



## Improving Credentialing & Training Working Group 2024 Recommendation to Maine's Essential Care & Support Workforce Partnership's Advisory Council

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### Background:

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The Improving Credentialing & Trainings for the Essential Care & Support Workforce Working Group (C&T Working Group) focused on implementing recommendations to remove barriers and streamline credentialing, while also improving the quality and accessibility of training. The working group met four times from October through December 2024 to review recommendations that emerged from the [The Future of Maine's Care Workforce Planning Summit Culminating Report](#) and to adapt ideas based on in-depth group discussion. The members of this group created a problem statement to be sure they were deliberating on solutions to the same problem.

The C&T Working Group was charged with streamlining and simplifying an extremely complicated set of issues involving federal and state regulations, private and public training entities, overlapping and redundant credentialing requirements, and either the lack of will or capacity from the State to lead a collaborative effort to overhaul this outdated and splintered system. Through the inclusion of diverse perspectives and hard, behind-the-scenes discussions with the co-chairs of the committee, this group was able to create a path that has a strong likelihood of achieving the stated long term goal below.

During the course of their deliberations, the C&T Working Group divided their work into two phases. Phase One is defined as the period of time from the formation of the working group until the first Advisory Council Meeting on December 10, 2024. At the end of Phase One, working group members arrived at two recommendations presented below.

Phase Two will commence early in 2025 and will continue the work identified for this phase as listed at the end of this document.

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### Problem Statement:

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Because our current credentialing and training system for the essential care and support workforce is complicated, redundant, and outdated, the barriers to entry, advancement, retention, and mobility are too high. How can we streamline and modernize credentialing and training standards across the field to create a more flexible, efficient, and universally recognized foundational credential that ensures high-quality, meaningful person-centered care?

This updated system should:

- reduce redundancy in training and credentialing
- improve worker competencies and preparedness through training that is relevant and better aligns with needed care, support, and/or services
- increase accessibility to needed training through a variety of approaches

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## Long Term Goal

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### **A Universal Standardized Core Curriculum & Credentialing System**

Create a Standardized Core Foundational Curriculum that is consistent throughout the state, across populations served, and regardless of where services are delivered; and ensure the training is available frequently enough to reduce training wait times. This Core Curriculum shall:

- Cover:
  - Basic behavior management skills (avoiding restraint, etc.)
  - Standard care & support principles
  - Intersectionality - co-occurring conditions
  
- Be overhauled & improved to:
  - Remove redundancies & reduce the number of separate credentials
  - Provide support for workers with limited proficiency in English:
    - Offer multilingual training and materials
    - Allow for additional training time
    - Provide English Language Learning opportunities
  - Ensure readiness to perform high quality services before providing a single solo hour of care:
    - In vivo training - (show they can do the work versus paper/online testing)
    - Make all training In-person as much as possible, since current online training is not producing sufficient preparedness
  
- Become the foundation of a system that allows for the stacking of additional skill & proficiency endorsements
  
- Include a mechanism for ongoing evaluation to ensure continued relevance and quality over time

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## Phase One Final Recommendations:

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**Recommendation #1:** We support the inclusion of legislative language in a workforce development omnibus bill, after seeking input from the Department of Health & Human Services, that would ensure the following:

1. The creation of a Universal Standardized Core Curriculum & Credentialing Stakeholder Group:
  - a. that Includes representatives of the following entities or groups:
    - i. State Government: Office of Aging and Disability Services, Office of MaineCare Services (PIU), Licensing, and Maine Department of Labor
    - ii. Higher Education: University of New England College of Osteopathic Medicine: AgingME 2: Geriatrics Workforce Enhancement Program (GWEP), Muskie School of Public Service, Maine Community College System: Harold Alfond Center for Workforce Development
    - iii. Providers/ Employers/ Trade Assns:
    - iv. Workers: Direct Care & Support Professionals Advisory Committee
    - v. Recipients of Care
  - b. To:
    - i. Conduct an inventory of what's in the works
    - ii. Support the State in creating a plan that will achieve the long term goals identified by the committee (See below). This plan shall:
      1. include delegating parts of the curriculum to clinical/program provider experts;
      2. be the result of full partnership with the stakeholder group;
      3. incorporate a train the trainer model to ensure adequate availability for when the training is not on-demand; and
      4. create an ongoing mechanism to evaluate the end product's cost effectiveness, relevance, and ability to prepare the workforce

### Recommendation #2

To solve current bottlenecks in the system as we work toward the long term goal above, we recommend that the Department of Health & Human Services establishes partnerships with the provider community to the following:

- The training capacity of curriculum owners is increased to reduce the waiting times for required trainings
- Workers with limited proficiency in English are trained and assessed in their primary language while employers are incentivised to provide English Language Learning opportunities

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## Phase Two Work

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The following recommendations are high priorities for the C&T Working Group, but we do not believe there is legislative action needed immediately. The C&T Working Group will continue to explore ways to operationalize these during the first six months of 2025.

### Recommendation B

For the ultimate goal of creating a system that incentivizes job shadowing, mentorship, and on the job training:

- First, create a menu of existing cost mitigation options for employers that fund the training (classroom and on the job) and job shadowing.
- Then, ensure there is a system for disseminating the information to providers.
- Lastly, create legislative action, if necessary, to ensure providers' reimbursements cover any uncovered costs of the training listed above and for mentorship training and actual mentorship hours.

#### Discussion Questions:

- Who is best positioned to collect all of the existing resources?
- Could/should this be grant funded - public/private partnership?
- What is the likely timing?

### Recommendation C

Address the negative connotations that can be associated with "entry level job." While entry level is often derogatory, it can also indicate the starting point of a rewarding career path.

#### Discussion Questions:

- Who is best positioned to do this work? The Partnership with Lynn Davey? Ongoing work with the DOL?
- Could/should this be grant funded - public/private partnership?
- What is the likely timing?

### Recommendation A

Leveraging MDOL's "Day in the Life" videos to be made available to providers and others in recruiting and/or orientation

- Appealing & Realistic
- Support DSP, PSS, CNA, MHRT, CIPSS Or Recovery Coach videos already in the works

#### Still Needed in Phase 2:

- How should these videos be distributed?
- Who is best positioned to measure their effectiveness and keep them relevant and useful over the long term?
- How can we get more?