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Maine



1980
BLAINE HOUSE
CONFERENCE ON AGING

A REPORT OF
CONFERENCE PROCEEDINGS
AND
RECOMMENDATIONS

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MAINE COMMITTEE ON AGING
AND
BUREAU OF MAINE'S ELDERLY
MAINE DEPARTMENT OF HUMAN SERVICES
STATE HOUSE
AUGUSTA MAINE 04333

SEP 15 1980



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

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MICHAEL R. PETIT
COMMISSIONER

Governor Joseph Brennan
State House
Augusta, ME 04333

Dear Governor Brennan:

On October 7 and 8, the Maine Committee on Aging and the Bureau of Maine's Elderly sponsored the eighth Blaine House Conference on Aging. The conference was held at the Augusta Civic Center and was attended by 300 delegates. It is with pleasure that we transmit to you this account of the conference. We trust that you and the members of the 110th Legislature will find the enclosed recommendations worthy of consideration and action.

The topics considered in seven workshops were developed as a result of a survey of older people conducted by the Committee and the Bureau. Mini-conferences were held throughout the state and concentrated on these issues. It is from these statewide mini-conferences that the majority of the delegates were chosen.

This year's conference was particularly important as it precludes the upcoming White House Conference on Aging to be held in December 1981. Maine has been allocated six delegate and six observer slots to carry our important message to the nation.

On behalf of the Maine Committee on Aging and the Bureau of Maine's Elderly, we wish to express our sincere appreciation to all those who participated as delegates or as resource personnel who contributed to the successful conference. It is through these mutual efforts that we can continue to organize to express the issues as they affect Maine's older citizens. We pledge our support to work on continued efforts to improve the quality of life of Maine's older population.

We anticipate your continued support for the elderly in Maine. The Maine Committee on Aging and Bureau of Maine's Elderly look forward to working with you, the legislature, and citizens in implementing many of the enclosed recommendations. Thank you.

Sincerely,

John B. Truslow, M.D., Chairman
Maine Committee on Aging

Trish Riley, Director
Bureau of Maine's Elderly

MEMBERS OF THE MAINE COMMITTEE ON AGING

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BLAINE HOUSE CONFERENCE ON AGING COORDINATOR

William McKeagney

INTRODUCTION

The Blaine House Conference on Aging is a forum of Maine's elderly designed to stimulate public policy direction by the elderly themselves. The first day of the conference consists of workshops developed following statewide public hearings and meetings with elderly leaders. Each workshop consists of approximately forty elderly delegates and professional resource people who develop background papers on the workshop topic in cooperation with the Maine Committee on Aging and Bureau of Maine's Elderly staff. These papers are studied in advance by the delegates and formulate the basis of workshop discussions.

It should be noted that the workshop discussion papers are used as a tool to stimulate discussion at the workshop. Both concepts and facts may have been appropriately disputed during the workshop. The discussion papers are not intended to represent what actually occurred during the workshop, as the workshop might have discussed topics not included in the paper, and all issues in the discussion paper might not have been addressed during the workshop session.

The discussion papers have been abstracted herein. Copies of the full papers are available by writing to the Maine Committee on Aging, State House - Station 11, Augusta, ME 04333. Each workshop, chaired by a member of the Maine Committee on Aging, develops recommendations for consideration by the full 350 delegates on the second day of the conference.

The forty-seven resolutions printed here were enacted by the 1980 Blaine House Conference on Aging. In an effort to more thoroughly address a limited number of resolutions, the Committee considered the priorities of the five area agencies on aging, along with the Committee's own goals and developed its top priorities for the legislative session. These priorities are listed at the front of this report.

The Blaine House Conference on Aging is a mutual effort of the Maine Committee on Aging, Bureau of Maine's Elderly, and other elderly organizations. The enclosed report represents their concerns as collated by the Maine Committee on Aging and Bureau of Maine's Elderly. Copies of this report may be obtained by writing to the Maine Committee on Aging, State House - Station 11, Augusta, ME 04333

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The 1980 BLAINE HOUSE CONFERENCE ON AGING

The 1980 Blaine House Conference on Aging was faced with a two-sided problem - first, the ever-increasing elderly population in Maine and the nation, and, second, the tightening of budgets, particularly that of the State of Maine. Recognizing this situation, the nearly 400 delegates at the 1980 Blaine House Conference on Aging chose a course of action for older people, both administrative and legislative, which emphasized movement to a long term, home-based care approach to caring for the elderly, emphasizing maximum independence for each elderly individual.

Of the total of 47 resolutions passed by the 1980 Blaine House Conference on Aging, only one-third called for increased funding. The major thrust of the resolutions was instead on a redirection of current funding, away from the emphasis on institutional care (nursing homes) toward a more humane, community-based care system. The 1980 Blaine House Conference on Aging clearly recognized the dilemma which this State and the nation faces, and attempted to deal with it, while at the same time dealing with a system which has failed to effectively plan for tomorrow's elderly population.

CHAPTER I

1980 BLAINE HOUSE CONFERENCE ON AGING RESOLUTIONS

MAINE COMMITTEE ON AGING PRIORITIES

RESOLUTIONS AND RECOMMENDATIONS
AS AMENDED AND ENDORSED
BY THE
GENERAL SESSION
OF THE SEVENTH
BLAINE HOUSE CONFERENCE ON AGING

RESOLUTIONS

1980 Blaine House Conference on Aging

INFORMATION

1. WHEREAS, a person-to-person method of informing the elderly of available services is a proven effective method through the information and referral network; and

WHEREAS, many older people are more comfortable conversing with members of their own community; and

WHEREAS, it is more cost effective to use trained volunteers to reach their own peers; and

WHEREAS, many communities have capable volunteers who could assist in the information and referral network in reaching the frail and isolated older person; and

WHEREAS, there is an obvious need for information about services and benefits available to the elderly; therefore

BE IT RESOLVED that area agencies on aging recruit volunteers to serve as elder advocates in every community in the state to disseminate this information.

BE IT FURTHER RESOLVED that the legislature appropriate \$30,000 to such agencies through the Bureau of Maine's Elderly to reimburse travel costs of volunteers providing such service.

2. WHEREAS, there is a widespread use of television, radio and newspapers by older people to keep informed; and

WHEREAS there are opportunities for information on service programs to be given through these media as news items or public service announcements; therefore

BE IT RESOLVED that the Bureau of Maine's Elderly support each area agency on aging by providing a publicity person whose responsibility it will be to make a more effective use of these media in helping keep more older people informed of current service programs.

