



**Efforts and Progress in Implementing the
Recommendations of the Commission to Study
Long-term Care Workforce Issues**

**Second Annual Report Pursuant to PL 2021, c. 398,
Section AAAA-7**

February 2023

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Introduction

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.

The Department has compiled this second report in collaboration with its partners at the Maine Department of Labor.

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

This section provides updates on activities of State agencies that address recommendations in the 2019 Long-term Care (LTC) Workforce Report, as well as other related activities. This section is organized by topics as they appear in the 2019 report.

Reimbursement

The Department of Health and Human Services (DHHS) has taken several steps to support higher wages for direct support workers (DSWs) through MaineCare Rate System Reform and COVID-related supplemental payments in MaineCare and State-funded programs. In addition to the payments and actions reported last year in our first report, DHHS has taken the following actions:

- In September 2021, the Department issued over \$123 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (also known as Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs) to assist with ongoing, COVID-related staffing shortages;
- In December of 2021, Governor Mills directed the Department to waive penalties on nursing facilities during the federal public health emergency (PHE) that are experiencing low occupancy rates. The Department is applying this waiver to Section 97 Private Non-Medical Institution (PNMI) Appendix C facilities as well. This enabled nursing and residential care facilities to be reimbursed according to actual resident days instead of a minimum of 80% or 90% occupancy as outlined in regular MaineCare policy;
- Part AAAA of the budget enacted under Laws of Maine 2021, c. 398 directed DHHS to implement rate increases to ensure the labor component of rates are equal to at least

125% of minimum wage.¹ On May 3, 2022, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, and 96 that are associated with Part AAAA of P.L 2021, c. 398, retroactively to January 1, 2022. Supplemental monthly “ramp” payments were paid during calendar year 2022 for other long-term care and personal support services in Sections 2 and 26, where rate studies were needed to ensure appropriate adjustments to meet the 125% requirement. The first distribution of these temporary supplemental payments included payments for both January and February 2022. For the remainder of the calendar year, payments were issued monthly to eligible providers from March 2022 through December 2022;

- DHHS also increased its planned cost of living adjustment (COLA) for FY22 to match higher than anticipated inflation rates and accelerated the COLA that had been planned for July 1, 2022, to January 1, 2022, in order to provide additional support for non-wage-related costs and to be able to operationalize both sets of adjustments for Home and Community Based Services (HCBS) waivers;
- In addition to Part AAAA, Nursing Facilities and PNMI Appendix C facilities received an interim supplemental wage add-on to their rates from January 1, 2022, to June 30, 2022. The Department then collected wage data from facilities to fully implement section AAAA-5 of the biennial budget, 2021 P.L. c. 398, which requires that direct care rates for providers in Section 67 and Section 97, Appendix C enable providers to cover labor costs for essential support workers of at least 125% of the minimum wage. Rate letters for these facilities were posted on September 29, 2022, including add-on rates for Part AAAA, with rates retroactive to July 1, 2022;
- In response to the healthcare worker challenges exacerbated by the COVID-19 pandemic, DHHS submitted and received approval of its [Home and Community Based Services Improvement Plan](#) under Section 9817 of the American Rescue Plan Act through the Centers for Medicare & Medicaid Services (CMS). A key component of the plan was to provide retention and recruitment bonus payments for new and existing direct support workers and their supervisors across several MaineCare sections of policy.² Over \$121 million was paid in the first quarter of CY 2022 to 354 agencies who reported almost 21,000 workers in the registration process. Agencies had until 12/31/2022 to utilize the retention and bonus payment funds. Final reports that will include worker-level data are due February 1, 2023;
- Public Law 2001, c. 639 (LD 1867) was enacted in 2022 and took effect August 8, 2022. As passed, c.639 creates a new stand-alone section of Maine law (22 MRSA §3173-J) that codifies the processes and principles for the MaineCare Rate System. These

¹ https://legislature.maine.gov/legis/bills/display_ps.asp?PID=1456&snum=130&paper=&paperId=1&ld=1573

