

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

**2024 Annual Report**

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## 2024 Annual Report

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## Committee Overview

Established in 2021, the Essential Support Workforce Advisory Committee (ESWAC) 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.

## 2024 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 continued its 2023 work to deepen the understanding of the impacts of the tight labor market across healthcare sectors. Throughout 2024 the Committee learned about mechanisms to address the essential care workforce and the impacts of the gap on the State economy. The Committee learned that the care gap in Maine (the gap between those who are eligible for care and support through MaineCare or state funded programs and those who are actually getting that care) is growing significantly for older people entitled to care, and also learned that this data is not available for other populations. The Committee determined that the best way to measure growth in the essential support workforce is to measure the gap in care year over year.

In 2023 the Committee issued a recommendation to provide funding to the Maine Health Data Organization 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. The recommendation did not move forward in 2023.

Over the course of four meetings throughout 2024, the Committee developed the following recommendations:

1. 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.
2. Add at least one additional committee member to LD 898, specifically a representative of personal care agencies.
3. Utilize the existing infrastructure of the Commission to Study Long-term Care Workforce Issues that was created by the Legislature (AAAA Report) to report on additional gaps in care for populations of people who are entitled to care but not receiving care who are served by Essential Support Workers.
4. Support the inclusion of legislative language in a workforce development omnibus bill, after seeking input from the Department of Health & Human Services, that would ensure the creation of a Universal Standardized Core Curriculum & Credentialing Stakeholder Group that includes representatives of the following entities or groups: Office of Aging and Disability Services, Office of MaineCare Services (PIU), Licensing, Maine Department of Labor, University of New England College of Osteopathic Medicine, Geriatrics Workforce Enhancement Program (GWEP), Muskie School of Public Service, The Harold Alfond Center for the Advancement of Maine’s Workforce, Providers/ Employers/ Trade Associations, Direct Care & Support Professionals Advisory Committee, and Recipients of Care.

## 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.

## 2024 Overview

In 2024 the committee held one meeting per quarter including on March 20<sup>th</sup>, May 13<sup>th</sup>, August 12<sup>th</sup>, and November 18<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. Over the course of 2024, the webpage has had 532 unique views.

## 2024 Meeting Summaries

### March 20, 2024

The agenda for the March 20, 2024 LD 898 meeting included introductions, updates from committee members, a review of the annual report, sector specific updates featuring ME Health Care Association (Angela Westhoff), ME Homecare & Hospice Association (Chris Costello), Maine Association of Community Services Providers (Laura Cordes), Alliance for Addiction and Mental Health Services (Malory Shaughnessy) & Maine Hospital Association (Sally Weiss), DHHS Updates, and Outreach updates from the Maine Department of Labor. An opportunity for public comment was offered. There were six members of the public in attendance. The full meeting recording is available at <https://www.youtube.com/watch?v=T002VZWAqzU>.

### *Sector Specific Updates*

Each guest presenter offered sector specific updates. Angela Westhoff from the Maine Health Care Associations shared that the healthcare workforce shortage existed long before the pandemic, and that nursing homes have lost more than 20% of the workforce over the last five years. Chris Costello shared specific data about retention at Maine Health as an indicator for the over Homecare and Hospice Association. Laura Cordes from the Maine Association for Community Service Providers (MACSP) which represents more than 9,000 direct support staff (Direct Support Professionals) through MaineCare and shared survey results from 25 organizations to inform

about the current care gap as well as their on-going initiatives to offer support to members. Malory Shaughnessy provided updates about the 35 member agencies she represents from a recent point in time survey with rates of vacancies related to staff shortages across the Behavioral Health spectrum, noting the data challenges around the variety of job titles that complicate this assessment. Sally Weiss shared about the impacts of labor shortages at Homecare/Hospice, Community Service Providers, and Behavioral Health Providers are impacting hospitals.

#### *Quarterly Updates from DHHS and MDOL*

DHHS shared a presentation available in Appendix A about the AAAA report and the transition of the marketing campaign. MDOL shared updates about investments in recruitment and retention on the Healthcare Training for ME website available in Appendix B.

#### **May 13, 2024**

The agenda for the May 13, 2024 LD 898 meeting included introductions, elections of chairs, adjustments to upcoming meeting scheduled, an update from MDOL on Apprenticeship/Earn While You Learn opportunities, Legislative Updates Related to Workforce Sectors (Guest speakers: Ben Hawkins, Maine Healthcare Association & Malory Shaughnessy, Alliance for Addiction and Mental Health Services, Maine & Maine Behavioral Health Foundation), a presentation on staffing level needs for the essential support workforce (Guest speaker: Paul Saucier), and opportunities for public comment. There were six members of the public in attendance. The full meeting recording is available at <https://www.youtube.com/watch?v=4fghu42II-s>

#### *Quarterly Updates from DHHS and MDOL*

DHHS shared a presentation available in Appendix C titled “Recent Developments in Measuring Access to Long Term Services and Supports” and issued a memo available in Appendix D about efforts to Expand the State’s Essential Support Workforce. MDOL shared updates about titled “Workforce Development Strategies to Support Talent Pipeline” available in Appendix E.

#### **August 12, 2024**

The agenda for the August 12, 2024 LD 898 meeting included introductions, updates from committee members, a presentation from Brenda Peluso with the Maine Council on Aging sharing outcomes from the Essential Care & Support Workforce Partnership Summit, a presentation from Arthur Phillips from MECEP sharing a report published in June called “Closing the Gap: Maine’s Direct Care Shortage and Solutions to Fix It.” The full report is available at <https://www.mecap.org/wp-content/uploads/2024/06/Maines-Direct-Care-Shortage-and-Solutions-to-Fix-It.pdf>. There were two members of the public in attendance. The full meeting recording is available at <https://www.youtube.com/watch?v=8PUi0x9VgDM>

#### **November 18, 2024**

The agenda for the November 18th, 2024 LD 898 meeting included welcome and introductions, a report out from Chris Quint on the role of the State Workforce Board in Maine, Discussion on Duty G, Annual Report Preparation, scheduling for the 2025 meetings and opportunities for public comment. There were 11 members of the public in attendance. The full meeting recording is available at <https://www.youtube.com/watch?v=sXz3ycE9pM0>

#### *Quarterly Updates from DHHS and MDOL*

DHHS shared a memo titled “Recent Developments in Measuring Access to Long Term Services and Supports” and issued a memo available in Appendix D about efforts to Expand the State’s Essential Support Workforce. MDOL shared updates about titled “Workforce Development Strategies to Support Talent Pipeline” available in Appendix E.