3. WHEREAS, older persons pay taxes to support local school systems; and

WHEREAS the enrollment of younger persons is steadily decreasing; and therefore

BE IT RESOLVED that the Department of Education and the Aging Network form an "education/aging" consortium to look at and develop opportunities for cooperative efforts between local educational institutions and area agencies on aging in helping older persons help themselves.

EMPLOYMENT AND RETIREMENT

1. WHEREAS, the State should expand the hiring of the elderly in Maine; therefore

BE IT RESOLVED that special desks be established in the Maine Manpower Offices staffed by an employee who is trained in the special employment needs of older workers and whose responsibilities should include seeking out older workers and working with employers to educate them about the advantages of hiring older workers.

BE IT FURTHER RESOLVED that the state develop means to create flexible manpower policies including flex and expanded part time positions and displaced homemaker programs.

2. BE IT RESOLVED that the State Personnel Rule Chapter 8, Section 4A be abolished.
3. BE IT RESOLVED that eligibility for any public benefit program shall not be terminated or benefits reduced because of a cost of living increase in any other public and private benefit programs.
4. WHEREAS, the retirees under the Maine State Retirement System have been promised under the original Consumer Price Index a cost of living increase more equated with the actual cost of living; and

WHEREAS, the cost of living increase has again risen and the present percent does not equate or reflect the actual increases over this time; therefore

BE IT RESOLVED that the incoming legislature rectify this problem and adjust the percentage to reflect the inequities over this period of time and develop adequate legislation for future adjustments.

BE IT FURTHER RESOLVED that a study be conducted comparing the advantages and disadvantages of the Social Security System as opposed to the State Retirement system.

5. BE IT RESOLVED that the 1980 Blaine House Conference on Aging recognizes the value of older citizens who do volunteer work in their community as providers of service. Be it further resolved that the Bureau of Maine's Elderly place major emphasis on elderly as servers and not only as persons served.

TRANSPORTATION

1. WHEREAS, Title XX funding is for services such as transportation for all low income people including the elderly; and

WHEREAS, the current system of service area distribution used by the Bureau of Resource Development does not provide an appropriate share of Title XX funding for elderly services; and

WHEREAS the Bureau of Maine's Elderly and the area agencies on aging are the sole agencies designated under federal and state law to provide or assure the provision of coordinated communitiy programs for the delivery of social services to the elderly; therefore

BE IT RESOLVED that the Maine Committee on Aging introduce legislation to transfer the elderly's share of Title XX funding from the Bureau of Resource Development to the Bureau of Maine's Elderly to be provided to the area agencies on aging to provide or assure the provision of expanded services to the elderly including transportation services.

2. WHEREAS, current Public Utilities Commission regulations (Chapter 91, §1501) state that the Commission has jurisdiction over any firm or corporation carrying passengers for hire; and

WHEREAS this regulation may be interpreted to include current publicly subsidized transportation programs in the State of Maine; and

WHEREAS, this regulation prevents these programs from charging fares or receiving donations without meeting a great number of other PUC regulations; therefore

BE IT RESOLVED that Chapter 91, §1501 of the Public Utilities Commission regulations be amended to remove publicly subsidized transportation programs from the jurisdiction of the Public Utilities Commission.

3. WHEREAS, transportation is essential to the delivery of and availability of human services; and

WHEREAS many human service providers are contingent on the availability of transportation; and

WHEREAS inflationary pressures have reduced the effectiveness of present funding levels; and

WHEREAS many of the state's elderly have very serious mobility problems; therefore

BE IT RESOLVED that a concerted interdepartmental effort be made to address transportation needs and that the legislature provide increased appropriations to improve transportation with emphasis on the priority usage by the most needy elderly.

4. WHEREAS, limited resources now prevent sufficient provision of transportation services to elderly citizens in need; therefore

BE IT RESOLVED that the Bureau of Maine's Elderly and the area agencies on aging encourage the increased use of private vehicles to provide transportation to the elderly by seeking out and assigning funds to pay volunteers on a per mile or other basis and to cover additional insurance requirements.

HOUSING

1. WHEREAS, the housing needs of many of Maine's elderly citizens are significant and increasing in severity due to the inflationary cost of fuel, maintenance and taxes; and

WHEREAS most of Maine's older persons desire to remain in their own homes for as long as possible; and

WHEREAS many of Maine's older persons have a sizeable amount of equity value in their current home residence; therefore

BE IT RESOLVED that the Bureau of Maine's Elderly and the Maine State Housing Authority conduct a study and make a report by October 1981 or sooner to the older citizens of Maine concerning the options regarding Home Equity Utilization. Such a report will also contain recommendations for required statutory or regulatory changes to facilitate the use of such options.

2. WHEREAS the housing needs of older people are increasing in severity due primarily to inflation in fuel, taxes and maintenance; and

WHEREAS some older persons would be willing to share their own or a common home with some reasonable support and incentives to do so; therefore

BE IT RESOLVED that a shared homes program be developed and implemented by the State of Maine and, if necessary, funding for such a program shall come from reallocation of existing housing resources.

BE IT FURTHER RESOLVED that the Blaine House Conference urges the Maine State Housing Authority, the Farmers Home Administration, the Department of Housing and Urban Development and the Bureau of Maine's Elderly to support and encourage and work with local communities to implement such a concept.

3. WHEREAS, remaining in their own homes is a high priority for the elderly; and

WHEREAS inflation and escalating taxes are making this increasingly difficult; and

WHEREAS the older one is, the longer he/she has been paying taxes; and

WHEREAS the property tax burden weighs heavier on the elderly in terms of current income; therefore

BE IT RESOLVED that the Blaine House Conference on Aging call for a study by the Maine Committee on Aging of the possibility of freezing or placing a cap on taxes on the primary residence of the elderly.

4. WHEREAS, the Elderly Householders Tax and Rent Refund Program is an important vehicle for tax and rent relief for the elderly; and

WHEREAS the program's income eligibility guidelines have not been adjusted to keep pace with the cost of living increases in Social Security causing some program participants to lose their eligibility; and

WHEREAS indexing the income eligibility guidelines to the Social Security system would automatically adjust the guidelines upward; therefore

BE IT RESOLVED that the Maine Committee on Aging seek legislation in the 110th Maine Legislature to index annually the Elderly Householders Tax and Rent Refund Program's income and eligibility guidelines to the Social Security increases.

5. BE IT RESOLVED that a sliding scale be attached to the eligibility standard for the Elderly Householders Tax and Rent Refund Program to affect those people whose income is between \$5,000 and \$6,000 for single persons and between \$6,000 and \$7,000 for households of two or more while maintaining the \$400 maximum standard payment.

