

Long Term Care (LTC) Restructuring Initiatives in Maine

Offering a Greater Array of HCBS:

- Maine has expanded its state-funded HCBS program in recent years and the overall number of residents receiving either state or federally-funded home-based care tripled from 1999 to 2004. The state-funded program serves more than 4,100 older adults and adults with disabilities and provides a variety of services including adult day care, home-based care, congregate housing services, Alzheimer's respite, homemaker services, and pre-admission assessments of nursing home applicants.

Offering More Consumer Direction and Choice:

- Legislation (Chapter 199) passed by the state directed the Department of Health and Human Services (DHHS) to establish a new state plan program for personal assistance services for people with physical disabilities, using the self-directed model outlined in the Deficit Reduction Act of 2005. Chapter 199 also requires the state to provide the legislature with a timetable and plan for the expansion of consumer-directed options in all state LTC programs. A resolve to Chapter 199 was passed in 2006, which called for the transfer of those with physical disabilities from a physical disabilities waiver to the new state plan program for personal assistance services, while also increasing reimbursement rates for providers under the personal assistance waiver.

Encouraging Home Care and Developing New Ways to Improve Quality:

- In 2000, Maine created a cross-disability advisory task force, known as the Work Force for Community-Based Living, which was charged with creating "a single coherent vision across departments for achieving community integration" for long term care consumers. In 2003, the advisory group issued a report entitled, "Roadmap for Change," outlining the group's recommendations for improvement including increasing housing options for long term care consumers, improving quality care measurement of services provided, and developing practices to encourage recruitment and retention of direct-care workers for long term care communities.

Developing Means of Improving Conditions for Direct Care Workers:

- The Maine Department of Health and Human Services (DHHS) conducted a study of the state's direct care workers entitled, "Wages, Health Coverage, and a Worker's Registry," which concluded that Maine provided the lowest median wage in New England for direct care workers, which was just over the federal poverty level. The Department estimated that it would cost \$3 million in state dollars to raise the median wage to \$8.50 an hour and \$6 million to raise it to \$10 an hour for all direct care workers in MaineCare (the state's Medicaid program) and state-funded LTC programs. In an effort to improve conditions for direct care workers, the legislature enacted legislation in 2007 to increase reimbursement rates with wage adjustments for the Homemaker Program, which provides homemaker services including household chores, grocery shopping, laundry, transportation, and some personal care services to those who are financially eligible and need assistance with daily activities.

Encouraging Home Care:

- In 2001 and 2003, Maine received several grants under the federal "Systems Change" program, which enabled it to implement some of the recommendations of the Work Force for Community-Based living advisory task force under a Money Follows the Person (MFP) program. An MFP is a "system of flexible financing for long-term services and supports that enables available funds to move with the individual to the most appropriate and preferred setting as the individual's needs and preferences change." MFP programs provide a system by which Medicaid funds can be diverted from expenditures on institutional care to those on home and community based care, allowing for more consumer-directed choice. It also includes a nursing facility transition program that identifies consumers who wish to transition back into the community from nursing homes and assists them in doing so. In particular, the Systems Change grant in Maine was used to improve access to information regarding long term care eligibility and services. The state used grant funds to establish three Aging and Disability Resource Centers in different locations throughout the state, as well as to develop a website providing consumers with greater access to LTC information (www.AccessMaine.org) using feedback from those with disabilities to implement a user-friendly format.

Expanding Access to HCBS:

- In order to improve the services delivery system of HCBS under the MFP program, the Maine Office of Cognitive and Physical Disability Services, in coordination with the Muskie School at the University of Southern Maine, is developing a new set of Medicaid rates to be charged to consumers for home support services. This effort is aimed at balancing funding to ensure equitable funding amongst nursing home services and HCBS, as well as to ensure continued funding for those transitioning from nursing homes back into the community. This new rating system will be used to calculate budgets based on consumers' needs for a specific number of units of home support services, rather than on reimbursement rates for providers. In coordination with the new rating system, participants in the program will also be provided with a needs questionnaire utilized to assess the amount of services each participant requires.
 - Under the MFP program, the state is also making efforts to redirect funds for people with brain injuries in order to provide them with more person-centered and consumer-driven services. The state awarded pilot grants to two non-profit organizations. One of these organizations is developing new, less restrictive housing options for those with brain injuries who are currently living in residential facilities. The other organization is developing assessment instruments and tools to identify those with brain injuries living in residential facilities who may be able to live on their own. The state will also create a trust fund, the proceeds of which will be used to provide information and referrals for case management services to those with brain injuries.

Developing New Ways to Measure and Monitor Quality:

- To improve quality measurement, the state developed a set of core quality indicators for home care services across program areas through a project known as the Personal Assistance Services Quality Review. State officials said the indicators provided a way for consumers and policy makers to systematically assess the overall performance of the HCBS system, and determine the outcomes and satisfaction of people served by the HCBS waiver programs.

Evaluations of Maine's Restructuring Initiatives

- According to a study conducted by the University of Southern Maine, the various participants in the HCBS state-funded program, including older adults, adults with mental disabilities, physically disabled adults, and adults with mental retardation, all expressed general satisfaction with the program. Participants in the study were surveyed on many different sets of satisfaction criteria including whether they would recommend the program and providers, their level of satisfaction with access to services outside the home (such as running errands, eating out, etc.), their sense of safety, and their level of satisfaction with the amount of privacy provided. However, different participant groups indicated varying areas that needed improvement. For example, the "Older Adults & Adults with Disabilities" group indicated that they required an increased number of hours of available home care service. Furthermore, the family members of the group of participants with mental retardation demonstrated lower levels of satisfaction with services than the other categories. Family members indicated that they were less satisfied in terms of having family needs being adequately met than were the MR participants in the adequacy of services provided. Fifty nine percent of family members reported that the services and supports always or usually met the family's needs compared with 94% of the MR participants themselves who agreed with the statement that they received needed services. The mental retardation group also indicated that they wanted more control over choosing workers, providers and managers of the HCBS program.

Conclusion

- Maine's initiatives have allowed a greater number of consumers eligible for HCBS to receive services. The state is making efforts to improve quality of care both through greater access to information and services and improved wages for direct care workers. The state has demonstrated clear efforts to understand the issues behind long term care and to research and develop programs to improve the system. Overall, the state's efforts have improved conditions for long term care consumers, but there is still work to be done in order to meet all of the needs of the state's LTC recipients.

Resources

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