



**Maine Council on Aging**  
**Long Term Services and Supports Work Group**  
Participating Members  
Fall 2018

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## **Maine Council on Aging Work Group on Long Term Services and Supports**

The Maine Council on Aging convened a working group of several dozen members who met three times in the Fall of 2018 to develop recommendations for improving Maine's long terms services and supports (LTSS) system. The group reviewed and added to the recommendations included in the report from the 2018 Maine Wisdom Summit (<http://mainecouncilonaging.org/wp-content/uploads/2016/05/MCOA-Wisdom-Summit-Report-Final.pdf>), and further refined the recommendations into short and longer term strategies. This work was also informed by several one-on-one interviews with key stakeholders that occurred prior to the Wisdom Summit.

Following are the general goals the group adopted, along with specific recommendations.

### **General goals:**

- 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.

### **I. Increase access to existing services**

A. **Importance:** Maine's system of LTSS has not had comprehensive reform since the mid-1990's, before the Olmstead ruling brought changes to Medicaid to better support delivery of Home and Community Based Services (HCBS). Additionally, eligibility (financial –including cost sharing-and medical eligibility) has not significantly changed. Evaluation of eligibility is particularly critical because Maine has very restrictive nursing facility level of care which limits access to its 1915(c) waiver for older adults and adults with disabilities.

#### **1. Shorter term strategies:**

- Depending on timing of larger Medicaid (also known as MaineCare) reforms, expand access to state funded Home Based Care programs and re-evaluate financial eligibility and cost sharing provisions.
- Evaluate how to reduce institutional bias in financial eligibility rules between nursing facility and waiver (e.g. individuals who lose Medicaid eligibility upon leaving the NF).

2. Longer term strategies:

- Establish ways for individuals to receive broader array of service options such as those offered under the 1915(c) waiver (Section 19)—either through reconsideration of waiver eligibility or through the use of alternative Medicaid authorities (e.g. 1915(i) SPA, 1115 demonstration).
- Leverage existing state dollars into Medicaid programs where appropriate.
- Determine how many individuals needing services would continue to fall outside Medicaid eligibility and consider options for state dollar delivery of services (sliding scale, shared payments, etc).
- Explore options to provide services to pre-Medicaid at risk individuals (e.g. enhance state funded services or leverage Medicaid).

**II. Better connect individuals and their families to information and services**

- A. Importance: The LTSS system is confusing and fragmented; it can be overwhelming to navigate for older adults and their families, especially in times of crisis. Developing an effective entry system is key to assuring that individuals get the “right service, in the right amount, at the right time” and avoiding suboptimal outcomes. It can delay or avoid use of more expensive facility care which otherwise tends to be the path of least resistance for individuals in need of immediate assistance.

1. Short term strategies:

- Change DHHS’ current messaging and practices to move away from creating barriers to discourage individuals from accessing information and services. Return to a low barrier system, particularly for the Office of Financial Independence (OFI), to help screen people for related services and facilitate referrals to available community resources.
- Create user-friendly informational booklets and resource pages about LTSS eligibility, services, and the pathways to those services.
- Periodically have DHHS eligibility workers on site at Aging and Disability Resource Centers (ADRCs) and other locations to meet with individuals and facilitate eligibility and enrollment processes.

2. Longer term strategies:

- Improve Maine’s Medicaid application process/eligibility IT system for individuals needing LTSS (for ex: as part of application process, inquire why an individual is applying for MaineCare and provide appropriate information on other available services, especially for those denied eligibility—e.g. referrals to /state funded LTSS).
- Strengthen Maine’s ADRC structure, in collaboration with DHHS, SHIP counselors, etc., to ensure adequate navigation services for individuals seeking LTSS services.

- Create statewide campaign to publicize access points for, and availability of, LTSS.
- Consider and incorporate national best practices and recommendations (e.g. <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf>).

### **III. Strengthen delivery of care coordination services**

A. Importance: Maine operates in a Fee for Service (FFS) system which can lead to fragmented care: services are siloed and payment is not based on outcome. Care coordination is a key tool for minimizing preventable service costs and improving individual outcomes and beneficiary experience.

#### 1. Shorter term strategies:

- Prior to 2010, care coordination provided under the Medicaid LTSS programs was reimbursed on a per member per month (PMPM) basis. Providers must now bill in 15 minute increments, with some programs having restrictive annual caps on the number of service hours allowed. To adequately meet the needs of complex members, DHHS needs to consider returning to PMPM or allowing a process for creating exceptions to the current limit of 18 hours annually applicable to some LTSS programs.
- Support delivery of enhanced care coordination as part of the homemaker program.