² <https://www.maine.gov/governor/mills/news/governor-mills-announces-federal-approval-bonus-payments-direct-support-workers-2021-11-23>

processes and principles include setting a schedule for regular rate review and adjustment, to be reviewed annually in consultation with the Technical Advisory Panel (TAP); reviewing relevant state and national data to inform rate amounts and payment models, with an emphasis on models that promote high value services by connecting reimbursement to performance; and formalizing a clear and transparent process for rate determination that includes public notice and comment. DHHS convened the TAP and is implementing its first round of rate setting under the new law;

- In August 2022, the Department issued \$25 million in state and federal funds in supplemental COVID-19 payments to in-state Nursing Facilities (NFs), PNMI Appendix Cs (Residential Care Facilities, or RCFs), and Adult Family Care Homes (AFCHs). The funds were distributed proportionally based on each facility type's CY 2019 MaineCare revenue for these services;
- In September 2022, the Department issued one-time payments to eligible providers of Per Diem Home Support and Home Support – Family Centered Support under MaineCare Benefits Manual Section 21, Home and Community Benefits for Member's with Intellectual Disabilities or Autism Spectrum Disorder to assist with ongoing, COVID-related staffing shortages in residential group homes;
- Public Law 2021 c. 635 enabled the Department to provide High MaineCare Utilization payments (HMUP) for Section 97 Appendix C facilities. This HMUP provides add-ons to the facility rate when a facility's MaineCare member occupancy exceeds 70% and 80%. Nursing facilities also receive this HMUP;
- Appendix K to Maine's Home and Community-Based Services 1915(c) waivers provides the state certain flexibilities in waiver program operations during an emergency. Section K-2.b.ii. of Maine's Appendix K, which allows service caps to be exceeded and group home staffing to be lower than authorized levels, was originally set to expire on May 31, 2020. Due to continuing need related to the COVID-19 pandemic, the Department has extended this provision eleven times, most recently through March 31, 2023. On October 1, 2022, the Department set the minimum staffing in Section 21 group homes at 80% of authorized levels, provided that the health and safety of residents can be maintained. This represents an increase from the 50% minimum established at the beginning of the pandemic. The Department is monitoring workforce conditions closely and will make decisions about April 1, 2023 staffing levels by the end of this year; and
- Effective January 1, 2023, the Department updated the rates for MaineCare Benefits Manual, Chapter II, Sections 12, 18, 19, 20, 21, 29, 67, 96 and 97, Appendix C to ensure rates continued to support the requirements of Part AAAA of P.L 2021, c. 398, relating to 125% of minimum wage for essential workers, and for Sections 12, 18, 19, 20, 21, 29, and 96 received an annual cost of living adjustment in alignment with P.L. 2021, c. 639.

The Department also implemented rates resulting from rate studies for Sections 13, Targeted Case Management and 26, Day Health Services and is in the process of finalizing rates from a rate study for Section 2, Adult Family Care Homes to ensure compliance with both P.L. 2021 c. 398, Part AAAA for Section 2 and 26, and P.L. 2021 c. 639 for Sections 2, 13 and 26.

Workforce Recruitment and Retention

In addition to rate increases and one-time payments, the Department of Health and Human Services (DHHS) has worked closely with the Department of Labor (DOL) and other public and private stakeholders to support increased healthcare workforce recruitment and retention efforts:

