 2022, the Department set the minimum staffing in Section 21 group homes at 80% of authorized levels, provided that the health and safety of residents can be maintained. This represents an increase from the 50% minimum established at the beginning of the pandemic. The Department is monitoring workforce conditions closely and will make decisions about April 1, 2023 staffing levels by the end of this year.

Workforce Recruitment and Retention

DHHS has worked closely with the Department of Labor (DOL) and other public and private stakeholders to support increased healthcare workforce recruitment and retention efforts:

2024 Updates:

- In 2024 DHHS launched the Careers with Purpose marketing campaign to recruit and retain direct services workers in aging, intellectual disability, brain injury, physical disability, and behavioral health. Careers with Purpose builds on the prior Caring for ME campaign with a new website and new videos which spotlight HCBS job opportunities, workers, and individuals receiving support across the state. Ads to raise awareness and elevate the profession for HCBS job opportunities have aired statewide on radio, television, gas station TV, movie theaters, and multiple locations online;
- DOL continues to conduct targeted health and Long-Term Services and Supports (LTSS) job fairs, which will be further developed in conjunction with the ongoing 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; In the 2024 calendar year, CareerCenters around the state hosted 80 hiring events. Among them more than 95% featured employers hiring positions in direct care jobs; and
- The Department has continued to work with Maine's Long Term Care Ombudsman Program to support the activities of the Direct Care and Support Advisory Council. In 2024, this council was actively involved in several presentations to state lawmakers, advocacy organizations, and other stakeholders. Council members continue to receive leadership and support to present ideas that help strengthen Maine's HCBS workforce. On September 17th the Direct Care and Support Professional Advisory Council hosted a conference for direct care workers, policy makers, providers, and partners to discuss their work, identify policy and practice priorities and explore avenues for future workforce growth. The conference findings report, Uplifting the Voices of Maine's Direct Care and Support Professionals, includes key themes emerging from the proceedings.

Previous Years:

- In 2023 DHHS continued to run and support the Caring for ME campaign which targeted direct care and support workers interested in the areas of behavioral health, aging, intellectual disability, brain injury and physical disability. The campaign created video's which spotlight HCBS workers in Maine and ran ads in a mix of digital and traditional media outlets. Additional marketing efforts will begin in early 2024;

- DOL led the initial efforts for a 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 & Recovery Plan (MJRP) DOL retained a marketing agency and collected stakeholder feedback. 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, the Home Care & Hospice Alliance of Maine, and the Maine Direct Care & Support Professional Advisory Council 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;

- With input from 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. 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 100+ employer and 250+ jobseeker participants—resulting in 30 jobseekers submitting applications, receiving conditional offers and interviews for open positions and 20+ jobseekers connected with Healthcare Navigators for additional job search support;

- DOL transitioned the Caring For ME campaign to DHHS in December 2022 and DHHS will further target direct care and support workers interested in behavioral health, aging, intellectual disability, brain injury and physical disability. Additional marketing efforts are being planned to continue and build on the Caring For ME campaign;

- 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. This strategy is part of a public/private partnership with the Maine Hospital Association, Maine Primary Care Association and the Maine Health Care Association. This campaign has created 22 career exploration videos, a job board, and a career toolkit distributed across all high schools in Maine. The multimedia advertising strategy includes radio, video, traditional and social media, resulting in 58,533 job views for positions in the healthcare sector, and 699 applications to healthcare jobs posted on the Live and Work in Maine job board. This campaign will continue in CY 23 with a wider target audience;

- 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 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;

- With funding from the Governor's Maine Jobs & Recovery Plan (MJRP), the Finance Authority of Maine (FAME) continues to administer 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 for loan repayments of 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; and

- In order to support recruitment efforts for non-English speaking Mainers, DHHS continues to work 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.

Workforce Development

DHHS, DOL and DOE continue to collaborate on a number of workforce development initiatives.

