Maine’s Publicly–funded Delivery of Long Term Services and Supports

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Challenges of Communication!

• “Long Term Care” versus “Long Term Services and Supports”

• LTSS encompass a broad range of services (combination of medical, personal and social supports) that people need when they are unable to complete self-care tasks for reasons such as aging, chronic illness or disability.

• LTSS are delivered in institutional and community settings.
Overview of Maine’s LTSS system for older adults

• Our focus here is on LTSS programs with eligibility based on functional ability not diagnosis.

• Maine’s last comprehensive reform occurred over 25 years ago when there were more limited options under the federal Medicaid to provide home and community based services.

• Individuals must meet medical and functional eligibility.
## Snapshot 2016

<table>
<thead>
<tr>
<th>Residential Service</th>
<th>Total Members Who Used Service</th>
<th>Total Expenditures on the Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Facility</td>
<td>7,804</td>
<td>$276,987,946</td>
</tr>
<tr>
<td>Residential Care*</td>
<td>4,401</td>
<td>$83,364,262</td>
</tr>
<tr>
<td>Adult Family Care Homes*</td>
<td>337</td>
<td>$5,283,197</td>
</tr>
</tbody>
</table>

* Not considered “institutional services” by CMS. Federal government will not pay for room and board in non-institutional settings.
# Snapshot 2016

<table>
<thead>
<tr>
<th>In-home Services</th>
<th>Total Members Who Used Service</th>
<th>Total Expenditures on the Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915 (c) waiver (sec.19)</td>
<td>1,751</td>
<td>$28,228,313</td>
</tr>
<tr>
<td>Consumer Directed Medicaid State Plan (sec.12)</td>
<td>592</td>
<td>$2,894,200</td>
</tr>
<tr>
<td>Private Duty Nursing/Personal Care Services Medicaid State Plan (sec.96)</td>
<td>3,223</td>
<td>$17,378,502</td>
</tr>
<tr>
<td>Adult Day Health (sec. 26)</td>
<td>50</td>
<td>$231,327</td>
</tr>
<tr>
<td>Money Follows the Person</td>
<td>43</td>
<td>$620,332</td>
</tr>
</tbody>
</table>
## Snapshot 2016

<table>
<thead>
<tr>
<th>State-funded Programs</th>
<th>Enrollment Estimates (11/2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Based Care and Consumer Directed</td>
<td>1500</td>
</tr>
<tr>
<td>Homemaker</td>
<td>2300</td>
</tr>
</tbody>
</table>
Publicly-Funded LTSS

CMS
Centers for Medicare & Medicaid Services

DHHS
Maine Department of Health and Human Services

Medicaid State Plan
Mandatory services
Optional Services

Medicaid Waiver
1915(c) Waivers:
require institutional (Nursing facility) level of care

State-funded (non-Medicaid)
Medicaid State Plan Requirements

• Mandatory and optional services

• Very little flexibility under Medicaid state plan:
  ➢ Statewideness
  ➢ Choice of Provider
  ➢ Comparability
  ➢ No caps on number of eligible participants
1915 (c) waivers

• Allows states to “waive” certain requires of the Medicaid so that states could offer a broader array of home and community than could otherwise be offered under the Medicaid state plan.

• Offered as an optional alternative to NF level of care-limits who can access.

• Implications of Maine’s restrictive NF eligibility

• States can cap number of program participants
State funded programs

- Maine offers an array of LTSS using all state dollars.
- No federal matching dollars
- Capped expenditures
Service Delivery System

Fee-for-service considerations:

• Providers are paid established reimbursement rates for providing services to eligible individuals

• Payment is triggered by service delivery based on volume of service
  ➢ Payment is not ties to quality or efficiency
  ➢ Lack of comprehensive care coordination across settings
  ➢ Lack of flexibility to meet individualized need.
Other federal funding authorities for LTSS provide for:

- Increased flexibility in targeting eligibility and services
- Increased flexibility in addressing social determinants of health
- Creating financial incentives for better aligned care
- (Slowly) moving from rewarding output to outcome