- DOL led the initial efforts for a media campaign to recruit persons of all ages and life stages into front line health and long-term services work. With funding from the Governor's Maine Jobs & Recovery Plan (MJRP) DOL retained a marketing agency and collected stakeholder feedback. Representatives from the Maine Long-Term Care Ombudsman Program, Catholic Charities Maine, LeadingAge, the Maine Council on Aging, the Maine Health Care Association, the Maine Association of Community Service Providers, the Home Care & Hospice Alliance of Maine, and the Maine Direct Care & Support Professional Advisory Council have provided input on key messaging and assisted DOL with reaching other stakeholders through surveys and other methods to increase our understanding of motivations, barriers, and aspirations of current and potential direct care and support workers;
- With input from 700+ current and future workers and the advisory group, the [Caring For ME](#) campaign launched in April 2022 to recruit workers for direct care and behavioral health career opportunities. Through a combination of digital outreach, traditional media and social media, the Caring For ME website, featuring current job opportunities, events and career pathways information, had 40,000 visitors, 3,000 of whom continued to [MaineJobLink](#) to access current job postings in the field. As part of the Caring For ME campaign, four in-person and one virtual hiring event took place with 100+ employer and 250+ jobseeker participants—resulting in 30 jobseekers submitting applications, receiving conditional offers and interviews for open positions and 20+ jobseekers connected with Healthcare Navigators for additional job search support;
- DOL transitioned the Caring For ME campaign to DHHS in December, 2022 and DHHS will further target direct care and support workers interested in behavioral health, aging, intellectual disability, brain injury and physical disability. Additional marketing efforts are being planned to continue and build on the Caring For ME campaign;
- DOL continues to conduct targeted health and Long-Term Services and Supports (LTSS) job fairs, which will be further developed in conjunction with the ongoing media campaigns. LTSS providers have been participating in statewide job fairs, as well as customized connections (i.e., reverse job fairs) to specifically identified individuals who have direct care and support employment goals;

- As part of a broader healthcare workforce attraction campaign, DHHS has contracted with Live and Work in Maine to develop [health career exploration and outreach tools](#) aimed at encouraging graduating high school students and younger workers to enter the healthcare profession. This strategy is part of a public/private partnership with the Maine Hospital Association, Maine Primary Care Association and the Maine Health Care Association. This campaign has created 22 career exploration videos, a job board, and a career toolkit distributed across all high schools in Maine. The multimedia advertising strategy includes radio, video, traditional and social media, resulting in 58,533 job views for positions in the healthcare sector, and 699 applications to healthcare jobs posted on the Live and Work in Maine job board. This campaign will continue in CY 23 with a wider target audience;
- All media campaigns are being informed by the Maine Direct Care & Support Professional Advisory Council, a group of front-line workers established in the fall of 2021 by the Long-Term Care Ombudsman with support from the Maine Health Access Foundation and DHHS. Several discussion groups were held with direct care and support workers in both HCBS and residential care to learn more about their jobs, why they do them and what would make them better. The results from these discussions informed the media campaigns and were key in planning improvements in workplace culture. Members of the Council have used their social networks to bring more worker voices into these efforts through surveys and focus groups;
- With funding from the Governor's Maine Jobs & Recovery Plan (MJRP), the Finance Authority of Maine (FAME) continues to administer the Maine Health Care Provider Loan Repayment Pilot Program for certain health care professionals who commit to living and working in Maine for at least 3 years. This is one-time funding for loan repayments of eligible program participants to address critical workforce shortages exacerbated by the COVID-19 pandemic, including but not limited to the behavioral health and oral care sectors; and
- In order to support recruitment efforts for non-English speaking Mainers, DHHS continues to work with the Department of Education (DOE) to expand Bridge English as a second language (ESL) courses that tie into direct care credentials such as Certified Nursing Assistant (CNA), Personal Support Specialist (PSS) and others.

Workforce Development

DHHS, DOL and DOE continue to collaborate on a number of workforce development initiatives:

- Utilizing a combination of Maine Jobs & Recovery Program (MJRP) funds and a federal grant, DOL is actively expanding healthcare pre-apprenticeship and apprenticeship programs for the sector at large, with an emphasis on increasing representation among communities disproportionately impacted by the pandemic. DOL has been working with DHHS, as well as the Maine Community College System (MCCS) and the Department of Education's (DOE) Career and Technical Education team. Current apprenticeship

sponsors include Northern Light Health and Maine General Health. The MJRP and federal grant funds allow for expansion of healthcare pre-apprenticeship and apprenticeship programs including expanding the apprenticeship program at MaineHealth, which will add an estimated 45 apprenticeships and over 500 pre-apprenticeships in partnership with local schools. These include Foster CTE, Somerset CTE, and the Gorham School District to expand existing and create new EMT and CNA pre-apprenticeship programs for young adults. New pre-apprenticeship programs at Lewiston and Portland Adult Education will be established, including a partnership with Northern Light to train up to 120 pre-apprentices in medical office staff and medical assisting. Additionally, the Maine Apprenticeship Program is working actively with an employer to develop and launch an apprenticeship program for direct service professionals in the coming months;