## Appendices

# Efforts and Progress on Implementing the Recommendations of the Commission To Study Long-term Care Workforce Issues

Highlights from the Third Annual Report

Abby Stivers, Ph.D. and Director Paul Saucier  
Office of Aging and Disability Services

February 22, 2024



## Overview

### Summary

The Commission to Study Long-term Care Workforce Issues was created by the Legislature and met in 2019, issuing its recommendations in January 2020. PL 2021, c.398, Section AAAA implements a rate recommendation from that report (to ensure that MaineCare rates support at least 125 percent of minimum wage) and requires the Maine Department of Health and Human Services (DHHS) to provide annual reports each year from 2022 to 2026 regarding the Department's efforts and progress in implementing the recommendations of the Commission.

### Relevant Reports and Resources

- [Commission to Study Long-term Care Workforce Issues](#)
- [AAAA-7 First Annual Report](#)
- [AAAA-7 Second Annual Report](#)
- [AAAA-7 Third Annual Report](#)
- [Home and Community Based Services Improvement Plan](#)
- [MaineCare Rate System Evaluation](#)

# Overview

## Progress on Recommendations from the 2019 Long-term Care Workforce Commission

1. Reimbursement
2. Workforce Recruitment and Retention
3. Workforce Development
4. Qualifications and Training
5. Expanding Existing Support Systems
6. Consumer Directed Services
7. Pooling and Connecting Workers
8. Public Assistance

*This presentation is an abbreviated look at highlights from the 2023 report.  
Please see [full report](#) for more details.*

Maine Department of Health and Human Services

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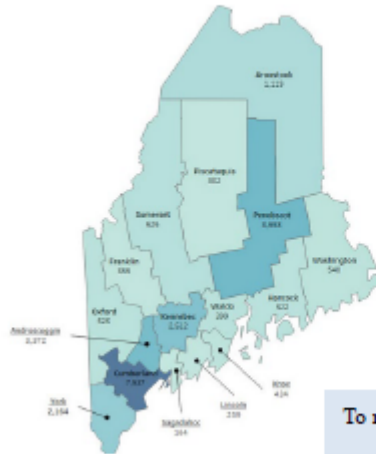
# Reimbursement

- Effective 1/1/24, the Department made its annual “Part AAAA” updates for several LTSS services (Home-based, residential and nursing homes) to ensure that rates are sufficient to pay at least 125% of minimum wage to direct care and support workers. The increase is based on the CPI-W Northeast, the same index used to update Maine’s minimum wage.
- Nursing Home Payments
  - The Department has engaged nursing homes in rate setting reform which is expected to be implemented in January 2025. The Governor’s Supplemental Budget proposal adds to funding for this purpose.
  - In December 2023, the Department issued \$19 million in one-time MaineCare payments to nursing homes, with an emphasis on stable direct care staffing to promote access and quality.
- In 2023, the Department convened its Technical Advisory Panel (TAP) and began its second round of rate setting updates under Public Law 2001, c. 639. Underway are studies on Intellectual Disability and Brain Injury waivers (Sections 18, 20, 21, and 29) and on nursing and other clinical services in several waiver and state plan sections.

Maine Department of Health and Human Services

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## Reimbursement- Impact of Bonus Initiative



As of June 2023, initial reporting from provider agencies for Maine's recruitment and retention program 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.

To read a blog with more findings from the bonus initiative, click [here](#).

## Workforce Recruitment and Retention

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



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. Building on Caring for ME, a new media campaign is in development and will be rolled out in 2024.

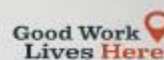


DOL continues to conduct targeted health and long-term services and supports (LTSS) job fairs, which will be further developed in conjunction with the new 2024 media campaign. In 2023, CareerCenters around the state hosted 407 hiring events. Nearly all the events featured employers offering positions in direct care and support.



DHHS 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 2023, this council was actively involved in several presentations to state lawmakers, advocacy organizations and other stakeholders.

## Workforce Development



The Maine Department of Labor (DOL) has been expanding healthcare pre-apprenticeship and registered apprenticeship programs. The Maine Apprenticeship Program currently has 11 registered sponsors in healthcare, including MaineGeneral Health, Northern Light Health, MaineHealth and Maine DHHS. The Maine Apprenticeship Program is also engaged with CVS to establish a registered apprenticeship program in Maine, with a focus on serving individuals with disabilities.

## Workforce Development



Through the Maine Jobs & Recovery Plan (MJRP) funds and a US Department of Labor grant, MaineHealth has expanded their Medical Assistant apprenticeship program to three additional locations. They have also established a Clinical Career Awareness Pre-Apprenticeship, in partnership with Southern Maine Community College. Three other certified pre-apprenticeship programs have also been established through the use of MJRP funds – a CNA Pre-Apprenticeship in partnership with Lewiston Adult Education and Clover Manor, a Medical Assistant Pre-Apprenticeship in partnership with Portland Adult Education (PAE) and Northern Light Health (NLH), and a Healthcare Office Pre-Apprenticeship in partnership with PAE and NLH. These pre-apprenticeships are focused on increasing representation to historically marginalized populations, particularly multi-lingual learners.

*To date, over 60 pre-apprentices have been enrolled in these programs.*

## Workforce Development

Supported by Maine Jobs & Recovery Plan funding, DOL hired two full-time healthcare career navigator positions to assist individuals statewide interested in healthcare careers get connected to training and job opportunities.

*Since the inception of the Maine Jobs Plan, healthcare navigators have worked with 1,250+ individuals who are referred from a variety of sources, including the Caring For ME campaign, and has connected 385 individuals to free training, job opportunities and other services.*

In addition to our Maine Jobs & Recovery Plan funding, DOL has made investments in the “Caring Economy” through the QUEST grant. The grant can help workers reach their employment or educational goals by providing help with services and supports such as childcare, transportation, education and training, and apprenticeships.

*In Federal Fiscal Year 2023, 102 folks were trained in healthcare including CNA, MA, Home Health, and Personal Care, representing 44% of the investment.*



Maine Department of Health and Human Services

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## Qualifications and Training

- 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). With one and a half years remaining in the project, the team has reached 47% of the goal to serve 1,500 individuals.
- The Maine Community College System has also funded additional healthcare training, resulting in 2,772 unique enrollments since the inception of Healthcare Training for ME, and 2,552 individuals have completed their studies.
- DHHS 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). In 2024 the Department is meeting with partners to receive input and test the new curriculum as it prepares to launch it.