VICTIMIZATION

1. BE IT RESOLVED that the Blaine House Conference on Aging recommends that prosecutors and judges seek and impose maximum allowable penalties for crimes and consumer frauds perpetrated against the elderly.
2. BE IT RESOLVED that the Bureau of Insurance undertake a complete analysis of Medicare supplement insurance policies and be it further resolved that the Bureau of Insurance provide the analysis and training to area agency on aging staff so that the area agencies on aging could provide Medicare supplement insurance counseling services for older people to assist them to become informed consumers relating to purchase of health insurance.

3. WHEREAS, the public at large and the elderly are not sufficiently aware of the problem and extent of abuse of the elderly in Maine; and

WHEREAS, the elderly and their families do not know where to receive assistance if they are abused, neglected or exploited; therefore

BE IT RESOLVED that a mass media campaign and education program be conducted cooperatively by the Maine Department of Human Services, the Maine Committee on Aging, the five area agencies on aging, the Maine Criminal Justice Academy and other appropriate agencies to educate and inform the public about this problem, and raise public awareness.

4. WHEREAS, elderly abuse has been defined as "willful infliction of physical pain, injury or debilitating mental anguish, unreasonable confinement or deprivation by a caretaker of services which are necessary to maintain the physical or mental health of the elder"; and

WHEREAS, the elderly victim tends to deny that abuse has taken place and/or refuses to report the abuse to authorities for fear of shame or retaliation; therefore

BE IT RESOLVED that the Maine Committee on Aging introduce legislation in the 110th Maine Legislature to enact a mandatory elderly abuse reporting law which mandates that professionals including medical or osteopathic physicians, hospital staff, medical examiners, physician's assistants, certified nurses aides, social workers, members of the clergy, dentists, chiropractors, podiatrists, registered or licensed practical nurses, boarding/nursing home Ombudsmen, Christian Science practitioners, mental health professionals, administrators of nursing/ foster homes while acting in their professional capacity must report suspected abuse, neglect and/or exploitation of the elderly; allows that any person may make a report of elderly abuse if that person knows or has reasonable cause to suspect that an elderly person has been or is likely to be abused, neglected and/or exploited; and

BE IT FURTHER RESOLVED that the 110th Maine Legislature appropriate sufficient funds as recommended by the Maine Committee on Aging to provide supportive community services to victims and their families, including respite care, counseling, temporary emergency housing, homemakers, home health, meals, transportation and other services needed by the individual; and

BE IT FURTHER RESOLVED that the 110th Legislature appropriate sufficient funding for Adult Protective Services to enable them to provide protective and supportive services to abused elders, particularly increases in Adult Protective Services staff; and

BE IT FURTHER RESOLVED that there be a mass media campaign about this law when passed.

5. BE IT RESOLVED that the 1980 Blaine House Conference on Aging recommends that advocacy by the Maine Committee on Aging to help elderly tenants in the State of Maine should include but not be limited to:
 1. a reasonable notice prior to rent increases;
 2. placing limits on unreasonable profit in rents;
 3. issues relating to heating in rental units statewide; and
 4. elimination of security deposits for the elderly.

REMAINING AT HOME

1. WHEREAS, there are elderly dependent persons being cared for by family or significant others in their homes, and

WHEREAS these persons may not be eligible for home care services covered under third party payment, such as Medicare, Medicaid, or Title XX; therefore

BE IT RESOLVED that at the federal and state levels the income tax laws and regulations be modified to allow for income tax credits and/or special tax exemptions and that special property tax exemptions be considered for those families and/or significant others providing essential support care for dependent older relatives or friends.

2. WHEREAS, the availability of respite services would provide relief to the caretaker in the home and would thereby serve as an incentive to care for an elderly person in the home; and

WHEREAS respite services are not presently available on a state-wide basis; therefore

BE IT RESOLVED that homemaker and home health agencies receive funding to provide in-home respite care services; that some boarding care facilities and intermediate care facilities be reimbursed for keeping an extra bed or two for respite care services; that some adult foster homes be reimbursed to provide respite care services; and that a few individuals be licensed to rotate among group homes and transitional living facilities, in order to provide respite care to operators of these facilities.

3. WHEREAS, \$58 million of the current Medicaid budget goes to pay for skilled nursing and intermediate care; and

WHEREAS less than 1% of the current Medicaid budget goes to pay for community based care; and

WHEREAS it is the goal of the elderly of Maine to secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate community supportive services;

BE IT RESOLVED that the Maine Committee on Aging introduce legislation requiring the Department of Human Services to spend at least 10% of the combined Federal-State Medicaid budget for skilled nursing and intermediate care, or an equivalent amount thereof, for community or home based care services; and

BE IT FURTHER RESOLVED that those Maine citizens classified as being in need of nursing home care and being eligible for Medicaid coverage in such homes be eligible for the same range of health and social support services in the least restrictive community setting; and

BE IT FURTHER RESOLVED that, if the Maine Legislature does not implement by June 30, 1981 such a measure, a statewide referendum petition drive be implemented to place the issue before the citizens of Maine in the fall of 1981.

4. WHEREAS, there is evidence of many instances of substantial amounts of cash and tangible assets being transferred to relatives at the time of nursing home admission in order to qualify for Medicaid coverage; and

WHEREAS the public funds that are being spent to care for these persons could be utilized to provide at-home services; therefore

BE IT RESOLVED that Maine's Congressional delegation be contacted immediately and urged to finalize federal legislation to deny Medicaid eligibility for a specified amount of time to individuals who apply for admission to intermediate care and skilled nursing facilities and who have disposed of significant assets in order to establish eligibility, excluding a person's primary residence from eligibility consideration; and

BE IT FURTHER RESOLVED that legislation be submitted to the 110th Maine Legislature to prohibit the transfer of assets for a specified amount of time to individuals who apply for admission to Maine intermediate care and skilled nursing facilities and who have disposed of significant assets in order to establish eligibility; excluding a person's primary residence from eligibility considerations.

5. WHEREAS, the program limitations on income or on assets when adopted have reasonably low requirements; and

WHEREAS inflation has been raging so that these limitations become more demeaning; and

WHEREAS the Supplemental Security Income Program rules provide reduced benefits to elderly persons who live with their spouses or family members; and

WHEREAS, these reduced benefits penalize elderly persons and their families who seek to care for them at home; therefore

BE IT RESOLVED that the limitations on individual and family assets be increased in proportion to the increase in the cost of living since 1974 and indexed annually thereafter; and

BE IT FURTHER RESOLVED that this Blaine House Conference on Aging direct our delegates to the White House Conference on Aging to support resolutions calling on the federal government to change the rules on deeming, disregard, and in-kind support and maintenance so that benefit levels are not reduced due to the modest income of an ineligible spouse; due to the stricter eligibility standard for an eligible couple or due to the support received by an elderly person who resides in another's household as an alternative to institutionalized care.