- DHHS is engaged with the University of Maine System (UMS) and MCCS to align learning standards with provider needs. One pilot at the University of Maine at Fort Kent has enabled UMFK nursing students to earn certification as a Personal Support Specialist (PSS) in year 1, a Certified Nursing Assistant (CNA) in year 2, and a Certified Residential Medication Aide (CRMA) in year 3 as they work on their nursing degrees. This allows nursing students to engage in paid work in different capacities along the continuum as they move through their degree program. This model is being expanded to other colleges across Maine;
- As part of the COVID-19 response, the UMS was formally engaged as a partner to coordinate students who would be available to increase the worker pool. Job postings for short-term/crisis staffing needs were sent directly through the Maine Responds system. Permanent and longer-term needs are sent to the Career Services offices across the MCCS and UMS. The process to connect with students is outlined in the DHHS Recruitment and Retention Toolkit; and
- 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. Healthcare navigators have worked with 50+ individuals who are referred from a variety of sources, including the Caring For ME campaign, and has connected 30+ individuals to free training, job opportunities and other services. These positions also focus on helping out-of-state and foreign-trained workers navigate the complex credentialing landscape and connect to healthcare careers, in partnership with ongoing efforts.

Qualifications and Training

Qualifications for doing direct care and support work vary by program and group served. DHHS and DOL are engaging stakeholders and reviewing certification requirements with an eye toward greater consistency (e.g., minimum age to do a certain task) and opportunities for cross training to give workers more opportunities. The Department is also exploring methods to make available training easily found by seekers, so training access does not pose a barrier to job seekers.

- To address the significant challenge of finding Direct Support Professionals (DSP) who are able to communicate and care for individuals who use American Sign Language (ASL), DOL and DHHS worked together to record the DSP training in ASL. Those trainings are now being made available through the College of Direct Support. This curriculum version will better meet the needs of potential DSP's who are ASL users;
- DOL and DHHS are working closely with adult education (DOE), MCCC and UMS partners to coordinate a centralized approach to healthcare training opportunities and training funding via [Healthcare Training For ME](#) (launched in April 2022). The funding is a combination of approximately \$7 million in tuition remission funding from the Maine Jobs & Recovery Plan as well as MCCC funding. The focus is working with employers to connect incumbent health care workers in entry level jobs with training funding to support attaining certifications and credentials to move up the career ladder and to improve retention and quality of care. Though not exclusively focused on direct care, priority occupations for training funding support include CNA, CNA-M, CRMA and home health aide, among others. Through the support of the Healthcare Training For ME collaborative, more than 160 healthcare workers were enrolled in late 2022 in free or low-cost training through tuition remission funding and 650+ students were enrolled in MCCC no-cost healthcare training courses; and
- DHHS has launched the Worker Portability and Advancement initiative, which seeks to create a base credential usable by individuals in at least two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP), with consideration also being given to Mental Health and Rehabilitation Technician I. The base credential will enable a direct care and support worker to perform entry-level work across multiple groups of people, and to pursue additional expertise to advance in the field.

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 up to \$2,000 grants for family caregivers providing care to a loved one at home. Informal and unpaid caregivers may use the funds for respite care, counseling and training, legal and financial guidance, and assistive technology. Family caregivers can also access services to maintain their own health such as occupational and physical therapy.

Consumer Directed Services

DHHS has long had consumer-directed options in its programs for older adults and adults with physical disabilities and those options have been growing in popularity. The Department is now working to expand self-directed options to other adult groups. These 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.