2024 Updates:

- The DOL has been expanding healthcare pre-apprenticeship and registered apprenticeship programs. The Maine Apprenticeship Program currently has 10 registered sponsors in healthcare, including DHHS, MaineGeneral Health, Northern Light Health, and MaineHealth. At the end of 2024, 115 apprentices were actively pursuing apprenticeship credentials in ten different healthcare occupations. New occupations added in 2024 included medical technologist, dietary aide/food service, pediatric educational technician and direct support professional;

- Through the Maine Jobs & Recovery Plan (MJRP) funds and a US Department of Labor grant, pre-apprenticeship programming was expanded for New Americans pursuing certification as Certified Nursing Assistants through Lewiston adult education. MaineHealth in partnership with Jobs for Maine Graduates (JMG) developed an online, self-paced pre-apprenticeship program for high school students designed to allow students to explore what it means to pursue healthcare as a career while highlighting apprenticeship opportunities at MaineHealth. The program generates interest in healthcare careers and provides a direct connection to a career navigator to guide students toward an appropriate opportunity and recruitment pipeline. During 2024, 143 high school students enrolled in the pre-apprenticeship program. Portland Adult Education continued their medical assistant pre-apprenticeship program in 2024, serving 11 new Americans, with another two cohorts planned through 2026. The program focuses on increasing representation to historically marginalized populations, particularly multi-lingual learners. To date, over 264 pre-apprentices have been enrolled in healthcare pre-apprenticeship programs, with more to come as grant funding has been extended through September 20, 2026;

- Supported by Maine Jobs & Recovery Plan funding, DOL hired two full-time CareerCenter Counselors with expertise in healthcare to assist individuals statewide interested in healthcare careers get connected to training and job opportunities. Since the inception of the Maine Jobs Plan, these CareerCenter Counselors have worked with individuals who are referred from a variety of sources, including the Caring For ME/ Careers with Purpose campaign, and has connected 586 individuals to free training, job opportunities and other services. These positions 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; and

- In addition to our Maine Jobs & Recovery Plan funding, DOL has made investments in the “Caring Economy” through the QUEST grant. QUEST is a dislocated worker grant created in direct response to the COVID-19 pandemic. Launched in response to the COVID-19 pandemic, the Quality Jobs, Equity, Strategy and Training (QUEST) grant was originally slated to end in September of 2024 but has been extended in Maine until September of 2025. The grant can help workers reach their employment and workforce-related education goals by providing help with tuition and training fees, services and supports such as childcare, transportation, education and training, and apprenticeships. QUEST has a specific focus on the care economy, green energy, and infrastructure and is

administered by the local area workforce boards throughout the state. At the close of 2024, 125 individuals engaged in healthcare-specific training and an additional 61 jobseekers obtained healthcare-related employment including Certified Nursing Assistant, Certified Clinical Medical Assistant, Home Health, and Personal Care, representing 25% of program participants.

Previous Years:

- DHHS is engaged with the University of Maine System (UMS) and MCCS to align learning standards with provider needs. One pilot at the University of Maine at Fort Kent has enabled 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 (CRMA) in year 3 as they work on their nursing degrees. This allows nursing students to engage in paid work in different capacities along the continuum as they move through their degree program. This model is being expanded to other colleges across Maine; and
- As part of the COVID-19 response, the UMS 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 were sent directly through the Maine Responds system. Permanent and longer-term needs are sent to the Career Services offices across the MCCS and UMS. The process to connect with students is outlined in the DHHS Recruitment and Retention Toolkit.

Qualifications and Training

Qualifications for performing 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 Department is also exploring methods to make available training easily found by seekers, so training access does not pose a barrier to job seekers.

2024 Updates:

- DOL and DHHS are working closely with the Department of Education (DOE), Maine Community College System (MCCS) and the University of Maine System (UMS) partners to coordinate a centralized approach to healthcare training opportunities and training funding via Healthcare Training For ME (launched in April 2022). The funding is a combination of approximately $7 million in tuition remission funding from the Maine Jobs & Recovery Plan as well as MCCS funding. The focus is working with employers to connect incumbent health care workers in entry level jobs with training funding to support attaining certifications and credentials to move up the career ladder and to improve retention and 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. The Tuition Remission program has funded more than 1,573 healthcare workers. Relevant to this report, notable training certificates funded by this program includes 823 individuals with certificates in MHRT-C, ACRE, CNA, Fading Supports, PSS, CRMA, RBT, CADC, Footcare Nurse Specialist, Licensed Practical Nurse, and Certified Dementia Care. Currently, Behavioral Health Professional (BHP) and Direct Support Professional (DSP) certifications are fully funded by DHHS. Participants included in this training opportunity have until December 2026 to complete training programs. At this point in time 818 have completed their training programs to be upskilled, 575 are in-progress, and 177 did not complete. The Maine Community College System has also funded healthcare training, resulting in 2,772 unique

enrollments since the inception of Healthcare Training for ME, and 2,552 individuals have completed their studies notably for this report including CNA, Medical Assistant, and Phlebotomists; and