LONG TERM CARE

PHILOSOPHY STATEMENT OF THE BLAINE HOUSE CONFERENCE ON AGING OF 1980'S LONG TERM CARE WORKSHOP:

WHEREAS older people are unique individuals with varied needs for service and those needs which are being met are now being addressed by primarily institutional-based services; and WHEREAS older people wish to remain self-determining, that is to retain control over their own lives; BE IT SO RESOLVED that the Blaine House Conference on Aging of 1980 affirm the right of older people to partake of needed services as they see fit in the least restrictive environment possible and BE IT FURTHER RESOLVED that this basic individual right to partake of needed services in the least restrictive environment be the foundation of all programs for all older people, stressing the quality of the individual's life and working towards a broader range of community based services.

1. WHEREAS the Blaine House Conference on Aging recognizes the recent report of the Governor's Long Term Care Task Force as a comprehensive effort to address the multiple issues which impact on the lives of all Maine's citizens; and

WHEREAS the recommendations of the Task Force are pertinent to the needs of Maine's elderly citizens; therefore

BE IT RESOLVED that the Maine Committee on Aging endorse and work toward passage of as many recommendations as possible of the Long Term Care Task Force proposals that would benefit the older citizens of Maine and support the general philosophy of that report.

In particular, the Blaine House Conference on Aging of 1980 endorses the thrust of the Task Force recommendations pertaining to optional services and urges that the list of services be expanded to include the following preventive and supportive services:

- homemaker
- maintenance health care
- mental health
- respite care
- podiatry
- optometry and ophthalmology
- dental care
- day care
- audiolaryngology
- after care

BE IT FURTHER RESOLVED that these optional services be made available to non-Medicaid eligible clients through a sliding fee scale structure.

2. WHEREAS we recognize individuality and diversity among Maine's elderly and the unique geography and residential pattern of the state;

WHEREAS there is a growing need for places where older people can live comfortably, safely and independently as long as possible; and

WHEREAS the accumulated knowledge and skills of the elderly are a valuable human resource; and

WHEREAS individuals, families and communities should be given cooperation and assistance from the State to share more equitably in the care of older citizens; and

WHEREAS it is in the best interest of all Maine citizens, regardless of age, to facilitate the establishment of supportive living arrangements that are flexible, personalized and humane; and

WHEREAS the concepts of choice, self-direction and self-sufficiency are vital to the health and well-being of all individuals; and

WHEREAS common sense, community standards and consumer preference are the best and most effective controls; and

WHEREAS it is both cost and care effective to support programs that are preventive rather than as a response to crises; and

WHEREAS most families want to take the responsibility for the care of their own member but cannot always do so, either physically or economically; and

WHEREAS there are no funding mechanisms to assist them in this endeavor;

BE IT RESOLVED that the legislature appropriate seed money to be administered by a citizens group, appointed by the Governor and made up primarily of older people, to encourage, fund and evaluate a variety of informal community-based innovative and creative residential solutions to housing problems for the elderly, including but not limited to:

- renovating existing homes to use as facilities for shared living ;
- setting up a clearinghouse for roommate or housemate information;
- cooperatively owned homes;
- private guest homes;
- intergenerational living arrangements.

BE IT FURTHER RESOLVED that there should be incentives in the form of subsidies and/or tax credits to families who provide in-home care to elderly family members.

3. WHEREAS the Blaine House Conference on Aging of 1980 has affirmed the provision of community based care as a priority for enabling older people to remain within the least restrictive environment; and

WHEREAS the balance of funding for services to older people is currently concentrated inappropriately on institutional based care; therefore

BE IT RESOLVED that the 110th Maine Legislature require the Department of Human Services to spend 10% of the combined federal/state Medicaid budget or an equivalent amount thereof for community or home based care services.

4. WHEREAS older people who are in need of services are confronted by a patchwork system of long term care services which are fragmented, duplicative and in fact sometimes non-existent; and

WHEREAS a system of case management would provide a process of coordinated assessment, planning, access and delivery of needed services responsive to the needs of the clients; therefore

BE IT RESOLVED that the Blaine House Conference of 1980 supports the development of a case management system for Maine residents.

5. BE IT RESOLVED that the recommendations of the Governor's Long Term Care Task Force for a new level of care within the long term care system of Maine, intermediate care/boarding care, for the frail elderly be implemented and that there be federal monies appropriated to help fund that program. Reimbursement for care needs to meet the needs of people living within this type of care facility.

MAINE COMMITTEE ON AGING RESOLUTIONS

Medigap

1. WHEREAS, the cost of medical care is escalating and senior citizens are especially affected because they spend a large portion of their income on health care; and

WHEREAS, the Medicare program leaves many necessary medical services partially or completely uncovered and therefore must be augmented by private health insurance; and

WHEREAS, due to fear of the devastating financial effect that a catastrophic illness could have on their limited income and due to a lack of knowledge of what Medicare and private health insurance policies actually cover, many elderly persons purchase duplicative and unneeded private supplemental health insurance policies in their attempts to allay their fears of inadequate coverage; and

WHEREAS, the Congress requires that states enact statutes and promulgate regulations which will establish minimum standards for Medicare supplement insurance policies by January 1, 1982 therefore

BE IT RESOLVED that the 1980 Blaine House Conference on Aging supports the intent of the proposed legislation submitted by the Bureau of Insurance to establish minimum standards for Medicare supplement insurance policies and be it further resolved that this conference urge that the regulations promulgated by the Bureau of Insurance include at least the following standards:

1. adequacy of coverage standards relating to the gaps in coverage under Medicare Part A and Part B;
2. that private insurance policies be written in simplified language and in a form which can be easily understood by purchasers;
3. that policies do not limit or preclude liability under the policy for a period longer than six months because of a health condition existing before the policy is effective;
4. contains a prominently displayed "no loss cancellation clause" enabling the insured to return the policy within thirty days of receipt of the policy or the certificate issues thereunder;
5. contains a written statement for prospective purchasers of information relating to the:

- a. policy's premium, coverage in relation to the coverage and exclusions under Medicare and renewability provisions; and
 - b. the identification of the insurer and its agents;
6. that standard definitions of terms including the terms hospital, skilled nursing facility, intermediate care facility, convalescent home, and custodial care home be used in all Medicare supplement policies.

