



**Comments of Jess Maurer on Behalf of  
the Maine Council on Aging  
to the Joint Standing Committee on  
Appropriations and Financial Affairs**

June 19, 2020

Senator Breen, Representative Gattine and members of the Joint Standing Committee on Appropriations and Financial Affairs:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 100 organizations, businesses, municipalities and older community members working to ensure we can all live healthy, engaged and secure lives with choices and opportunities as we age at home and in community settings. I appreciate the opportunity to share our collective thoughts on the challenges older Mainers and the providers who serve them have faced during the COVID-19 outbreak in Maine, and how that state could use some of the \$1.25 billion from the Coronavirus Relief Fund to address some serious issues we've identified.

As you know, COVID-19 is not an equal opportunity virus. Anyone can get the virus, but it is more likely to claim the lives of those who have compromised immune systems, underlying health conditions, and chronic diseases. While older Mainers are generally a healthy and hardy lot, age can bring with it chronic conditions and other health challenges that can make some older people more vulnerable to serious illness and death if they contract the virus.

Nationally, 80% of the people who have died from the virus are 60 and older. Older people in nursing homes and assisted living facilities have been particularly impacted because these facilities combine people who are already vulnerable due to health conditions and staff who are in and out rooms multiple times a day without adequate protection to prevent spread. Nationally, 42% of all COVID-19 deaths have occurred in nursing facilities; in Maine it's over 50%. Because of this, I will underscore at the outset that it is a priority that we address a multitude of challenges these facilities are facing immediately and before the next spike.

As the situation started to unfold in Maine, many older Mainers with health challenges stepped away from their normal activities, like delivering Meals on Wheels and volunteering on home repair teams, or working in essential jobs. Many began to self-isolate and find other ways to gain access to the supports, services, and socialization they needed.

For those older Mainers who needed care, the situation became complex quickly. We saw an immediate drop in numbers of older people who were willing to accept help into their homes from the Homemaker Program, consumer directed programs, and home care programs. The concern was that workers would not have adequate PPE, and they didn't.

Immediately, starting on March 16<sup>th</sup>, the MCOA began hosting weekly calls for our members, partners, and state and federal leaders, drawing between 60 and 100 people each week from multiple sectors, including law enforcement and municipal leaders. These calls gave us the opportunity to understand the challenges across settings and provider types, and to share information about solutions. Like everyone else, the biggest early challenges were moving staff from office to home, getting good information, gaining access to PPE and testing, but some other issues hit providers hard almost immediately.

Many direct care workers couldn't find child care, causing them to take a leave. Other workers had chronic conditions or older family members at home and also needed to step away. Most aging services volunteers are older and many stepped back, causing the area agencies to have significant challenges early on in getting volunteers to deliver meals. When we started seeing outbreaks in nursing facilities, we saw significant challenges with finding replacement workers and containing spread.

The news is not all bad. As the federal and state governments responded with increased funding, PPE, and flexibility in the provision of services, some issues began to resolve. For instance, many people began accepting workers back into their homes once workers gained access to PPE. Also, flexibility and funding allowed the area agencies on aging to serve older people who were sheltering in place and needed access to meals, even if they did not qualify for the program. Changes to telehealth rules allowed older people to gain access to much needed medical attention from the safety of their homes – and correspondingly, lots of older people have gotten online for the first time. Younger unemployed people stepped up to become our new volunteer workforce. In addition, communities across Maine came together to provide services like grocery shopping and friendly calling programs.

Our weekly multi-sector calls have continued, and four full months into the crisis, we're able to understand the critical structural issues we need to address in order to ensure older people can continue to access the supports and services they need as our economy opens up, but they continue to shelter-in-place, and in preparation for the second wave. We would urge our state leaders to prioritize funding to address the following issues:

1. **Direct care workforce:** As you know, we were struggling already with a severe and significant direct care workforce shortage before the outbreak, so the outbreak exacerbated an otherwise bad situation. The simple truth of the matter is that, even with rate increases, providers across the continuum cannot pay workers more than people are earning on unemployment. Thus, finding new workers or replacement workers is becoming nearly impossible. To address these challenges, we recommend:
  - a. Maine should take the example of other states who have used Coronavirus Relief Funds to increase pay for frontline direct care workers, whether in the Homemaker Program, home care, or in facilities. As an example, the State of New Hampshire is using federal funds to establish a Healthcare System Relief Fund for providers across the care continuum. We must do something to incentivize unemployed people joining this workforce and increasing the ability of providers across the continuum to pay a premium rate for workers as a critical component to ensuring these providers survive through this pandemic.