- DHHS has continued development of the Worker Portability and Advancement initiative, which is creating a base credential usable by individuals in two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP). The base credential will enable a direct care and support worker to perform entry-level work across multiple groups of people and aspire to pursue additional expertise to advance in the field. Throughout 2024 the Department met with partners, providers, and trainers to receive feedback on the course. The course was also vetted by national HCBS partner organization PHI who checked that it meets with CMS core competencies and adult learning standards. Upon necessary rule changes the target date to launch the course is the second half of 2025.

Previous Years:

- To address the significant challenge of finding Direct Support Professionals (DSP) who are able to communicate and care for individuals who use American Sign Language (ASL), DOL and DHHS worked together to record the DSP training in ASL. Those trainings are now being made available through the College of Direct Support. This curriculum version will better meet the needs of potential DSP's who are ASL users.

Expanding Existing Support Systems

- On September 30, 2024 the two-year Respite for ME pilot program ended. It had been funded through the Maine Jobs & Recovery Plan. The pilot confirmed its positive impact on family caregivers and older adults in Maine through its final evaluation recently submitted to the Legislature. By reducing caregiver burden and offering flexible benefits, the program empowered caregivers to prioritize their well-being while continuing their vital roles. Building on this success, DHHS is introducing legislation in 2025 to incorporate Respite for ME's best features into the Respite Care program. The pilot's evaluation results were recently summarized in a DHHS blog. Both year 1 and the final evaluation reports are available here: Data & Reports | Department of Health and Human Services

Previous Years:

- In late 2023, the individual Respite for ME grant amounts increased from $2,000 to $5,171; and data shows some caregivers chose to use the money across multiple services, while others chose to use all funds for large items such as Assistive Technology items.

- In July 2023, the benefit cap for assistive technology (AT) increased from $1,000 to $1,500 and the cap for environmental modifications increased from $3,000 to $4,500 for section 19 waiver services.

Consumer Directed Services

DHHS has long had consumer-directed options in its programs for older adults and adults with physical disabilities and those options have been growing in popularity. The Department worked to expand self-directed options to other adult groups. These options allow participants to find and hire their own support workers rather than use a provider agency. The option is often used to hire and pay family members.

- Self-direction has been expanded to participants of Section 18 (Brain Injury Waiver), 20 (Other Related Conditions) and 29 (Supportive Services for Individuals with Intellectual Disabilities waiver) through modifications to the waivers through the emergency use of the Appendix K option during the federal public health emergency. Maine was the only State that implemented an Appendix K flexibility expanding self-direction. DHHS pursued and obtained permanent changes from CMS to the waiver application and MaineCare policies to allow these options to continue; and

- Self-Direction is currently offered in Maine Care Section 19 (Older Adults and Adults with Physical Disabilities Waiver), Section 96 (Private Duty Nursing and Personal Care Services) and Section 12 (Consumer Directed Attendant Services). In addition, the Department also allows self-direction in its state funded Section 69 (Independent Support Services), Section 63 (Home Based Services and Supports).

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.

2024 Updates:

- Fedcap Families, through the TANF ASPIRE program, offers a monthly 90-hour *Industry OnRamp: The Power of Possible* course, providing an introduction to healthcare and human services. Participants explore career ladders, engage in activities like writing assignments, mock interviews, lectures, and videos, and attend weekly networking events tailored to their interests and locations. Starting in week four, most participants transition into field training experiences, employment, or further educational opportunities. Those who determine healthcare and human services are not suitable for their career goals are referred to alternative programs aligned with their interests. English Language Learners receive additional support through Adult Education partners in-person and online classes using the EnGen English Skills Platform;