ENERGY

2. WHEREAS, the Home Energy Assistance Program provides energy assistance to the low income with priority to serving the elderly and the handicapped; and

WHEREAS the application process for HEAP causes unnecessary delays in actual assistance received by the household in need; and

WHEREAS the Supplemental Security Income population in Maine is composed of low income elderly, blind, and disabled individuals who should have priority and who have the most difficult time applying for assistance;

BE IT RESOLVED that the 1981-82 Home Energy Assistance Program and future energy assistance programs provide automatically issued two-party checks to recipients of SSI, excluding those who live in nursing and boarding homes, adult foster homes and public subsidized housing, in Maine to assure that they receive the assistance needed without having to apply each year.

3. WHEREAS, Congressional appropriations to the energy assistance program are necessary before the state can begin to operate its energy assistance program; and

WHEREAS, the earlier the energy assistance applications are taken, the earlier the assistance can flow to households in needs; therefore

BE IT RESOLVED that the Congress be made aware that action on the energy assistance appropriations must be made as early as possible and at least prior to September 1 in future years so that energy assistance can flow to people in need in a timely manner.

RESIDENTS RIGHTS

4. WHEREAS, nearly 15,000 Maine citizens reside in long term care facilities in Maine, and 90% of them are elderly; and

WHEREAS, the institutionalized are the most vulnerable members of Maine society due to their inability to protect themselves and advocate for their own rights and must be protected; and

WHEREAS, residents rights are neglected and have been eroded due to misunderstanding or neglect; and

WHEREAS the legislature has mandated rights for the mentally retarded but failed to enumerate the same basic rights for all residents of long term care facilities in Maine; therefore

BE IT RESOLVED that the 1980 Blaine House Conference on Aging support legislation in the 110th Legislature for a Residents Rights bill which sets forth rights for residents of long term care institutionalized and residential settings, other than correctional facilities.

RESOLUTIONS FROM THE FLOOR

1. WHEREAS, there are many older persons whose income level is just over income eligibility levels established; and

WHEREAS these individuals may have a high level of need; therefore

BE IT RESOLVED that the Maine Committee on Aging and the Bureau of Maine's Elderly advocate that eligibility for all programs based on income established by the State be based on a sliding eligibility scale to assure that individuals ineligible for benefit programs are not completely cut off from benefits but would be eligible to receive decreasing benefits according to the income eligibility scale.

BE IT FURTHER RESOLVED that the Blaine House Conference on Aging communicate to the White House Conference on Aging that eligibility for all programs based on income established by the federal government be based on a sliding eligibility scale to assure that individuals ineligible for benefit programs are not completely cut off from benefits but would be eligible to receive decreasing benefits according to the income eligibility scale.

2. WHEREAS, more people are living longer; and

WHEREAS the projected population will reach the total of thirty million people over 65 years of age within the next two decades by the year 2000; and

WHEREAS, there is a general lack of information and understanding about the aging process and its ramifications, including the needs, problems, and potential of the elderly by professionals in business administration, dentistry, medicine, therapy and social services; therefore

BE IT RESOLVED that courses in gerontology be required in medical, mental health, business and social service curricula leading to degrees in these fields.

3. WHEREAS, there is inconsistency, confusion and different eligibility levels for each of a wide spectrum of human services and benefits; therefore

BE IT RESOLVED that one standardized eligibility level be established to apply to all federally and state funded programs and benefits.

4. WHEREAS, the older population is the fastest growing sector of our society; and

WHEREAS, the effects of this population increase will have to be met with a public policy which can respond to those needs; and

WHEREAS, the elderly's desire to remain in their homes can most effectively and only be met by control of Title XIX and Title XX funds in the State of Maine; and

WHEREAS the Bureau of Maine's Elderly is an existing state agency with a demonstrated commitment to assist Maine's elderly in remaining at home; therefore

BE IT RESOLVED that the roles and responsibilities of the Bureau of Maine's Elderly be strengthened in long term care service development and that Older Americans Act funding including Titles III and V, as well as a proportional share of Title XX funds and Title XIX funding utilized for long term care services, be brought under the control of the Bureau of Maine's Elderly with the intent of redistributing public funds to assure to older people support in remaining in their own homes.

5. WHEREAS, dental problems such as tooth decay and periodontal disease are so widespread among the elderly that half of all persons over 65 are without any natural teeth, and

WHEREAS a majority of these do have the dentures they require but 6.2% have neither their natural teeth nor dentures and 30% have dentures which are ineffective and require refitting or replacement; and

WHEREAS only 34 of the 53 states and territories with Medicaid provide dental benefits for adults, Maine being one which does not; and

WHEREAS, of these states, 31 have imposed restrictions on benefits, such as no coverage for dentures or coverage only in emergency situations; and

WHEREAS the Maine State Health Plan's highest priorities address increasing the percentage of the population receiving benefits of fluoridated drinking water and does not address the special dental needs of the elderly; therefore

BE IT RESOLVED that the Blaine House Conference on Aging in Maine communicate to the White House Conference on Aging that there should be a priority to change the Medicare regulations to include dental health coverage for older persons receiving Medicare.

6. WHEREAS, older people in this state are having a harder time each year paying for their needed drugs; and

WHEREAS drugs for arthritis are still not covered under the Low Cost Drug Program; therefore

BE IT RESOLVED that the Maine Committee on Aging seek legislation to amend the Low Cost Drug Program to cover drugs for arthritis.

7. BE IT RESOLVED that the Maine Committee on Aging bring pressure on the General Services Administration for toll free telephone service to the Social Security Administration offices.

8. WHEREAS, the demand for and cost of nursing home care has increased over the past decade; and

WHEREAS, scarce resources must be allocated for appropriate and cost effective services; and

WHEREAS, nursing homes must have an incentive to minimize costs and also provide quality care; and

WHEREAS the nursing home industry is an integral part of the long term care delivery system; and

WHEREAS the quality of care in Maine's nursing homes has improved over the past decade; and

WHEREAS, the financial stability of the nursing home industry is vital to Maine's economy; and

WHEREAS, the Governor's Task Force on Long Term Care for Adults has recommended a study of "reasonable" costs for long term care services; therefore

BE IT RESOLVED that the 1980 Blaine House Conference on Aging recommends that Governor Brennan appoint a commission to study the long term care reimbursement system and to make recommendations for changes that would promote and provide incentives for quality care at a reasonable cost. This commission would consist of representatives of the Department of Human Services, Bureau of Maine's Elderly, Maine Committee on Aging, Maine legislature, the nursing home industry, financial experts, and consumers of long term care services.