- b. Maine initially provided MaineCare rate increases to nursing homes and assisted living facilities to help them pay for necessary costs related to COVID-19. Although we are still in the midst of the pandemic, rate increases were discontinued after the first three months. All facilities are still experiencing higher costs and those with an outbreak are under extreme financial pressure related to replacement workers and extra staff. We urge the State to restore rate increases or develop other means of getting financial resources to facilities.
  - c. In relation to the Homemaker Program (ISS), the program operates under a State Funded Fee for Service Contract that is dependent on a high volume of direct service units to generate sufficient revenue to cover costs of direct care workers, assessments and case management services. Under COVID, service delivery units are down as consumers have opted out of service, at risk workers have gone off the job, workers have been challenged to reach all their consumers in congregate settings and exposure/testing of consumers and workers have required suspension of services. Other than through the agency's PPP initiative, ISS has not benefited from federal or CARE Act funds. Under PPP, ISS was able to pay \$3/hour premium (hazardous duty) pay to essential frontline workers but PPP ran only for eight weeks. To address the revenue shortfall, CARES Act funds could be used to continue premium pay for this service, and to purchase PPE and technology to support assessments.
  - d. Another way to attract workers to these jobs would be to quickly create earn while you learn programs, shoring up our community college network, getting people into the necessary courses while still on unemployment, and increasing the pipeline of new workers entering the field.
  - e. In order to be able to ensure we can pay workers at the same rate once these federal funds are exhausted, we also urge the Department to accelerate rate studies across the direct care workforce continuum with a view to not only addressing pay rates, but the on-going need for PPE and service coordination that educates consumers and direct care workers alike on the ever evolving knowledge of managing the COVID-19 risks.
2. **Meals on Wheels:** Last year, you approved a one-time appropriation of \$75,000 to address a growing waitlist for Meals on Wheels. Despite this funding, when COVID-19 hit, a few of the area agencies had waitlists growing again. The additional funding for Nutrition that came through the Families First and CARES Acts and the flexibility in serving more people has meant that the area agencies are now serving **MORE THAN DOUBLE** the number of people they're normally serving. Their tracking suggests that at least half of the new recipients actually qualify for the service. The additional funding will be exhausted shortly and the area agencies will have to tell thousands of new recipients that the CARES Act funding is ending and that they will no longer be able to receive home delivered meals, including those who would actually qualify for the program. We think a portion of this Relief Fund should go to extend the ability of people who continue to shelter in place to get home delivered

meals and to provide for extended funding for those who qualify, at least through the end of the year.

3. **Adult Day Services:** Many providers are looking at what they have to do to create appropriate measures to reopen adult day services and are finding the business model won't work. They can only bring back up to a third of their normal clients to allow for physical distancing. They are already receiving less than it costs to provide the service from MaineCare. Thus, serving fewer clients with the same level of staffing simply won't work. They also have increased needs for PPE, cleaning supplies and other materials to run the programs. We're quite concerned that this provider type may fail altogether if additional funds are not made available to support them.
4. **Technology:** The area agencies have received some small grants to purchase tablets and data plans, and are getting them into the hands of the most vulnerable community dwelling people so that they can get connected. The purpose is not only to ensure they can access telehealth services, complete assessments, participate in virtual evidence-based programming and zoom caregiver support groups, but also to address serious concerns about isolation. We are united in the belief that some of these funds need to be dedicated to getting technology and data plans into the hands of older people. As Senator Collins has urged, we also believe some of these funds should be used to establish wifi connections in affordable senior housing projects to ensure lower income older adults can access the internet for socialization and care. In addition, some of these funds could be used to increase access to assistive technology for consumers statewide.
5. **Smaller safety net non-profits:** The area agencies on aging are using some of their CARES Act funds to offer small one-time grants to smaller nonprofits in their regions like Senior Centers that haven't been able to get PPP loans and have no revenue coming in. Additional funds will be needed to support these kinds of nonprofits that may not be able to resume normal operations this year and may fail without support.
6. **Testing:** Maine is in the process of developing expanded COVID-19 testing for staff and residents of nursing homes and assisted living facilities. The great majority of states have implemented testing at no cost to long term care facilities, but Maine has not. We urge Maine to fully fund this program.
7. **Personal Protective Equipment (PPE)** is critical to protecting healthcare workers and all facility residents. From the beginning of the pandemic, there has been a shortage of PPE and costs have increased dramatically. The State should use some of these federal funds to cover the costs of increased PPE across the continuum of care.

We join with other presenters in asking you to fund behavioral health services, primary care services and hospitals. We join you in our serious concerns about older people who have delayed care and will be experiencing serious health issues as a result. Again, we appreciate the opportunity to share this information with the Committee. I'm happy to answer questions and to provide additional information as needed. Thank you.