  In 2024, 536 participants secured healthcare jobs. 66 participants have engaged in the Health and Human Services Career exploration, 62 participants engaged in additional education and job training activities and 4 gained immediate healthcare employment while 23 participants transitioned to other industries;

  Participants currently can earn the *Health and Human Services Basic Practitioner Certificate of Completion*, offering foundational knowledge in human services. Starting 2025, the program will add onsite *Personal Support Services (PSS)* training for those preparing for healthcare roles but are not quite ready for a Certified Nursing Assistant (CNA) program; and

- The Department, in partnership with the Administration for Children and Families (ACF) and the American Public Human Services Association (APHSA), in addition to the Federal Reserve Bank of Atlanta, launched a Benefits Cliff Tool Pilot in February 2022. The pilot enables workers to receive coaching and the tool allows workers 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. The first pilot was completed in 2022, in partnership with state agencies and community organizations. Feedback from staff and families was positive, with the tool helping to spur discussion about careers and wage increases. In 2023, Maine DHHS and MDOL joined ACF and APHSA to launch a broader uptake of the tool. At the same time, the Federal Reserve Bank of Atlanta expanded the project to offer a suite of tools, including:
    - A calculator that enables participants to evaluate their overall net income gain with wage increases;
    - The benefit cliff tool piloted in 2022; and
    - An in-depth budget and career planning tool.

  In 2023, over 150 staff across multiple agencies participated in training on how to use the tools, including several staff from the Department.

Previous Years:

- Beginning in May 2023, the Office for Family Independence (OFI) began redetermining eligibility for an estimated 17,000 households, representing approximately 31,000 members each month. Under the continuous coverage requirements in the FFCRA, Maine has been required to maintain enrollment of nearly all members through the end of the month in which the PHE ends. The omnibus appropriations bill for 2023 lifted the continuous coverage protections and delinked them from the public health emergency. The Department has many steps to prepare for the end of the continuous coverage requirement including: continued issuing and processing MaineCare renewals throughout the PHE to keep case information as up to date as possible; developed enhanced standard operating procedures to ensure the ability to record telephonic signatures for all renewals and applications; launched My Maine Connection, a new online portal to apply for benefits, renew current benefits, report changes, submit verifications, request MaineCare cards, and enroll in electronic noticing; contacted members who have had mail returned to the Department as undeliverable; developed text messaging and email options to alert members of upcoming renewals; developed a communication plan to request updated contact information, including conducting outreach to member's who may need to update their information; published online resources for MaineCare members and stakeholders, including unwinding plans and Frequently Asked Questions; partnered with community-based organizations to provide a point of contact for direct assistance to MaineCare members; and established a 15-month CoverME.gov Special Enrollment Period that coincides with the redetermination process to allow MaineCare members to easily explore plan options and enrolling affordable Marketplace coverage;

- 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;

- 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) continues to host monthly community partners meetings with MaineCare provides, 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:

2024 Updates

- As part of a federal CDC Health Disparities Grant, DHHS launched a pilot to increase and expand capacity of health-related training programs in rural and underserved areas of Maine. The Building-ME Network of clinical and academic partners aims to create a statewide system to streamline clinical training placements of students with preceptors through an electronic matching platform. Trainees are matched from a variety of disciplines including, but not limited to: RN, LPN, CNA, Medical Assistant, Medical Student; Resident Physician, Physician Assistant, Advance Practice Nurse; Pharmacists, Podiatrists, Speech/Language Pathologists, Advanced EMT, Paramedic, LCSW, MSW, Dentist, Dental Hygienist, Dental Assistant, Physical Therapist; Occupational Therapist; Respiratory Therapist, and others. To date the Building ME network has had the following impact:
    - Trainees Placed: 709
    - Trainees Hired: 181
    - First Time Preceptors: 88
    - New Preceptorship Programs Launched: 32

Previous Years:

- In 2021, 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. As part of Section 9817, under the American Rescue Plan Act, OADS has contracted with LTCOP to continue this effort through an initiative that has supported the creation of a Direct Care and Support Worker Advisory Council. Members of the Council include direct care and support staff providing in-home care, working in assisted living and residential care homes, and nursing facilities. The purpose of the Council is to build leadership and advocacy skills as well as to inform and makes recommendations to policy makers about workforce initiatives;

- DHHS received a federal Money Follows the Person (MFP) Capacity Building grant award that includes a workforce development component; and

- DHHS decided that pursuing a Lifespan Respite Care grant from the federal Administration for Community Living would not be feasible and has instead received approval from CMS to fund a pilot program under Section 9817 of the American Rescue Plan Act.