- Self-direction has been expanded to participants of Section 18 (Brain Injury Waiver), 20 (Other Related Conditions) and 29 (Supportive Services for Individuals with Intellectual Disabilities waiver) through a temporary modification to the waivers through the emergency use of the Appendix K option during the federal public health emergency. DHHS is pursuing permanent changes to its waiver policies to allow these options to continue; and
- Self-Direction is currently offered in Maine Care Section 19 (Older Adults and Adults with Physical Disabilities Waiver), Section 96 (Private Duty Nursing and Personal Care Services) and Section 12 (Consumer Directed Attendant Services). In addition, the Department also allows self-direction in its state funded Section 69 (Independent Support Services), Section 63 (In-Home and Community Support Services for Elderly and Other Adults) and Chapter 11(Consumer Directed Personal Assistance Services).

Pooling and Connecting Workers

As noted in last year's report, pooling and connecting workers across agencies for purposes of aggregating hours to qualify for benefits may have potential for making front line jobs more attractive but has not generated interest at the provider level, and DHHS is not pursuing this recommendation further.

Public Assistance

The Department has explored a number of strategies to ensure that low-income workers or prospective workers understand the public assistance programs that are available to them.

- 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. Course activities include writing assignments, simulation activities including mock interviews, lectures, speakers, and videos. Students participate in weekly networking events with employer and educational partners geared toward the geographical locations of each cohort and their specific interests. Beginning in week four, most students are placed in a field training experience, employment, or educational opportunity. Some may decide that healthcare and human services is not a pathway for them, and they are referred to other On Ramp options or other educational programs. 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;

- The Department, in partnership with the Administration for Children and Families (ACF) in addition to the Federal Reserve Bank of Atlanta, launched a Benefits Cliff Tool Pilot in February 2022. The pilot enables workers to receive coaching and the tool allows workers to see how starting in entry level healthcare jobs can provide a pathway to greater economic mobility while helping them plan for how it will or will not impact their benefits. A second pilot was launched in October 2022 which allows coaches to use the entire suite of tools with participants. The second pilot will help us to know how to use the tools with participants across Maine;
- In 2020, the Department extended transitional MaineCare from 6 months to 12 months to individuals who lost MaineCare assistance due to earnings. This extends the individual's full MaineCare benefits for one year following the increased earnings that put them over the limit. Prior to the end of the 12 months, a letter is sent to the family to see if they can continue to be enrolled in MaineCare. If they remain over the limit a referral is made to CoverME for other subsidized health coverage options;
- MaineCare income limits are set per coverage group, such as parents and caretakers, pregnant women, childless adults, etc. Increasing income levels for direct care workers, or any other specific employment type, is only an option if the income limits for all MaineCare applicants in the coverage group are increased. MaineCare eligibility guidelines are posted online for all coverage groups. Applicants also receive information about the limits via notices of decision; and
- The Department's Office for Family Independence (OFI) continues to host monthly community partners meetings with MaineCare providers, local advocacy groups, etc. as a forum to share information such as upcoming changes to public assistance rules or process or respond to inquiries questions from agencies who support our applicants and members.

Grants

The Department and its partners have received grants and other assistance related to workforce issues, including the following:

- In 2021, the Maine Health Access Foundation (MeHAF) provided a grant to the Maine Long-term Care Ombudsman Program (LTCOP) to conduct discussion groups with direct care and support workers who work in nursing homes, residential and home-based settings. As part of Section 9817, under the American Rescue Plan Act, OADS has contracted with LTCOP to continue this effort through an initiative that has supported the creation of a Direct Care and Support Worker Advisory Council. Members of the Council

include direct care and support staff providing in-home care, working in assisted living and residential care homes, and nursing facilities. The purpose of the Council is to build leadership and advocacy skills as well as to inform and makes recommendations to policy makers about workforce initiatives;

- DHHS received a federal Money Follows the Person (MFP) Capacity Building grant award that includes a workforce development component; and
- DHHS decided that pursuing a Lifespan Respite Care grant from the federal Administration for Community Living would not be feasible and has instead received approval from CMS to fund a pilot program under Section 9817 of the American Rescue Plan Act.