Maine Department of Health and Human Services

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## Expanding Existing Support Systems

- In October 2022, DHHS and the five Area Agencies on Aging implemented Respite for ME, funded through the Maine Jobs & Recovery Plan. The two-year pilot program provides grants for family caregivers providing care to a loved one at home.
  - Year 1 results on the Respite of ME program show that over 406 unique individuals participated in the program and \$543,000 in grant funds were expended.
  - Funds were used for respite services, assistive technology/devices, and for home modifications and repairs.
  - 50% of caregivers had lower overall burden scores.
    - Negative impacts on job performance decreased by 16%.
    - High financial strain decreased by 13%.
- In late 2023, the individual Respite for ME grant amounts increased from \$2,000 to \$5,171.
- An [evaluation report](#) of the program's first year has shown positive effects on caregiver health and wellbeing.

## Consumer-Directed Services

- Consumer-directed 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.
- DHHS has long had consumer-directed options in its programs for older adults and adults with physical disabilities (Sections 12, 19, 63, 69, and 96) and those options continue to grow in popularity.
- The Department worked to make self-directed options permanent for other groups:
  - Self-direction was temporarily 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. These options are now being made permanent.
  - The Lifespan waiver under development will include self-directed options.

## Public Assistance

- Families Forward (through the Fedcap TANF ASPIRE program) now offers a Health and Human Services career development On Ramp program. Participants learn about career ladders in both fields and how they intersect. In this 15-day hybrid adult learning model, students participate in both in-person classroom settings and in a digital classroom.
- Beginning in week four, most students are placed in a field training experience, employment, or educational opportunity.
- English Language Learners are given additional supports through a partnership with adult education, in-person and online language classes using EnGen, and tutoring delivered by Greater Portland Immigrant Welcome Center. The On Ramp is now offered every other month.

*In 2023, 133 participants have engaged in the Health and Human Services Career exploration, 106 participants engaged in additional education and job training activities and 17 secured employment in healthcare following the On-Ramp program.*

## Public Assistance

- The Department, in partnership with the Administration for Children and Families (ACF), the American Public Human Services Association (APHSA) and the Federal Reserve Bank of Atlanta, launched a Benefits Cliff Tool Pilot in February 2022. 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, 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
  - 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. Regular office hours are now being implemented to offer regular technical assistance and guidance on their use.*



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## ESSENTIAL SUPPORT WORKFORCE ADVISORY COMMITTEE UPDATE FROM MDOL ON HEALTHCARE TRAINING FOR ME

MARCH 2024



## QUICK OVERVIEW

- 34,756 unique users
- 2 minutes and 10 seconds, average time on page (before leaving or filling out a request for support)

PAGE TITLE AND SCREEN CLASS	VIEWS
Training For ME: Ongoing Training	16K
Healthcare Training for Me: Home p...	14K
Healthcare Training for Me: Funding	684
Training For ME: Funding	97
Healthcare Training for Me: Other Pr...	85
Treinamento em saúde para mim: p...	2

1

## IN THE LAST 90 DAYS...

- 4,500+ first time visitors to Healthcare Training for ME
- 11,000 page views
- Top languages used: English (4,722), Portuguese (15), French (13), Spanish (6), Arabic (2).
- How did people find Healthcare Training for ME?
  - 1,968 organic search
  - 1,696 referral
    - This includes websites like Caring for ME, LWIM, etc
  - 1,184 direct
  - 9 email

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# HOW DO FOLKS FIND THE HEALTHCARE TRAINING FOR ME WEBSITE?

Session default channel group ▾ +		Users .....	+ Sessions .....	Engaged sessions .....	Average engagement time per session .....	Engaged sessions per user .....	Events per session .....	Engagement rate .....	Event count All events ▾
		1,713 100% of total	2,706 100% of total	1,739 100% of total	3m 00s Avg 0%	1.02 Avg 0%	4.64 Avg 0%	64.26% Avg 0%	12,560 100% of total
1	Organic Search	694	1,006	715	1m 24s	1.03	4.70	71.07%	4,724
2	Referral	553	930	642	6m 22s	1.16	4.79	69.03%	4,452
3	Direct	474	726	363	1m 02s	0.77	4.32	50%	3,137
4	Organic Social	34	37	19	49s	0.56	5.46	51.35%	202
5	Unassigned	7	7	0	2m 33s	0.00	6.43	0%	45

3

## DIVING INTO “REFERRALS”

### Top Session source by Users

Feb 14–20, 2024

SESSION SOURCE	USERS
google	138
(direct)	93
mainecareercenter....	71
mainecareercenter....	38
bing	15
cfl-muskie.org	8
statics.teams.cdn....	4
caringforme.org	3
themha.org	3
yahoo	3

### Top Session source by Users

Mar 11–17, 2024

SESSION SOURCE	USERS
google	158
(direct)	81
mainecareercenter....	61
mainecareercenter....	48
bing	15
yahoo	7
cfl-muskie.org	3
statics.teams.cdn....	3
caringforme.org	2
themha.org	2

- Although the sources vary each week, the primary referral source for the website are CareerCenter webpages.

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## WHAT RESOURCES ON HEALTHCARE TRAINING FOR ME ARE MOST USED?

Page title and screen class +		Views ----- ↓ Views	Users ----- Users	Views ----- per user	Average engagement ----- time	Event count ----- All events	Conversions ----- All events
		3,789 100% of total	1,713 100% of total	2.21 Avg 0%	4m 45s Avg 0%	12,560 100% of total	0.00
1	Training For ME: Ongoing Training	1,931	1,171	1.65	5m 54s	6,394	0.00
2	Healthcare Training for Me: Home page	1,754	1,031	1.70	1m 06s	5,822	0.00
3	Healthcare Training for Me: Funding	76	60	1.27	48s	245	0.00
4	Healthcare Training for Me: Other Programs to Support Training	28	13	2.15	50s	81	0.00
5	Formation pour moi : formation continue	0	1	0.00	10s	1	0.00
6	Treinamento em saúde para mim: página inicial	0	1	0.00	3m 07s	1	0.00
7	Treinamento para mim: treinamento contínuo	0	1	0.00	16m 00s	10	0.00

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## HEALTHCARE TRAINING FOR ME

Healthcare Training for ME has received 2,102 worker applications and 166 employer applications including potential clients for both Tuition Remission and Healthcare Navigators.