9. WHEREAS, Maine's older citizens have willingly paid taxes for most of their lives; and

WHEREAS, escalating taxes are a concern to many of Maine's older citizens; and

WHEREAS, regressive property taxes are especially difficult for many older people to pay because they are not based on income; therefore

BE IT RESOLVED that the Governor and legislature not take actions which will directly or indirectly result in increasing the regressive local property taxes; and

BE IT FURTHER RESOLVED that the Governor be requested to amend his budget and continue at least the current level of state support for the General Assistance Program in the local towns.

10. WHEREAS, there have been instances of reductions in Supplemental Security Income benefits and other benefits when a person leaving a long term care institution lives with another person for a temporary period; therefore

BE IT RESOLVED that there shall be no reduction in SSI or other benefits when a person leaving a long term care institution makes his residence with another person for a temporary period.

11. WHEREAS, in most areas of Maine there is no person responsible and available to respond to the needs of the elderly twenty-four hours a day, specifically focused on the needs of the frail elderly; therefore

BE IT RESOLVED that there shall be employed by the municipality/ State community workers based on the elderly population, available twenty-four hours a day to assist with immediate needs and advocate for needed services.

12. BE IT RESOLVED that the Governor reconsider his budget proposal to reflect an appropriate effort to meet the very real and legitimate needs of abused and neglected children but not do so at the expense of other people in equally legitimate need; and

BE IT FURTHER RESOLVED that the Blaine House Conference urge all people of good will to work candidly and constructively to meet legitimate and pressing needs of people of all ages in Maine, including both the young and the old.

Maine Committee on Aging priorities
from the
1980 Blaine House Conference on Aging resolutions

1. BE IT RESOLVED that the Maine Committee on Aging seek legislation in the 110th Maine Legislature to index annually the Elderly Householders Tax and Rent Refund Program's income and eligibility guidelines to the Social Security increases. (Housing #4)
2. BE IT RESOLVED that, at the federal and state levels, the income tax laws and regulations be modified to allow for income tax credits and/or special tax exemptions and that special property tax exemptions be considered for those families and/or significant others providing essential support care for dependent older relatives or friends. (Remaining at Home #1)
3. BE IT RESOLVED that the Maine Committee on Aging introduce legislation requiring the Department of Human Services to spend at least 10% of the combined Federal-State Medicaid budget for skilled nursing and intermediate care, or an equivalent amount thereof, for community or home based care services; and

BE IT FURTHER RESOLVED that those Maine citizens classified as being in need of nursing home care and being eligible for Medicaid coverage in such homes be eligible for the same range of health and social support services in the least restrictive community setting. (Remaining at Home #3)
4. BE IT RESOLVED that the roles and responsibilities of the Bureau of Maine's Elderly be strengthened in long term care service development and that Older Americans Act funding including Titles III and V, as well as a proportional share of Title XX funds and Title XIX funding utilized for long term care services, be brought under the control of the Bureau of Maine's Elderly with the intent of redistributing public funds to assure to older people support in remaining in their own homes. (Floor #4)
5. BE IT RESOLVED that the 1980 Blaine House Conference on Aging supports the intent of the proposed legislation submitted by the Bureau of Insurance to establish minimum standards for Medicare supplement insurance policies and BE IT FURTHER RESOLVED that this conference urge that the regulations promulgated by the Bureau of Insurance include at least the following standards:
 1. adequacy of coverage standards relating to the gaps in coverage under Medicare Part A and Part B;
 2. that private insurance policies be written in simplified language and in a form which can be easily understood by purchasers;

3. that policies do not limit or preclude liability under the policy for a period longer than six months because of a health condition existing before the policy is effective;
4. contains a prominently displayed "no loss cancellation clause" enabling the insured to return the policy within thirty days of receipt of the policy or the certificate issues thereunder;
5. contains a written statement for prospective purchasers of information relating to the:
 - a. policy's premium, coverage in relation to the coverage and exclusions under Medicare and renewability provisions; and
 - b. the identification of the insurer and its agents;
6. that standard definitions of terms including the terms hospital, skilled nursing facility, intermedate care facility, convalescent home, and custodial care home be used in all Medicare supplement policies. (Maine Committe on Aging #1)
6. BE IT RESOLVED that the 1980 Blaine House Conference on Aging support legislation in the 110th Legislature for a Residents Rights Bill which sets forth rights for residents of long term care institutionalized and residential settings, other than correctional facilities. (Maine Committee on Aging #4)
7. WHEREAS, the retirees under the Maine State Retirement System have been promised under the original Consumer Price Index a cost of living increase more equated with the actual cost of living; and

WHEREAS, the cost of living increase has again risen and the present percent does not equate or reflect the actual increases over this time; therefore

BE IT RESOLVED that the incoming legislature rectify this problem and adjust the percentage to reflect the inequities over this period of time and develop adequate legislation for future adjustments.

BE IT FURTHER RESOLVED that a study be conducted comparing the advantages and disadvantages of the Social Security System as opposed to the State Retirement System. (Employment & Retirement #4)
8. BE IT RESOLVED that the Maine Committee on Aging endorse and work toward passage of as many recommendations as possible of the Long Term Care Task Force proposals that would benefit the older citizens of Maine and support the general philosophy of that report.

In particular, the Blaine House Conference on Aging of 1980 endorses the thrust of the Task Force recommendations pertaining to optional services and urges that the list of services be

expanded to include the following preventive and supportive services:

- homemaker
- maintenance health care
- mental health
- respite care
- podiatry
- optometry and ophthalmology
- dental care
- day care
- audiology
- after care

BE IT FURTHER RESOLVED that these optional services be made available to non-Medicaid eligible clients through a sliding fee scale structure. (Long Term Care #1)

9. BE IT RESOLVED that homemaker and home health agencies receive funding to provide in-home respite care services; that some boarding care facilities and intermediate care facilities be reimbursed for keeping an extra bed or two for respite care services; that some adult foster homes be reimbursed to provide respite care services; and that a few individuals be licensed to rotate among group homes and transitional living facilities, in order to provide respite care to operators of these facilities. (Remaining at Home #2)

10. BE IT RESOLVED that the Maine Committee on Aging introduce legislation in the 110th Maine Legislature to enact a mandatory elderly abuse reporting law which mandates that professionals including medical or osteopathic physicians, hospital staff, medical examiners, physician's assistance, certified nurses aides, social workers, members of the clergy, dentists, chiropractors, podiatrists, registered or licensed practical nurses, boarding/nursing home Ombudsmen, Christian Science practitioners, mental health professionals, administrators or nursing/boarding/foster homes while acting in their professional capacity must report suspected abuse, neglect and/or exploitation of the elderly; and allows that any person may make a report of elderly abuse if that person knows or has reasonable cause to suspect that an elderly person has been or is likely to be abused, neglected and/or exploited; and

