

Legislative Report

Brenda Gallant, Maine's Long Term Care Ombudsman, played a key role at the State House the 123rd Legislative session. In collaboration with other advocates and organizations, she lobbied on a broad array of bills to ensure quality, dependable care for residents of long-term care facilities as well as those receiving home care. Here are some of the important issues that the Ombudsman Program worked on at the Maine Legislature in 2007.

Supplemental Funding for Home Care Coordination

The Ombudsman Program worked with the Maine Association of Area Agencies on Aging to advocate for funding for critically needed home care coordination services. The Legislature appropriated \$900,000 (over the next two years) to be used to increase the number of caseworkers at Elder Independence of Maine (EIM). Without this funding, the caseloads of EIM's home care coordinators were projected to increase by 35% to 40%.

Over 3,000 people in Maine receive home care benefits. Their home care coordinator helps ensure that they receive the care they need, including medical, meal delivery, transportation, medical equipment or ramp construction. The caseworker also helps troubleshoot problems, ranging from a "no-show" CNA to potential abuse.

Approximately a third of the home care participants are eligible for care in a nursing facility but have opted to remain at home – often at considerable savings to the state. This appropriation will help make sure that those receiving home care have quality and cost effective care.

Strategies to Improve the Direct Care Workforce Implemented

Background

Everyone agrees that one of the best ways to ensure quality long term care is to recruit and retain a competent and stable direct care workforce (certified nursing assistants – CNAs – and personal care attendants). In Maine, the demand for direct care workers is greater than the available pool of workers and, with the aging of our state, a growing shortage of direct care workers is anticipated over the next 20 years.

This past year, Brenda Gallant served as a member of a group convened by the Legislature in 2006 to conduct a study of the current direct care worker situation in Maine and to develop specific recommendations, including:

- Ways to improve retention, quality, and benefits for direct care workers and
- An evaluation of the need for a direct care worker registry.

Brenda was asked to chair the direct care worker registry sub-group. More than twenty individuals, organizations and agencies participated in the group, including AARP, the Home Care Alliance of Maine, the Maine Health Care Association, Home Care for Maine, the Maine Personal Assistance Services Association, direct care workers, Maine Personal Assistance Services Association, Elder Independence of Maine, the Maine Association of Area Agencies on Aging, the Muskie School, Maine Center for Economic Policy, the Attorney General's Office, DHHS Office of Elder Services and Licensing and Regulatory Services.

Everyone in the sub-group agreed that a direct care worker registry is needed; that it would be useful to employers, workers, consumers and regulators; and that that it would result in improved consumer safety, worker opportunity, quality care giving and consumer choice. All envisioned the registry as a central place where workers, consumers and employers could find information that would help promote professionalism, access and safety.

The sub-group reached consensus that the current CNA registry should be expanded and improved. Their recommendations were laid out in a three-phase plan. The first phase involves expanding the registry to include more information for workers, expand internet access and make the registry available to providers 24 hours a day, and provide information on the registry that would avoid unnecessary duplication of security checks. The second phase would determine which additional workers (unlicensed assistive personnel) should be added to the registry, what additional information should be added concerning each worker on the registry, and how to coordinate information about substantiated complaints. Phase three would add a matching service for employers and employees to facilitate the hiring process. The sub-group's recommendations were included in the full work group's "Study of Maine's Direct Care Workforce" that was submitted to the Legislature in March 2007.

The Legislature took important actions, based on the work of the study group.

- The Legislature issued a resolve that DHHS will convene a work group to explore ways to increase efficiency and reduce duplicative service in the CNA registry. Areas to be considered include:

- Methods to encourage disclosure of the results of background checks that have been conducted by the registry and privately by prospective employers
- Expansion and enhancement of web access to the registry
- Expansion of the information included on the registry
- Information about job (and job training) opportunities for workers
- A resource guide for consumers
- Links to organizations working to address the direct care worker shortage and to improve the working conditions of direct care workers

A report on the group's findings and recommendations will be submitted to the Health and Human Services Committee of the Legislature by December 2007.

[L.R. 898, item 1]

- The pay rate for homemaker services providers who assist lower income senior citizens was raised by \$1.75/hour. This increase will result in a pay raise for over 400 homemakers. [*L.D. 1699, item 2*]
- DHHS Office of Elder Services will submit a report to the Health and Human Services Committee of the Legislature by January, 2008 which will provide information on:
 - The services provided in long term care programs
 - Reimbursement in long term care programs and training
 - Pay and benefits for people working in long term care (all aspects of long term care -- skilled nursing, assisted living, home based care, etc.)
 [*L.D. 1699, item 2*]

Other important new legislation the Ombudsman Program Supported

Protection from financial exploitation. This law allows banks and credit unions to disclose their concerns to DHHS when they believe an incapacitated or dependent adult is at risk of abuse, neglect or exploitation. [*L.D. 1428*]

Funding for volunteers for meals on wheels programs and the medical ride network. The Ombudsman Program worked with the Maine Association of Area Agencies on Aging to advocate for an additional \$75,000 per year to reimburse Meals on Wheels volunteers and an additional \$50,000 per year for the Medical Ride Network. [*in the budget*]

Ensuring proper level of care for the elderly and disabled. This resolve directs DHHS to establish a process to assess whether adult MaineCare members with complex medical needs might benefit from placement in a less restrictive level of care, if available. These are individuals who are currently in a medical facility (a state nursing or hospital facility, including psychiatric hospitals and unit, or an out-of-state facility). DHHS will plan for appropriate services, within available resources, so these individuals can live in the least restrictive setting that meets their needs. The Department will establish a work group, including advocates and providers, to accomplish these goals.
[*Resolve, Chapter 61*]

Bills that were carried over (and will be addressed when the Legislature reconvenes)

L.D. 519 – An Act To Provide Assistance to Family Members, Friends and Neighbors Who Provide Home Health Care for Senior Citizens

This bill allows family members, friends or neighbors to receive payments for providing personal care and health maintenance services to people receiving home care services.

L.D. 1687 – An Act To Increase Health Insurance Coverage for Front-line Direct Care Workers Providing Long-term Care

This bill allows providers of long term care services with more than 50 employees to participate in the DirigoChoice health insurance plan. The bill also allows uninsured direct care workers who work an average of 10 or more hours per week to participate in DirigoChoice.