- For individual workers: 180 are active, 1,851 are closed, 71 are on hold.
- For employers: 100 have been connected to a training and 8 are actively working with a member of the healthcare team.

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## CAREERCENTER CONSULTANT SUPPORT

### Healthcare Navigators

- 270 individuals have received a service with a Healthcare Navigator with an individualized support documented in Maine Job Link.
- Resulting in 470 referrals to training opportunities, 46 support service referrals, and 269 job referrals as of .

### Tuition Remission

- 1,097 requests were eligible for Tuition Remission and enrolled in a course.
- This includes notable highlights for the following priority jobs in direct care: Certified Alcohol and Drug Counselors (2), MHRT (162), Vocational Rehabilitation Counselors aka ACRE (117), Certified Dementia Care Provider (2), PSS (29), Foot Care Specialist (1), LPN (121), CNA (88), and CIC Infection Preventionist (1).
- Among all enrollments 48% represent direct care positions.

## Recent Developments in Measuring Access to Long Term Services and Supports

Paul Saucier, Director, Office of Aging and Disability Services

Presented to the Essential Support Workforce Advisory Committee

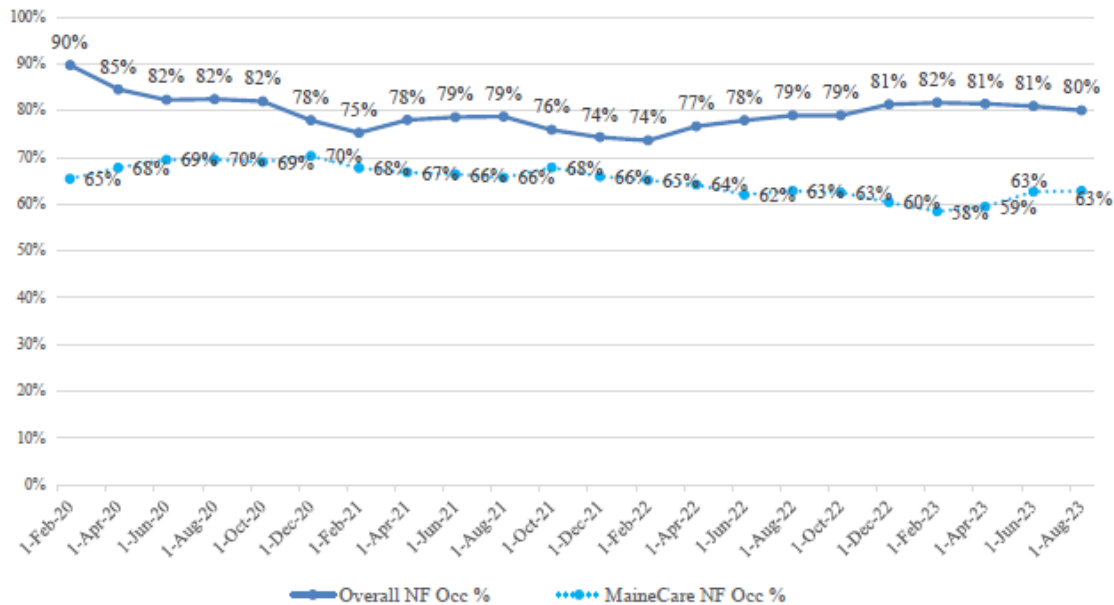
May 13, 2024



## Background

- Access to long term services and supports was constrained by reduction in labor force participation rates during the COVID-19 pandemic
- Maine's labor force participation rate has improved since the depths of the pandemic but has not recovered to pre-pandemic levels
- Occupancy in nursing and certain residential care facilities has improved from pandemic lows but still not reached pre-pandemic levels
- Access to residential options for adults with intellectual and developmental disabilities (IDD) has surpassed pre-pandemic levels
- The number of people enrolled in home care programs has surpassed pre-pandemic levels but the percent with partial care plans has increased

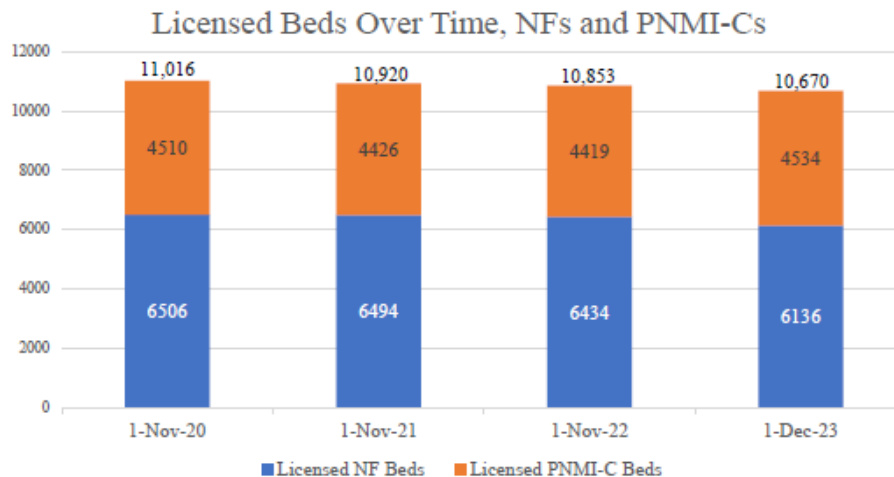
# Nursing Facility Occupancy Over Time



- MaineCare occupancy has taken longer to begin to rebound but is now at 96% of the pre-COVID level.