BE IT FURTHER RESOLVED that the 110th Maine Legislature appropriate sufficient funds as recommended by the Maine Committee on Aging to provide supportive community services to victims and their families, including respite care, counseling, temporary emergency housing, homemakers, home health, meals, transportation and other services needed by the individual; and

BE IT FURTHER RESOLVED that the 110th Legislature appropriate sufficient funding for Adult Protective Services to enable them to provide protective and supportive services to abused elders, particularly Adult Protective Services staff; and

BE IT FURTHER RESOLVED that there be a mass media campaign about this law when passed. (Victimization #4)

11. BE IT RESOLVED that special desks be established in the Maine Manpower Offices staffed by an employee who is trained in the special employment needs of older workers and whose responsibilities should include seeking out older workers and working with employers to educate them about the advantages of hiring older workers.

BE IT FURTHER RESOLVED that the State develop means to create flexible manpower policies including flex and expanded part time positions and displaced homemaker programs. (Employment and Retirement #1)

12. BE IT RESOLVED that the Maine Committee on Aging seek legislation to amend the Low Cost Drug Program to cover drugs for arthritis. (Floor #6)

CHAPTER II

WORKSHOP PAPERS - ABSTRACTS

BLAINE HOUSE CONFERENCE ON AGING

AUGUSTA CIVIC CENTER
October 7, 1980

INFORMATION WORKSHOP
October 7, 1980

Moderator: Ames Alden, Maine Committee on Aging
Staff: Birthe Filby, Bureau of Maine's Elderly
Recorder: Diana Wilson, Bangor Community College

Delegates:

Sharon Michaud	Joseph Carlin
Lorette Pelletier	Muriel Scott
Judy Paradis	Marion Johnson
Carl Smith	Margaret Ford
Pamela Webber	Dorothy Dalzell
Violet Wilson	Helen Clark
Dorothy Delong	Alice Doyle
Helen Blaisdell	Fred Weber
Lincoln Johnson	Robert Crosby
Florence Hall	Catherine Hunter
Jean Hoffmann	Bernice Emery
Rita Martin	Violet Cyr
Hope McNally	Louise Murchison
Arleen Trott	Viola Gibson
Marion Bridges	
Irving Hunter	
Margaret Jewett	
Lula Wentworth	
Peter Pulkkinen	
Quentin Johnson	
George Keller	
Clair Lewis	
Donald Sharland	

Abstract of Workshop Paper on INFORMATION

(copies of full text available from Maine Committee on Aging)

A recurrent theme expressed at elderly public hearings concerns an information gap between existing services and people these services are intended to serve. Of particular concern are the home bound elders who have limited access to current information.

Information and Referral is the name given to a service "which provides consumers with information about available human services and/or referral to appropriate resources to meet the consumers immediate and long-range needs. Information and Referral (I&R) services are accessed by telephone, (usually toll-free) letter or visiting the office of the organization, either governmental or private non-profit, which provides service.

Title XX of the Social Security Act funds social service programs throughout Maine from nutrition to transportation to child day care. Title XX funding provides total support for the Department of Human Services I&R Program.

It is important to note that only 5% of the total service requests made through the Department's I&R service resulted in referrals to the service needed by the caller. Simple information requests represented a total of 40% of the volume of I&R activity. Therefore over 50% of the requests made through the Department's I&R service resulted in no action. A question has been raised as to whether this activity warrants an expenditure of \$187,511 each year.

The area agencies on aging (AAA's) are also responsible for I&R services and are mandated by the Older Americans Act to provide these services. Services are presently provided through toll-free telephone lines in four out of five AAA's, outreach activities, and general information contacts. Four out of five AAA's in Maine are presently publishing newsletters as well.

There is much concern about a lack of coordination between the Department of Human Services, the AAA's and other specialized agencies. Services are presently operating independently with no structured sharing of resource information, cooperative training programs, on-going consultation or standardized data collection systems.

The future of I&R services is uncertain because of scarce funds. Some may be eliminated, thus the consolidation of services is sensible.

Municipalities are statutorily obligated to actively inform their respective citizenry of planned and actual local government activities. The Freedom of Access Law, M.R.S.A. 401-410, states that public proceedings exist to aid in the conduct of the peoples business, and are therefore open to the public. Section 406 of the Freedom of Access Law mandates that public notice be given for all public proceedings and that notice be given in ample time to allow

Information

public attendance.

Kay Rand of the Maine Municipal Association suggested that municipal offices, specifically welfare offices, could be used as I&R centers for elderly members of the community. AAA outreach workers could be housed in town offices as well.

Because municipalities communicate with their residents at least once a year through the tax bill or town report, the possibility for direct communication is enhanced. Pamphlets explaining program availability could be distributed as an enclosure with such mailings.

A suggestion which has been proposed by the elderly community suggests designation of an "Elder Advocate" in each municipality in Maine. The person would be a member of the community who is also knowledgeable about existing programs, important upcoming events, public meetings and legislative activity.

It was suggested that a grant proposal be developed utilizing retired elderly advocates which would include a stipend similar to the Senior Companion or Foster Grandparent Programs.

The value of a newsletter depends on many factors including (1) relative cost, (2) whether it can be successfully targeted to the desired readership, (3) whether it can develop reader loyalty so that it will be utilized, and (4) whether it presents important news on a timely basis.

Organizations and agencies representing elderly people should be doing as much as possible in helping the general population understand the demographic changes that are occurring in the various age groups. Particular attention should be given to the rapidly increasing elderly population. The mass media provides an effective and efficient way of accomplishing this.

The group involved should have a clear idea of what the message is it desires to convey as well as how it is to be conveyed. Both television and radio have different categories of broadcast, which include public service, public affairs and news.

SUMMARY OF ISSUES

1. Are newsletters valuable; and if not how can they be improved to better inform the elderly population?
2. Is Information and Referral valuable in informing older people?
3. What needs to be done to improve communication between area agencies on aging and Regional Offices of the Department of Human Services?
4. Should the Aging Network seek the placement of an elderly advocate in each community? If so, how would they be funded, and what would the advocates' role be? Should they provide I&R?
5. What is the role of the municipality in providing elderly I&R?

