



**Testimony of Jena Jones on Behalf of  
the Maine Council on Aging to the Committee on  
Health and Human Services**

**In Favor of LD 1238 – An Act to Require Reporting  
on the Percentage of Approved Care Being Delivered  
to Individuals and  
LD 208 - An Act Concerning Home Care Services**

Submitted on April 10, 2023

Greetings, Senator Baldacci, Representative Meyer, and the members of the Joint Standing Committee on Health and Human Services.

My name is Jena Jones, and I am the Director of Policy and Advocacy at the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of over 135 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 am testifying in favor of LDs 1238 and 208, but I will speak generally to LD 1238.

For nearly a decade, legislators have struggled to find solutions to Maine's severe and pervasive essential support and care workforce shortage. You have created commissions, raised wages, established COLAs, reduced waitlists, and created a marketing campaign. The Departments of Health & Human Services (DHHS) and Labor have done so much to grow this workforce, from training, to job fairs, to sign-on and retention bonuses. Because of these efforts, Maine has just ranked 4<sup>th</sup> in the nation in PHI's Direct Care Workforce State Index.

It's clear we've made real progress in valuing this workforce, however, as DHHS says in a February 2023 report on the Commission to Study Long-term Care Workforce Issues, [\*Second Annual Report Pursuant to PL 2021, c. 398, Section AAAA-7\*](#), all of these efforts have only stabilized this workforce. The report shows that 772 older people who are entitled Section 19 waiver home care services (33%) – mostly women, all nursing home eligible, are receiving no care or only partial care because of the workforce shortage. It shows that 407 older people aren't getting the home care they need under Section 63 (53%). While we don't know where these people reside, we do know there are "care deserts" in Maine, areas where there are no workers available to provide services.

One of Maine's care coordination agencies has reported that each week about 15,000 hours of care go undelivered in Section 19 and Section 63. This is only one of several care coordination agencies. This information is reported by these agencies to the Department. Thus, it is not unreasonable to ask the Department to report all unstaffed hours for these MaineCare sections, and all other sections that rely on essential support and care workers to deliver care.

These programs provide assistance with instrumental/activities of daily living such as help with bathing and dressing, getting the dishes washed or taking out the trash and the consequences of not having access to them are severe. In addition to increasing the probability of older adults

having to enter a facility for care and support when they cannot find help at home, older Mainers are now facing increased rates of eviction because of this workforce crisis to the extent that people 65 years and older represent the fastest growing homeless population.<sup>1</sup>

We are at a critical point in trying to solve this workforce shortage. We will need to invest more resources to grow and sustain a larger essential support and care workforce. However, we don't know how many workers we need to attract to these jobs, nor what we'll need to pay them to compete with other industries. Without understanding the scope of the problem and the places where the problems are most acute, we will not know how much money to allocate to the problem nor how to target those funds. More importantly, we cannot measure whether any actions we're taking are having an impact on the overall problem.

We can collectively agree that this is a challenge that must be resolved but how can we craft additional solutions when we lack the data to fully understand the scope of this issue or track the success of implemented actions? The intent of LD 1238 is to drill down on undelivered approved hours for essential support services in both MaineCare and state funded programs, and to study how staffing shortages impact occupancy levels in facilities. If we cannot fix the home and community-based workforce shortage, the people needing care will need to move into facilities for care, only we have too many unoccupied beds in facilities that cannot be filled due to low staffing. Thus, we must also know how many workers are needed to operate facilities at full capacity.

The model for geographically presenting this data already exists in the Children's Behavioral Health Data Dashboard<sup>2</sup> which can and should be replicated for all Mainers receiving essential care and support services across all MaineCare and state funded programs. As suggested in LD 208, which the Maine Council on Aging ardently supports, applying the data to a visual presentation that will allow for geographic representation and more breakdown on those who are approved for care but are only receiving partial services will allow for a broader understanding of gaps in services and where to apply efforts on course correction.

Without doubt there is great work being done across the state to ensure that all Mainers who need care receive it where and when it is needed. However, the changes needed will not manifest until we can comprehensively report on who needs care but isn't getting it to understand the real scope of the deficit. The intent of this bill is to supply the critical information necessary to develop urgent solutions to a challenge that Mainers have faced for far too long. We urge you to support LD 1238.

Thank you. I am happy to answer any questions.

Jena Jones

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<sup>1</sup> (Kushel, 2020)

<sup>2</sup> <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/childrens-behavioral-health>