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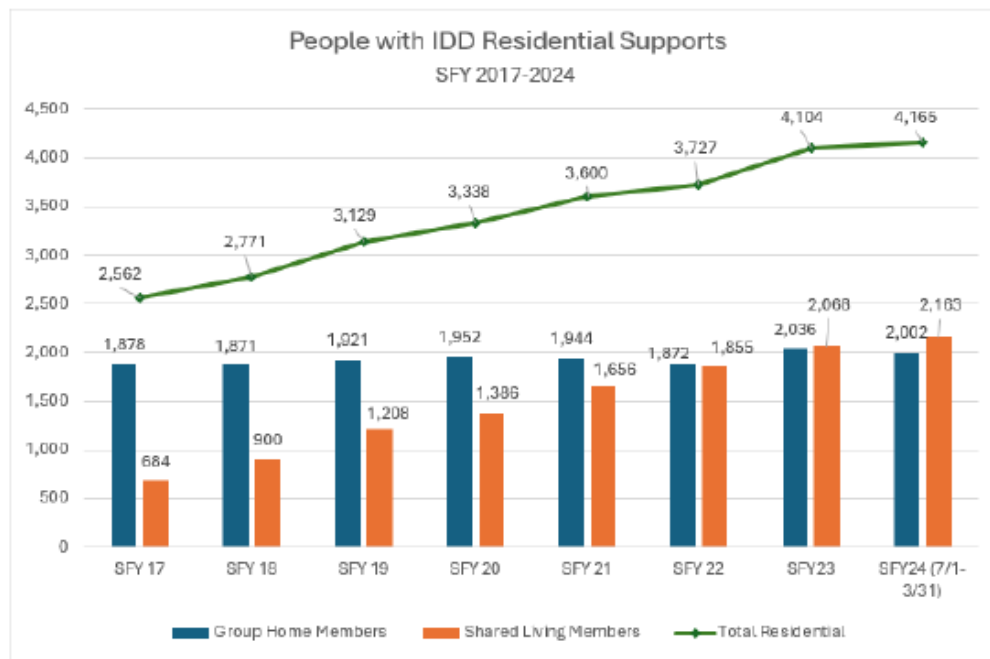
## Since Late 2020, NF and PNMI-C Beds Combined Have Decreased by 346 (-3.1%)



- PNMI C beds have increased slightly

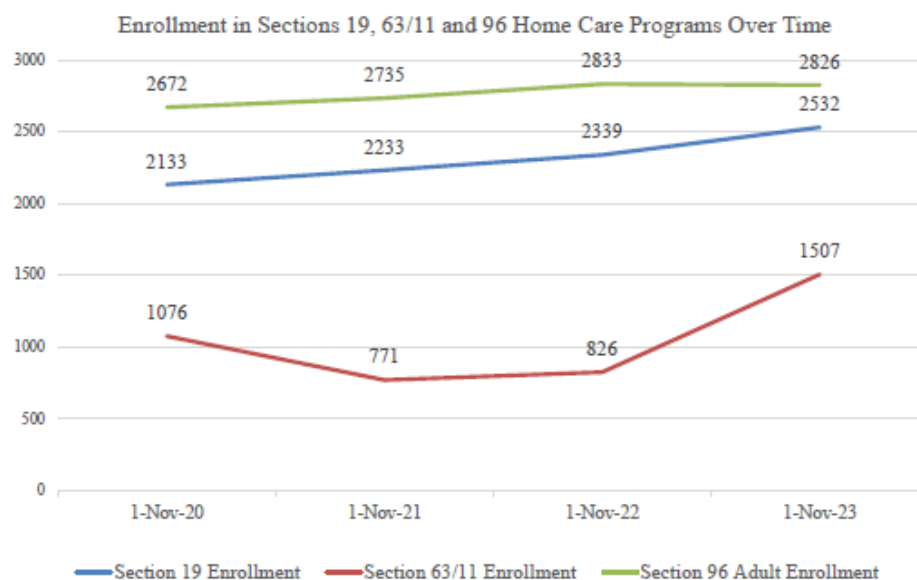
4

## Residential Services for Adults with IDD Have Surpassed Pre-Pandemic Levels



5

Since Late 2020, Enrollment in Key Home Care Programs Has Increased by 984 Members (17%)



6

## More People Are Receiving Home Care But the Percent with Partial Care Plans Rose in 2023

Enrollment in Key Home Care Programs, 2020-2023			
	Unduplicated Number of Members Served	Percentage of Members Receiving Less Than All of PSS and Nursing Hours	Waitlist
Section 19- Home and Community Benefits for Elderly and Adults with Disabilities			
November 2020	2,133	30%	NA
November 2021	2,233	34%	
November 2022	2,339	33%	
December 2023	2,686	50%	
Section 96- Private Duty Nursing and Personal Care Services			
November 2020	2,672	44%	NA
November 2021	2,735	48%	
November 2022	2,833	47%	
December 2023	2,846	62%	
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

Maine DHHS. Third Annual Report Pursuant to PL 2021, c. 398, Section AAAA-7.

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Efforts-Progress-Implementing-Recommendations-Commission-to-Study-LTSS-Workforce-Issues-3rd-annual.pdf>

7

## Federal Access Rule- HCBS Payments

- State must **ensure** that at least 80% of Medicaid payments go to compensation for personal care, homemaker and home health aide
  - Small provider levels; hardship exemptions
  - 6 years to implement
- State must **report on** percent of Medicaid payments spent on compensation for roles above, plus habilitation (DSPs)
  - 4 years to implement

8

## Federal Access Rule- Reporting

- State must adopt the CMS HCBS quality measure set and report every other year
  - CMS will update regularly with a process that includes public comment
  - Reporting phased in over 8 years
- State must report annually on HCBS waiver program waiting lists (several elements)
  - Includes average time waiting
  - 3 years to implement

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## Federal Access Rule- Timeliness

- State must report annually on timeliness of personal care, homemaker, home health aide and habilitation (DSP) services
  - Average time from authorization to initiation
  - Percent of authorized hours delivered in past 12 months for individuals newly approved
  - 3 years to implement

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## Federal Access Rule- Interested Parties

- State must have an Interested Parties Advisory Group to advise on payment rates for DCWs, access metrics, and more
  - Pertains to personal care, homemaker, home health aide and habilitation (DSP) services
  - Group must include DCWs, beneficiaries, authorized representatives and others
  - State may use the Medicaid Advisory Committee for this purpose
  - 2 years to implement

11

## CMS Final Rule on Nursing Facility Staffing and Transparency

- Stronger facility assessments
- 3.48 direct care hours per resident day (HPRD)
  - 2 to 3 years nonrural
  - 3 to 5 years rural
  - Hardship exemptions
- 24/7 RN coverage
- State to report percentage of Medicaid payment spent on compensation for direct care workers

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# CMS Final Rule v. Current Maine Rate Reform

Credential	ME NF Reform Model Assumptions	CMS Final Rule
RN	1.0	.55
LPN	.39	
CNA	2.64	2.45
Contract	.45	
Any		.48
<b>Total</b>	<b>4.48</b>	<b>3.48</b>
24/7 RN	Not Required	Required

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## Maine NF Base Rate Proposed Features

