

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Aging and Disability Services
11 State House Station
41 Anthony Avenue
Augusta, Maine 04333-0011
Tel; (207) 287-9200; Toll Free: (800) 262-2232
Fax (Disability) (207) 287-9915; Fax (Aging) (207)287-9229
TTY: Dial 711 (Maine Relay)

STATEMENT OF PAUL SAUCIER, DIRECTOR, OFFICE OF AGING AND DISABILITY SERVICES
MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEFORE THE
FIELD HEARING OF THE UNITED STATES SENATE COMMITTEE ON VETERANS' AFFAIRS
"THE STATE OF VETERANS LONG-TERM CARE IN MAINE"

AUGUSTA, MAINE
JANUARY 26, 2024

Good afternoon Senator King, and thank you for providing this forum to discuss long-term care for Maine's veterans. I appreciate the opportunity to discuss Maine's system and how it relates to the Department of Veterans Affairs' offerings. I will use the term long-term services and supports (LTSS) to describe a range of services including caregiver support, home care, adult day services, residential facilities and nursing facilities.

MaineCare, Maine's Medicaid program, is the largest payer of LTSS in the State. This is true nationally as well. In 2021, Medicaid paid for 44.3% of national LTSS expenditures, and the VA paid less than 2% ([Congressional Research Service, 2023](#)). Many Maine veterans rely on MaineCare for LTSS, including 42% of Maine Veteran's Homes (MVH) nursing home residents. Although the federally-administered VA system and the state-administered MaineCare program operate independently from one another, they face similar challenges in the post-pandemic era. ***Attracting and maintaining a well-trained workforce is the single greatest challenge facing LTSS in Maine. This is an area in which the federal government can have meaningful impact through a substantial and sustained effort in partnership with states and providers.***

Expanding and Retaining a Well-Trained Workforce

The need for LTSS will continue to grow as Maine's population ages, and the single biggest constraint to growth is the availability of workforce. Maine has [invested more than \\$300 million](#) with funding provided through the American Recovery Plan Act, enhanced federal Medicaid match, federal CDC grants and other one-time sources. This federal funding has been put to good use and is greatly appreciated, but Maine's structural workforce challenges are not going away. ***This is a long-term problem that will require sustained federal support over time.***

Pay is certainly important, and Maine has made a significant commitment in this area by adopting payment policy that assures rates will cover wages for direct support workers (DSWs) that are at least 125% of the State's minimum wage. The State's minimum wage is indexed to inflation, and as it rises, so will Maine's LTSS rates.

Pay is not the only factor influencing the supply of DSWs. Availability and portability of training is another key factor. To that end, Maine is adopting a universal DSW credential that will enable workers to apply their expertise across home and facility settings for individuals with physical, intellectual or age-related needs. This will be more accessible for workers first considering the direct support profession, especially younger adults and others newly entering the job market. It also complements efforts in small house models and elsewhere toward universal workers who engage with residents to assist with multiple needs and preferences, including personal care, meal preparation, laundry and social activities. The approach is more person-centered, efficient and satisfying to both the worker and resident. It results in significantly more staff time spent in direct contact with residents, which has been associated with higher quality care. Green Houses, one specific form of small house model, have [documented staff turnover](#) rates that are half those of traditional nursing homes. ***This is a very promising area to which the VA could contribute with more research and development from its own experience.*** The VA has funded the construction of several small house model homes across the country, including one right here in Augusta. We would all benefit from understanding the outcomes and operational best practices emerging from these homes.

Maine has also promoted healthcare and direct support professions with marketing campaigns, including [Caring for ME](#), which is specifically targeted to direct care and support professions. Through focus groups and surveys of workers, we learned that individuals drawn to the work are compassionate and committed. These themes run throughout the campaign, which takes individuals from a traditional or social media ad to an informational website that includes worker testimonials and job postings from the Maine Department of Labor's JobLink.

Maine has also seen that self-directed care can be an important part of the workforce solution. By expanding and providing more information about our self-directed home care options, Maine has grown this option during and after the pandemic. In most cases, self-directed care is provided by a family member, but the use of non-related caregivers is also rising. ***This is another area in which the VA could assist, by expanding the availability of its Veteran-Directed Care program.***

Balancing our System

The VA and Maine's state LTSS programs also share an interest in ensuring a system that has a necessary balance of home and community-based services (HCBS) and institutional services. Older adults have consistently expressed an [overwhelming preference](#) for aging in their own homes, which is reason enough to pursue more HCBS options. But we also learned during

COVID that having an appropriate balance contributed to the resiliency of our system. Just before the pandemic, Maine's nursing home occupancy was 90%. In the depths of the pandemic, it dropped as low as 74%, and is now hovering at about 80%, where it has been for several months. Despite available capacity, most of Maine's nursing homes have not been able to return to full staffing, and are serving fewer people today than they did before the pandemic. Fortunately for Maine, the story has been quite different in the home care sector. To be sure, home care has also experienced workforce challenges, yet Maine's three largest home care programs¹ grew by 17% during the pandemic, and are now serving nearly 1,000 more individuals than they did at the pandemic's onset. We do not know if this shift toward HCBS was a result of increasingly strong preference for home care in the face of COVID, or declining availability of nursing facilities. Likely it was influenced by both factors. What is clear is that the growth in home care was able to soften the impact of reduced access to facility beds. The VA has recognized the importance of balance, projecting increasing growth in its HCBS options over time in a recent [GAO report](#). ***To date, the VA's current balance lags Maine's and most states', and Maine would welcome a significant increase in VA home care availability.***

Thank you for this opportunity to discuss the status of Maine's LTSS system and its role in serving veterans.

¹ The three programs are the MaineCare HCBS waiver program for older adults (Section 19), the MaineCare State Plan home care option (Section 96, Private Duty Nursing), and the State General Fund home care program (Section 63).