#### 2. Longer term strategies:

- Create incentive system for providers to work together as a team; currently, there is limited incentive for LTSS providers, medical, behavioral and specialty providers to share information.
- Improve IT systems for exchange of electronic and other information across providers.
- Utilize supported decision making in LTSS.
- Consider integrated care models that are based on realigning the incentive system towards successful outcomes rather than units of service provided.
- Develop approaches for integrating care for Medicare-Medicaid beneficiaries.

### **IV. Provide greater flexibility in type and amount of allowable services**

A. Importance: Providing flexibility in service delivery can help maximize use of low cost interventions and strengthen delivery of person-centered care.

#### 1. Shorter term strategies:

- Explore options for providing low cost interventions such as Personal Emergency Response Systems (PERS) to individuals served by the Medicaid

State Plan (because of the current structure, individuals served by the Medicaid State Plan programs (e.g. Section 12 and 96) have a limited menu of services available.

- Add PERS as a covered service under homemaker program.
- Expand fall prevention efforts under MaineCare to identify and address rising risks.
- Explore opportunities to create formal transition supports for individuals moving between different settings and funding sources.
- Leverage assistance technology wherever possible.

2. Longer term strategies:

- Explore leveraging Medicaid around supporting housing services – look at what are other states doing.
- Explore other Federal authorities that provide more flexibility in covered service, especially for individuals who do not meet nursing facility level of care.
- Increase access to non-medical transportation.

V. **Better support family care partners**

A. Importance: Informal care partners are the backbone of the LTSS system. It is estimated that there are over 150,000 informal family care partners in Maine. Family care partners are critically important to the continuum of care and often provide support at the expense of their own health and well-being. Family caring also impacts the state’s workforce and economy through missed work days and other impacts.

1. Shorter term strategies:

- Ensure people who are on Medicaid state plan (e.g. Section 12 and 96 services) have access to respite services (either through use of state dollars or reform of LTSS structure).
- Evaluate additional questions in screening and assessment tools to identify and address care partner needs.

2. Longer term strategies:

- Consider other states’ approaches (e.g. Washington’s 1115 waiver for care partner support services; Hawaii’s caregiving program).
- Explore how to allow for service plans that include supervision for individuals with dementia in addition to “hands-on” ADL care.

VI. **Increase use of self-direction in delivery of LTSS**

A. Importance: Self-direction provides beneficiaries with the ability to hire and manage their own workers and tends to result in greater beneficiary satisfaction. It also provides family members an ability to be paid for providing care.

1. Shorter term strategies:

- Institute uniform model of self-direction across all programs; ensure system is dementia capable (i.e. add option of surrogacy so that a family member or other responsible adult can assist with self-direction).
- Improve hybrid mixing of agency provided and self-directed care – e.g. for flexibility for weekend care.
- Support increased and expanded use of self-direction (e.g. maximize ability to allow spouses to be reimbursed for care).

2. Longer term strategies:

- Consider development of state wide worker registry for individual providers.
- Evaluate advantages and drawbacks of implementing 1915(k) Community First Choice option.

**VII. Explore approaches for providing better care to complex populations (e.g. behavioral health, cognition, morbid obesity)**

- A. Importance: Particular focus needs to be paid to meeting the needs of adults with complex care needs, particularly as more individuals with behavioral health and other significant needs are aging in community settings. Challenges for high-need individuals can be even greater for low-income individuals, especially those eligible for Medicare and Medicaid, highlighting the need for developing strategies that improve care and control cost.

1. Longer term strategies:

- Explore possibility of adding dementia as a criterion for health homes.
- Institute acuity based reimbursement (case mix) in HCBS to provide incentives to providers to staff individuals with complex needs.
- Expand telehealth, including for nursing homes, as part of broader health system conversation.
- Explore development of a common care plan that crosses multiple systems and allows multi-disciplinary approaches.

**VIII. Develop and support a qualified and adequate direct care workforce**

- A. Importance: Supporting the direct care workforce (DCW) is critical to providing care to older adults.

1. Shorter term strategies:

- Support work and recommendations of Commission to Study Long Term Care Workforce Issues.
- Implement competency based training across programs and populations, creating career ladders and better meeting the needs of complex populations.
- Create better pipeline/bridge from public entitlement programs to DCW.

- Investigate micro-credentialing to help get more DCWs.
- Explore other states for creative funding, like WI, where they are able to use fines from nursing homes to fund 3,000 individuals to become CNAs, as well as \$250,000 to fund education program.

2. Longer term strategies:

- Explore other state practices for delivery of medication administration in the community (e.g. training, credentialing).
- Consider moving responsibility for the Personal Support Services training curriculum into the DHHS Office of Aging and Disability Services (OADS) instead of the licensing division, consistent with Intellectual and Developmental Disabilities.
- Mandate that reimbursement rates be tied to economic index automatically; rebase rates every two years.