Area	Approach
Rewarding Quality	<ul style="list-style-type: none"> <li>• Value Based Payment (VBP)</li> <li>• Staffing levels well above minimum licensing requirements</li> <li>• Incentive to increase employed staff and decrease contracted temp staff</li> </ul>
Direct Care	<ul style="list-style-type: none"> <li>• Price based on 4.48 hours per resident day (HPRD) for average acuity (Case Mix Index of 1)</li> <li>• Wage assumptions above 75<sup>th</sup> percentile</li> <li>• Reward staffing level/stability in VBP</li> </ul>

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## NASHP State Nursing Home Policy Academy

- State Nursing Home Policy Academy convened by the National Academy for State Health Policy (NASHP) with funding from West Health
- The Academy's goals are to strengthen state policy on nursing home quality, payment, and engagement with partners through peer learning and expert technical assistance
- Maine has been selected to participate along with 8 other states in this collaborative through March 2025

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## Federal HCBS Workforce Workgroup

- HCBS FORWARD (Federal Opportunities Regarding Workforce and Research Data)
- Joint federal HHS and DOL workgroup
- [April 2024 report](#) recommendations:
  - Conduct regular national surveys of DCWs and adults with disabilities
  - Promote consistent state data collection efforts
  - Maximize use of existing federal/administrative data

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# Direct Care Workforce Strategies Center

- Funded by the Administration for Community Living (ACL) and operated by the National Council on Aging in partnership with several national associations
- Offering resources on:
  - Recruitment and Retention
  - Professional Training and Education
  - Data and Research
  - Financing
  - State Strategies and Initiatives
  - Self Direction
  - Family Caregiving
- [State Peer Learning Collaboratives](#)
  - Maine has been selected with 13 other states to share best practices and innovation strategies for the rest of 2024

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## What's Next?

- Access Rule project on HCBS readiness, pending approval by CMS (ARPA Section 9817)
- Participation in national HCBS and NF collaboratives
- Implementation of NF rate reform
- Rate studies underway:
  - HCBS clinical services and service coordination
  - Lifespan/Sections 18, 20, 21 and 29
  - Nursing Facility Rate Reform
- Continuing work on Reimbursement, Recruitment and Retention, Workforce Development, Qualifications and Training, Expanding Existing Support Systems, Consumer Directed Services, Public Assistance, and Grants, as updated in annual Part AAAA reports

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## Appendix D: Memo for May LD 898 Meeting

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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Aging and Disability Services  
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Augusta, Maine 04333-0011  
Tel: (207) 287-9200; Toll Free: (800) 262-2232  
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TTY: Dial 711 (Maine Relay)

### MEMORANDUM

**TO:** Essential Support Workforce Advisory Committee  
**FROM:** Maine Department of Health and Human Services (DHHS)  
**DATE:** May 8, 2024  
**RE:** Quarterly Updates to the Advisory Committee (LD 898) Regarding Efforts to Expand the State's Essential Support Workforce

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As requested by the Committee, this memo provides updates on the Direct Service Worker (DSW) Training Plan and Maine's participation in NCOA's Peer Initiative to Grow the Direct Care Workforce.

#### Direct Service Worker (DSW) Training Plan

For the past two years DHHS has been working with internal and external partners on the Worker Portability and Advancement initiative. The Worker Portability and Advancement initiative will result in a base credential usable by individuals in at least two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP). The purpose of the base credential is to streamline entry to direct care and support work across settings and groups of people. As recommended by the Commission to Study Long-term Care Workforce Issues, this project builds on work done several years ago under a grant from the federal Health Resources and Services Administration (HRSA).

Updated research for the initiative found that while the idea of a "universal credential" is a popular idea nationwide to streamline the HCBS workforce, only a handful of other states are pursuing this approach. Partner feedback, union/non-union worker arrangements, and existing curricula have been cited as significant barriers to change. Further research into commercially available curricula nationwide found that no "universal credential" curriculum is available that would meet Maine's needs, and that the best option is for Maine to proceed with updating the work previously done under the HRSA project.

In 2022, DHHS held three partner meetings for providers to offer feedback on the current training offering for HCBS workers and to suggest areas of improvement for future training and certification. The following feedback was collected at those meetings:

- Current training is too dry and requires too much reading;
- Not enough attention is paid to practical skills; and
- Current training is not written or presented in a format that successfully engages adult learners.

To address these shortfalls and make progress on the goal of universal credentialing, DHHS is creating a base credential titled the Direct Service Worker (DSW) course based on the prior HRSA-funded work. The goal of the course is to provide a base level of training across intellectual disability, brain injury, physical disability and aging service areas that address core competencies endorsed by the federal Centers for Medicare and Medicaid Services (CMS). The course is currently under review by national and local subject matter experts and is expected to be ready for broader review from providers and other interested parties in the summer of 2024.

Transition plans and curriculum updates for DSPs will be shared in a public meeting on June 7<sup>th</sup>. A similar partner meeting will be scheduled for organizations using the PSS credential. The earliest that the new core credential would go into effect is Fall 2024, and it will be phased in gradually as workers' existing credentials expire.

### **NCOA's Peer Initiative to Grow the Direct Care Workforce**

The Direct Care Workforce Strategies Center, led by the National Council on Aging (NCOA) on behalf of the Administration for Community Living (ACL), has chosen 14 states to participate in State Peer-Learning Collaboratives to share demonstrated models for growing the direct care workforce. Maine has been selected to participate in this new initiative. Working Groups will hold monthly meetings focused on group learning, information sharing, and developing best practices. With the help of a national subject matter expert, each participating state also will accomplish one policy or program-related milestones.

<https://www.ncoa.org/article/14-states-join-peer-initiative-to-grow-direct-care-workforce>

The Maine team met with the NCOA project lead on Tuesday May 7<sup>th</sup> and will provide additional updates as the project progresses.

## HOW CAN EMPLOYERS CREATE OPPORTUNITIES FOR NO/LOW COST EXPLORATION OF DIRECT CARE CAREERS?

Identify: What does “trying it” mean?

- What could a jobseeker see/do/experience to determine if they’re right for the job and the job is right for them?
- How long would it take? An hour? Week? Months?