II. Current Data Related to Staffing & Occupancy

This section includes available information on capacity in Maine’s residential and home care programs. While useful in monitoring access to services, users should be very cautious in interpreting what the data tell us about LTSS workforce availability.

The numbers below have mostly moved in the desired direction in the past year. Bed capacity has remained stable while residential occupancy rates have increased slightly. Most HCBS programs were able to increase the number of people served since last year, though the number of participants who receive only partial staffing has also increased. Nonetheless, the movement overall is in the right direction, and does not yet reflect significant MaineCare rate increases, including 1/1/23 annual adjustments, which will enable starting wages for front line workers to increase in the new year.

Residential and Nursing Capacity

Table 1. Licensed Capacity of Adult Residential and Nursing Facilities in Maine, 2020 and 2022³

	Number of Licensed Facilities	Bed Capacity
Assisted Housing Facilities (includes Residential Care, Private Non-Medical Institutions, Waiver Group Homes and Assisted Living)		
May 2020	852	10,800
January 2022	1,154	11,528
December 2022	1,179	11,771
Nursing Facilities		
May 2020	93	6,506
January 2022	90	6,472
October 2022	87	6,434

Table 2. Occupancy Data for Nursing Facilities and Residential Level IV Facilities, 2020, 2021, 2022⁴

	Total Number of Facilities	Total Number of Medicaid Beds	Total Number of Beds	% Occupancy
Residential Care Facility Level IV				
November 2020	128	2,848	4,510	82.88%
November 2021	125	2,798	4,426	84.66%
November 2022	122	2,758	4,419	85.70%
Nursing Facility Occupancy				
November 2020	93	3,645	6,506	80.62%
November 2021	92	3,242	6,496	73.75%
October 2022	87	3,175	6,434	78.96%

Home Care Capacity

³ Data Source Maine DHHS

⁴ Data Source Maine Minimum Data Set (MDS) 3.0 reports

Table 3. Capacity of Maine Home Care Programs, 2020, 2021, and 2022⁵

	Unduplicated Number of Members Served	Number of Unstaffed Members	% of Partially or Fully Unstaffed Members	Waitlist
MaineCare Programs				
Section 12- Consumer Directed Attendant Services				
November 2020	374	25	7%	0
November 2021	317	23	9%	
November 2022	323	15	6%	
Section 19- Home and Community Benefits for Elderly and Adults with Disabilities				
November 2020	2,133	169	30%	0
November 2021	2,233	177	34%	
November 2022	2,339	161	33%	
Section 96- Private Duty Nursing and Personal Care Services				
November 2020	2,672	449	44%	0
November 2021	2,735	509	48%	
November 2022	2,833	510	47%	
OADS State Funded Programs				
Section 63- In-Home and Community Support Services for Elderly and Other Adults				
November 2020	962	168	45%	553
November 2021	677	104	44%	996
November 2022	768	163	53%	398
Section 69- Independent Support Services Program				
November 2020	1,669	261	16%	925
November 2021	1,518	298	20%	1425
November 2022	1430	280	20%	1269

⁵ Data provided via reporting from Maine’s Service Coordination Agencies: Alpha One, Catholic Charities of Maine and SeniorsPlus, LLC

Chapter 11- Consumer Directed Personal Assistance Services				
November 2020	114	2	2%	88
November 2021	94	4	4%	121
November 2022	93	6	7%	0

Conclusion

This report outlines key progress and activity by the Maine Department of Health and Human Services, the Maine Department of Labor, and other public and private entities to address the shortage of LTSS workers in Maine. The general labor shortage continues across all sectors but there are signs that conditions may be improving slightly. The Department continues its work on multiple workforce initiatives and will maintain a strong focus on the LTSS workforce in the coming year.