



Compelling Solutions to Strengthen our Direct Care System

Maine's care economy is at a crossroads. Shortages in the direct care workforce are making it difficult to maintain and secure vital services for thousands of older adults, individuals with intellectual or developmental disabilities or those with behavioral health needs, across our state.

Lawmakers can address the urgent challenges facing our direct care system by prioritizing funding to support the MaineCare rate-setting system, and passing additional improvements to the system.

FULLY FUND ANNUAL COST-OF-LIVING-ADJUSTMENTS (COLAs)

To ensure providers can meet the health and direct care needs of Maine's residents, it is vital to honor state-mandated COLAs for MaineCare services:

- **Unmet Obligations:** The administration's 2025 budget failed to deliver the required 3.5% COLA on January 1, 2025; the Part 1 budget included a partial, one-time 1.95% COLA over the biennium.
- **Baseline Oversight:** Full COLAs for FY 26 and FY 27 were NOT included in the Part 1, aka "continuing services budget," the largest item left out of the baseline measure.
- **Federal Matching Funds:** Fully funding COLAs over the biennium would deliver an estimated \$215 million in federal matching funds to communities throughout Maine, bolstering local economies and ensuring sustainable care.

FIX PART UU LANGUAGE – MaineCare Rate Setting System

A predictable and transparent rate-setting process is essential for a resilient and sustainable care system. Changes in LD 210's Part UU language add uncertainty and costs. We propose the following improvements:

- **Reject Appropriation Restrictions:** Reject language making COLAs and rate-setting contingent on available appropriations, which risks destabilizing the system.
- **Timely Implementation:** Ensure new rates are implemented within six months of establishment and COLAs within six months of Maine's annual minimum wage adjustments.
- **Commit to Regular Reviews:** Maintain five-year cycle for rate reviews (two years for nursing homes)
- **Increase Transparency:** Establish clear definitions, timelines, and transparency measures to ensure timely rate determination and stakeholder access to information.

IMPROVE DATA COLLECTION TO MAKE BETTER DECISIONS

LD 977, Resolve, Requiring the Maine Health Data Organization to Develop a Plan for Measuring Gaps in Home and Community-based Services provides a path to regular, consistent, and accessible data is critical for assessing which interventions are most successful in growing the direct care work force and improving health and wellbeing of Maine's people.

By funding COLAs, improving Maine's award-winning MaineCare rate-setting system, and securing consistent and reliable data on which we can make effective decisions, Maine can build a direct care workforce capable of meeting today's challenges and tomorrow's needs.

ABOUT MAINE'S ESSENTIAL CARE & SUPPORT WORKFORCE PARTNERSHIP

This broad coalition of employers, workers, and concerned individuals is dedicated to reshaping how Maine values and supports its care workforce. Led by the Maine Council on Aging, the Maine Center for Economic Policy, and PHI, the partnership strives to ensure that everyone in Maine can access quality care from empowered, well-compensated workers.

Our Key Initiatives

- Increasing investments in Maine's care economy, including both workforce and infrastructure
- Developing innovative solutions to expand and support the workforce
- Elevating care as a valued profession

WHO ARE THE ESSENTIAL CARE & SUPPORT WORKERS?

Direct care and support workers provide critical assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) across various settings.

An individual who, by virtue of employment, generally provides the above defined services, is an "Essential Care and/or Support Worker" also known as a direct care worker. This includes:

- Certified nursing assistants (CNAs)
- Direct support professionals (DSPs),
- Personal support specialists (PSSs),
- Independent support specialists (ISSs),
- Behavioral health professionals (BHPs),
- Home health aides, and more.
- Other labels: Employment Specialist, CIPSS, CHW, CRMA, CNA-M, MHRT 1, MHRT C, CIPSS, Recovery Coach. This is not an exhaustive list.

There are a large number of job titles, certifications, and training requirements associated with the above categories of worker. Some require certification and some do not. None of these classifications requires a degree from higher education, but all provide the foundation of Maine's care infrastructure. However, their work remains undervalued despite its importance to our economy and our communities.

WHAT DO WE KNOW?

~23,500

hours/week of approved care not provided due to the worker shortage

~\$1 Billion

annual cost to Maine's GDP from lost worker productivity due to caregiving needs

~37,000

of new workers needed to fill needs over the next 10 year