Opportunities:

- ☐ Partner with a CareerCenter to organize and promote an open house/structured tour that exposes jobseekers to the work and environment.
- ☐ Create opportunities for job shadowing
- ☐ Host a work experience by partnering with a workforce employment and training program (WIOA, Vocational Rehabilitation, CTE, Extended Learning Opportunity [ELO], Senior Community Service Employment Program [SCSEP], etc)
- ☐ Pre Apprenticeship- career exploration, preparation and on-ramp to registered Apprenticeships

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## PREPARE WORKERS FOR DIRECT CARE CAREERS

- Earn while you Learn– <https://www.maine.gov/healthcaretrainingforme/ongoingtraining/#earn>
- Registered Apprenticeship–
  - a type of career path guided by industries
  - a great way for companies to train their future workers and for people to get paid while they learn on the job, go to classes, and earn a nationally-recognized certificate.
  - 90% retention rate nationally for registered apprenticeship
- On the Job Training (OJT)– “onboarding” occupational training provided by the employer to a program participant in exchange for a reimbursement, typically up to 50 percent, of the wage rate of the employee to cover the extraordinary costs of providing the training and supervision related to the training.

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# Workforce Development Strategies to Support Talent Pipeline for Your Sector

## GOALS

Raising career aspirations



Developing industry-aligned skills



Connecting to good jobs and wraparound supports



Upskilling and supporting retention



Creating sustained, quality job opportunities



## POTENTIAL STRATEGIES

Partner with schools & CTEs on K-12 curriculum and [early college/dual enrollment](#) models

Increase teacher & school staff awareness of career opportunities via teacher externships

Provide job shadowing or work experience through [Maine Career Exploration](#) or local WIOA partners ([EMDC](#), [Goodwill](#), [ACAP](#))

Offer [career fairs](#) in high schools to show students career opportunities available through CTE programs

Create pre-apprenticeships to build foundational & soft skills via [Maine Apprenticeship Program](#) (e.g., [AFL-CIO](#), [AGC](#))

Focus on multilingual learners and foreign-trained professionals and partner with [NMRC](#) on establishing clear career pathways

Strengthen [HiSET prep](#) and supports to students finishing a HS degree

Use a [progressive employment approach](#) to tap available workforces, including those with disabilities

Develop earn-and-learn opportunities with MDOL via [pre-apprenticeship](#) and [apprenticeship](#)

Help employers defray training costs for eligible new hires – and upskill existing hires – from priority communities through on-the-job training funds via local WIOA partners ([EMDC](#), [Workforce Solutions](#), [ACAP](#))

Leverage [CareerCenters](#) to do skills-based testing during the pre-hiring process

Create industry-informed short-term training opportunities in partnership with [MCCS](#) or [Adult Ed](#)

Develop skills training for multilingual learners with Adult Ed (e.g., [CNA program](#))

Create career pathway from CTE or Adult Ed into post-secondary with certifications and work-based learning

Partner with local [CareerCenters](#) to recruit at [hiring events](#), [post jobs](#) and [explore tax credits](#) for hiring target communities

Embed case management supports to connect workers to wraparound supports via local WIOA partners ([EMDC](#), [Workforce Solutions](#), [ACAP](#))

Create sector-specific navigators in [CareerCenters](#) to host customized job fairs (e.g., [health care](#))

Fund navigators based in [community orgs](#) or [adult ed](#) to connect with jobseekers

Invest in mentorship or cohort model focused on specific populations (e.g., [women](#))

Reach out to [vocational rehabilitation](#) to hire people with disabilities and [Veterans teams](#) to hire veterans

Provide wraparound support services, such as [transportation](#), [childcare](#), [healthcare](#) and [housing](#), to remove barriers to work

Create [registered apprenticeship](#) with MDOL to provide structured training, wage progression & mentors

Investing in bolstering training capacity—through equipment, facility space & instructors / mentors (e.g., [CTE](#), [UMaine](#))

Connect employees with existing scholarship and training fund resources to encourage upskilling incumbent workers (e.g., [CSSP](#) & [Quality Centers](#))

Consult with [Rehabilitation Services](#) to develop and retain workers with disabilities

Create [procurement processes](#) that [prioritize workers' rights](#), voice, DEIA, wages, benefits

Engage employers through intentional outreach and education on [labor standards](#) and [safety trainings](#)

Invest in clear and easy-to-use employer monitoring and reporting systems (e.g., [MDOT Elation System](#)) and bolster enforcement capacity

**Don't know where to start?**  
email us at  
[MaineDOL.careercenter@maine.gov](mailto:MaineDOL.careercenter@maine.gov)  
today and we can help you find  
the best solution for your needs!

The Maine Department of Labor provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request.

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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Fax (Disability) (207) 287-9915; Fax (Aging) (207) 287-9229  
TTY: Dial 711 (Maine Relay)

## MEMORANDUM

**TO:** Essential Support Workforce Advisory Committee  
**FROM:** Maine Department of Health and Human Services (DHHS)  
**DATE:** August 9, 2024  
**RE:** Quarterly Updates to the Advisory Committee (LD 898) Regarding Efforts to Expand the State's Essential Support Workforce

As requested by the Committee, this memo provides updates on the Direct Service Worker (DSW) Training Plan and the Federal Access Rule.

### Direct Service Worker (DSW) Training Plan

#### *Update- August 2024*

Public meetings with IDD and PCA providers were held on June 7<sup>th</sup> and July 19<sup>th</sup> to present the curriculum to partners and provide an opportunity for feedback. Any interested trainer, IDD and/or PCA provider was given full access to the course to provide comments and suggestions.

The feedback process is currently underway with a tentative deadline for all in-state feedback to be closed on August 20<sup>th</sup>. National experts from PHI opted to provide feedback on the same timeline as state providers. Other national experts will offer feedback later in the summer/fall. Fall/Winter of 2024-2025 remains the target date to launch the course for aging services providers. During the listening session the IDD providers were made aware that additional work will be conducted to supplement the DSP credential and the DSW course would launch sometime in 2025.

In addition to working with providers on course content and rollout plans, OADS is working closely with the Office of MaineCare Services and the Division of Licensing and Certification to align the new course offering with relevant certification rules and guidelines. Both IDD and PCA provider meetings were recorded and can be accessed here [Workforce Development and Retention | Department of Health and Human Services \(maine.gov\)](#) under the Resources section.

*For your convenience, we include below the update provided to the Committee on this topic in May 2024:*

For the past two years DHHS has been working with internal and external partners on the Worker Portability and Advancement initiative. The Worker Portability and Advancement initiative will result in a base credential usable by individuals in at least two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP). The purpose of the base credential is to streamline entry to direct care and support work across settings and groups of people. As recommended by the Commission to Study Long-term Care Workforce Issues, this project builds on work done several years ago under a grant from the federal Health Resources and Services Administration (HRSA).

