



**Written Testimony of Jess Maurer on Behalf of  
the Maine Council on Aging  
To Committee on Health and Human Services**

**In Favor of LD 1318 Resolve, To Increase Access to Housing-related  
Support Services**

Delivered in writing on April 17, 2019

Greetings Senator Gratwick, Representative Hymanson and members of the Committee on Health and Human Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 80 organizations, businesses, municipalities and older Mainers working together to make sure we all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities. I am providing testimony in favor of LD 1318.

Last year, the MCOA engaged in an intensive process to identify short, medium and longer term reforms that could be implemented to strengthen Maine's Long Term Supports and Services (LTSS) system. This process involved multiple one-on-one stakeholder interviews, input from hundreds of people at the Maine Wisdom Summit and an intensive stakeholder planning sessions. I've attached to this testimony the full recommendations we've provided to the Commissioner and her staff.

In making recommendations, our core goals were:

- To improve effectiveness and efficiency of Maine's LTSS system.
- To create parity across age and disability resources based on functional support needs rather than diagnosis to promote equity and facilitate portability among program choices.
- To promote person-directed (person-centered) care.
- To target institutional services only to those whose needs cannot adequately be met in the community (i.e. adopt a "community first" approach to care).
- To maintain and improve quality of services.

As you will see, one of our recommendations includes providing greater flexibility in type and amount of allowable services. Flexibility can maximize the use of lower cost interventions, avoid costlier negative health outcomes and strengthen our person-centered care delivery system. One of the specific recommendations around flexibility is to explore leveraging MaineCare around supporting housing services. This comes directly out of the Wisdom Summit recommendations: "Examine the limitations

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and opportunities at the intersection of housing and MaineCare and determine the best practices to maximize the efficiency of combined programs.”

LD 1318 proposes to direct the Department to apply for a 1915(b) waiver to allow it to provide housing related services, including transition services, to MaineCare members, including older people, who may be challenged in finding and transitioning to new homes without assistance. It directs the Department to collaborate with MaineHousing to determine how to maximize and leverage existing housing resources more effectively.

Nationally, integrated Medicaid and housing pilots have demonstrated cost savings and improved health of vulnerable populations across the country, including older people. Maine should take advantage of this allowable opportunity to create flexibility in the MaineCare program to provide the kinds of housing services people need when and how they need them in order for them to remain healthy, independent and out of more costly living environments.

Maine is the most rural state in the country with one of the highest rates of home ownership. In fact, 90 percent of community dwelling people over the age of 50 own their own homes. Maine also has the 8<sup>th</sup> oldest housing stock in the country and older adults tend to live in older, inefficient homes that are often not suited to their physical needs.

Very low income people tend to not have the resources to fix problems with their homes which can quickly lead to unsafe conditions that can lead to avoidable injuries and health problems. Low income older people who are hospitalized and cannot go back to unsafe homes or homes that cannot accommodate their needs have few resources to help them find and transition to new homes. If MaineCare and MaineHousing were providing integrated services, maybe there could be a home assessment and home modifications that would allow a person to return home. Alternatively, if the right living situation is found and home care could be provided, the person can avoid entry into an assisted living facility and resume an independent life.

Many older people need significant assistance in finding the right home and transitioning to that home. They might also need transitional housing in between. When MaineCare is the payer for health care and LTSS services, it makes good fiscal sense for them to pay for needed housing assistance to avoid higher costs associated with hospitalization and facility-based care.

This doesn't solve the problem for all older people, but if we can build a quality, integrated housing services system then we can figure out how to expand those services to low-income people who are not MaineCare recipients and who can afford to pay something toward the provision of those services.

We urge your vote in favor of LD 1318. Thank you.

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