I. Current Data Related to Staffing & Occupancy

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 Facilities in Maine

Assisted Housing Facilities *Includes Residential Care, Private Non-Medical Institutions, Waiver Group Homes, and Assisted Living*		
	Number of Licensed Facilities	**Bed Capacity**
May 2020	852	10,800
January 2022	1,154	11,528
December 2022	1,179	11,771
December 2023	1,157	10,863
December 2024	1,238	11,227

Table 2. Occupancy Data for Residential Level IV Facilities

Residential Care Facility Level IV *PNMI-C and Level IV Adult Family Care Homes*				
	Total Number of Facilities	**Total Number of Medicaid Beds**	**Total Number of Beds**	**% Occupancy**
November 2020	128	2,848	4,510	82.88%
November 2021	125	2,798	4,426	84.66%
November 2022	122	2,758	4,419	85.70%
December 2023	119	2,815	4,534	72.72%
December 2024	117	2,959	4,011	87.67%

Table 3. Capacity and Occupancy of Nursing Facilities in Maine

Nursing Facilities				
	Total Number of Facilities	**Total Number of Medicaid Beds**	**Number of Beds**	**% Occupancy**
November 2020	93	3,645	6,506	80.62%
November 2021	92	3,242	6,496	73.75%
October 2022	87	3,175	6,136	78.96%
October 2023	83	3,166	6,125	76.73%
October 2024	78	3,201	5939	85.64%

Home Care Capacity

Table 4. Capacity of Maine Home Care Programs[5]

MaineCare Programs			
	Unduplicated Number of Members Served	**Percentage of Members Receiving Less Than All of PSS and Nursing Hours**	**Waitlist**
Section 12- Consumer Directed Attendant Services			
November 2020	374	7%	0
November 2021	317	9%	
November 2022	323	6%	
December 2023*	325	7%	
December 2024	326	12%	
Section 19- Home and Community Benefits for Elderly and Adults with Disabilities			
November 2020	2,133	30%	0
November 2021	2,233	34%	
November 2022	2,339	33%	
December 2023*	2,686	50%	
December 2024	3,077	49%	
Section 96- Private Duty Nursing and Personal Care Services			
November 2020	2,672	44%	0
November 2021	2,735	48%	
November 2022	2,833	47%	
December 2023*	2,846	62%	
December 2024	2,942	50%	
**Reporting for Home Care Capacity shifted in 2023 from monthly to quarter reports*			
OADS State Funded Programs			
Section 63- In-Home and Community Support Services for Elderly and Other Adults			
November 2020	962	45%	553
November 2021	677	44%	996
November 2022	768	53%	398
December 2023*	1,487	71%	0
December 2024	1,142	45%	969

[5] Data provided via reporting from Maine's Service Coordination Agencies: Alpha One, Catholic Charities of Maine and SeniorsPlus, LLC

Section 69- Independent Support Services Program			
November 2020	1,669	16%	925
November 2021	1,518	20%	1425
November 2022	1430	20%	1269
November 2023	1407	17%	1312
December 2024	1203	17%	1413
Chapter 11- Consumer Directed Personal Assistance Services			
November 2020	114	2%	88
November 2021	94	4%	121
November 2022	93	7%	0
Effective October 1, 2023, Chapter 11 and Section 63 programs merged into a newly consolidated Section 63 program			

Conclusion

This report outlines key progress and activity by the Maine Department of Health and Human Services, the Maine Department of Labor, and other public and private entities to address the shortage of LTSS workers in Maine. The general labor shortage continues across all sectors and continues to impact the continuum of LTSS, but some important indicators moved in a positive direction in 2024. The number of residential beds increased, occupancy in residential and nursing homes improved, and the percentage of home-based members receiving less than all authorized services decreased in several programs. The Department continues its work on multiple workforce initiatives and will maintain a strong focus on the LTSS workforce in the coming year.