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#### **Update on Implementation of the Federal Access Rule**

A vendor has been selected to work with DHHS to prepare a roadmap for implementing the HCBS provisions of the federal Access rule. This will include an assessment of the Department’s current capacity to implement provisions of the rule, and a prioritization of tasks based on the rule’s phase-in schedule. A contract with the vendor is in progress, with the roadmap expected to be completed by Spring, 2025

## Appendix E: DHHS Memo November 18, 2024

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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TTY: Dial 711 (Maine Relay)

### MEMORANDUM

**TO:** Essential Support Workforce Advisory Committee  
**FROM:** Maine Department of Health and Human Services (DHHS)  
**DATE:** November 18, 2024  
**RE:** Quarterly Updates to the Advisory Committee (LD 898) Regarding Efforts to Expand the State's Essential Support Workforce

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This memo provides updates on several items requested by the Committee.

### **Direct Service Worker (DSW) Training**

DHHS has created a base credential titled the Direct Service Worker (DSW) course to replace the Personal Support Specialist (PSS) title and training and to become the base level of the Direct Service Professional (DSP) training. The goal of the course is to provide a base level of training across intellectual disability, brain injury, physical disability and aging service areas that address core competencies endorsed by the federal Centers for Medicare and Medicaid Services (CMS). The course was reviewed by interested providers and/or trainers within the State of Maine over the summer of 2024 and by experts from PHI to ensure that it meets CMS core competencies. The new DSW course will likely be implemented for PSS first and will launch sometime in 2025. While the curriculum itself is now ready for use, HCBS waiver and MaineCare rule changes are needed before it can be implemented as the required PSS training.

### **Group Home Staffing Threshold**

During the pandemic, group home staffing thresholds were relaxed under emergency authority, as articulated in Appendix K to the Section 21 HCBS waiver program. Under regular policy, agencies are required to fill at least 92.5% of authorized hours. Although regular policy has resumed, the Department chose not to enforce regular policy through 12/31/24, as long as providers maintain at least 85% of authorized hours. Recent analysis of Section 21 group home billing shows that the number of billed group home units has been increasing, and now exceeds pre-pandemic levels. Based on this increase in billed units, the Department intends to resume enforcement of the 92.5% billing threshold as of 1/1/25.

### **Federal Access Rule Updates**

OADS has engaged with Alvarez and Marsal to conduct a systems assessment regarding the CMS Ensuring Access to Medicaid Services Final Rule ([CMS-2442-F](#)). As part of this assessment, Alvarez and Marsal is reviewing all new reporting requirements, which includes the Home and Community Based Services [Quality Measure Set](#) and workforce payment adequacy. Ultimately, this assessment will result in a road map to compliance with the Access rule requirements. OADS anticipates beginning to report on the new requirements following a phased-in approach set by CMS. The new standard reporting timeline begins in 2027 is expected to continue until 2030. However, Maine and all other states that participate in the Money Follows the Person program will need to report some measures beginning in 2026. The Department plans to hold public meetings on the Access Rule by winter.

As work proceeds on the Access Rule, the Department continues to refine and update HCBS access measures on its website at <https://www.maine.gov/dhhs/oads/about-us/data-reports/hcbs-access-measures>.

## **Appendix G: MDOL Quarterly Update**

### **Healthcare Initiatives Overview:**

The Healthcare Training for ME website has had 53,000+ views since launch. In the last 90 days, the site received 3,300+ first time visitors. Healthcare Training for ME has received 3,368 worker applications and 207 employer applications including potential clients for both Healthcare Navigators and Tuition Remission. The Healthcare Training for ME website has had some major edits designed to lift up opportunities for jobseekers and employers beyond the Tuition Remission funding. The team is continuing to assess for opportunities to enhance or improve the content in this next phase of the work and would welcome feedback from the committee.

Healthcare Training for ME is a partnership between Maine's Department of Labor, Department of Health and Human Services, University System, Community College system, and Adult Education.

### **Navigator Results:**

As of November 1, 2024 the Healthcare Navigators have served more than 577 customers representing every county in Maine. Approximately 2% of Maine's population identify as black. By comparison, 11% of the population served by Healthcare Navigators identify as black, demonstrating an incredible success rate in serving this historically marginalized population. They have notably worked with community members with a variety of barriers including 94 people with a disability, 35 people with a history of substance abuse, and 187 people with a high school degree or less. 25% of all clients served by a Healthcare Navigator have been further enrolled in an ARPA program, CSSP, WIOA, or Apprenticeship opportunity. Among those who have exited the "service" more than 2 quarters ago, 80% are employed or enrolled in a training program, and more than 50% are already experiencing wage gain.

Many leads for the Healthcare Navigators come from the marketing efforts of Caring for ME/ Careers with Purpose. The new marketing efforts with Careers with Purpose began in July 2024, which accounts for 34% of all leads since the launch. Careers with Purpose has produced leads in every county in Maine. 18% of the Careers with Purpose leads have been connected to a training opportunity, 36% of leads generated by Careers with Purpose result as not being responsive/interested, and 35% pending.

### **Tuition Remission Results:**

1,827 credential requests representing 1,570 unique individuals were eligible for Tuition Remission and enrolled in a course. Those served include current or separated healthcare workers from every county in Maine. Among them, the largest share, 32% are between the ages of 25 and 34. They have notably worked with community members with a variety of barriers including 32 people with limited English proficiency, 13 with a history of substance abuse, and 150 people with a disability.

804 have completed, 169 have exited without completing, 72 are in progress, and 122 are scheduled. The Tuition Remission program was designed to support Healthcare Employers with retention, and 221 unique businesses have enrolled their current healthcare workers in training with these funds. 98% of all Tuition Remission funds have been encumbered. The team is partnering with 3 different organizations finalize the project including through contracts with the Academy of Medical Professionals (58 workers for certifications in dental assistant and medical assistant), The Cedars for dementia care training and certification (100 workers), and Maine Primary Care Association (65 workers for certification in Dental assisting, expanded dental functions,

medical assistant and phlebotomy). Among the 233 individuals these contracts will support, 45% will be direct care workers. With these last contracts, tuition remission will have exceeded its goal of serving 1500 healthcare workers in Maine.

Among the participants who have exited the program more than 2 quarters ago, 90% are employed in Maine and more than 60% are experiencing wage gain.