EMPLOYMENT AND RETIREMENT WORKSHOP
October 7, 1980

Moderator: Wilfred Pombriant, Maine Committee on Aging
Staff: Julie Jones, Bureau of Maine's Elderly
Recorder: Anne Borodka, Bangor Community College

Delegates:

Annette Baker	G. Duncan Moores
Elwin Sharpe	William Cunningham
Fred Lawler	Lloyd Ferriss
Nancy Smith	Francis Dow
Eloise Moreau	Jack Leet
John Poor	John Longmore
George Forbes	Margaret Clements
Daryle Carter	Clare Knight
Reginald Dority	William Kidd
John Matthews	Neota Grady
Len Robinson	Vivian Smith
Mary Dority	Ruth Fuller
Merwin Lander	Patricia Fritts
Viola Lander	Ruth Horton
Leonard Nemeth	A. Barbara Glen
Thomas Plissey	Laurence Bagley
Frazier Botting	Irma LeVecque
Rose Morris	Andrew LeVecque
Mary Pelky	Rep. Jasper Wyman
Mabel Drome	Ann Gosline
Elsie Holt	Rep. Merle Nelson
Eleanora Favre	
Daniel Porter	
Louis Rancourt	

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ABSTRACT OF WORKSHOP PAPER ON
EMPLOYMENT AND RETIREMENT

(copies of full text available from Maine Committee on Aging)

As an older worker confronts the normal retirement age, two questions can become foremost in his or her mind. First, will retirement and Social Security benefits be adequate and sustained? Secondly, many people would like to know if they can continue to work in some capacity.

Current inflationary trends, longevity of the old and their low income status has increased the need for adequate and flexible retirement incomes. Incentives must be developed by employers which increase retirement benefits, make working more meaningful and afford citizens more flexible work options.

While Social Security was never intended to be the sole retirement income for elderly, it functions as a corner stone for much retirement planning. Since this paper cannot cover the full range of pension options and since the future of Social Security has become a heated political issue, the following will focus only on two topics: work in state government for older people and Social Security income.

1. Age Discrimination and Legal Protections Against It

The inception of the Age Discrimination in Employment Act of 1967 (P.L. 90-200) dictated that arbitrary age discrimination in employment is prohibited. The Act, which is administered by the Office of Equal Employment Opportunity Commission, also promotes the employment of the older worker according to ability, rather than age, and helps employers and employees find ways to meet problems arising from the impact of age on employment.

It should be noted that in most states workers of private employers are still subject to a mandatory retirement age of 70. The State of Maine however, has completely eliminated mandatory retirement in both sectors of employment; thus no one can be forced to retire simply because of his or her age.

The Maine Human Rights Act protects an older worker from age discrimination which can fall into many categories beyond mandatory retirement. For example, if an employer refuses you a job or promotion, training or benefits simply based on your age, you may have been discriminated against.

2. State Personnel and Jobs for Older Workers

Except for employees who are excluded by law, working conditions, benefits and compensation packages for state employees are decided by collective bargaining process. Previously the governing of these policies had been the responsibility of the State Department of Personnel and the State Personnel Board.

The Maine Department of Personnel states that it encourages

employment applications from all qualified segments of the population, particularly those who are under-represented in the workforce. The general labor market conditions have caused an increasing number of qualified persons to look to the State as a potential employer.

The Department of Personnel states that it administers a merit-based employment system which provides equal employment opportunity for all persons, and which also provides career-advancement opportunities for current employees. Given the magnitude of this responsibility, and the fact that many employment concerns are subject to collective bargaining, it is very difficult to focus on the employment concerns of any one segment of the population. As a matter of practicality and fairness, employment opportunities must be made equally available to all persons on a competitive basis.

With the cooperation of the Department of Personnel, the Bureau of Maine's Elderly and the Maine Human Rights Commission are conducting a study to determine the status of older workers in Maine State Personnel and the attitudes of the state's managers toward hiring older workers. While the study will not be completed for several months, preliminary findings suggest that older workers do not fare particularly well in state jobs. However, the willingness of the Department of Personnel to participate in the study and its commitment to conduct training sessions based upon findings bodes well for improvements in the record.

3. Part Time Jobs and Flex Time

One means by which the State could employ more older workers is through the creation of more part-time jobs. While part-time jobs are not a panacea, many older workers do not seek full time work. Part-time jobs now represent only 2.5% or 363 of all state positions and, with the 95% rule governing vacancies, part-time jobs are less likely to be filled.

A further barrier exists in regulations governing state personnel. The Maine State Retirement System, as liberalized in 1979 amendments, provides considerable flexibility for retired state employees who wish to continue to work on a part-time basis:

"...Should any recipient of benefits...be restored to service, and should the total of his monthly allowance for any year and his total earnable compensation for that year exceed his average final compensation at retirement, subject to such percentage adjustments, if any...the excess shall be deducted from the service retirement allowance for the next calendar year..." 5MRSA §1123 as amended.

Not unlike the Social Security retirement test, under this provision a typical retired employee may return to work approximately half-time without losing any of his or her retirement income. For example, an employee with 30 years of service receives 60% of his or her three-year average as retirement benefits. He or she may bring in additional income up to 40% of his or her average annual income, plus cost of living increases, without loss of retirement income.

Employment and Retirement

Unfortunately, the liberalizing amendments to the Retirement System have not had the affect one would expect. State workers who would like to take advantage of these new provisions continue to face obstacles from the Department of Personnel. State Personnel Rule Chapter 8, Section 4.A contains the following prohibition:

"Persons receiving retired pay benefits through or from the Maine State Retirement System shall be eligible for further state employment only on temporary appointments or non-status positions and such employment shall not exceed 90 working days in any calendar year."

The 90-day limitation in this regulation is far more restrictive than the retirement law provisions for all but a handful of retired employees. The limitation concerning temporary or "non-status" positions is again a restriction not found within the retirement law. The limitations in the regulation are arbitrary and discriminatory and, unless eliminated, will continue to hamper efforts to gain part-time work for older people.

4. Alternatives

Job sharing is a means of creating part-time opportunities by converting once full-time positions into two part-time positions. The job sharing "partners" share the responsibilities, pay and fringe benefits of one full-time position. This concept aims at creating more quality part-time options for persons needing a more flexible work schedule. By job sharing, older people can maintain meaningful involvement in work or can prepare for retirement by working fewer hours and be proportionately compensated with pro-rated salaries and fringe benefits.

Flex-time generally means that the working day is composed of core time, e.g., 10:00 a.m. to 3:00 p.m., during which all employees must be at work, plus flexible time at either end. Flexitime, a European innovation is practiced in over 6,000 European companies in a great variety of industries. In the United States, by contrast, flexitime has been adopted in only a few hundred companies and includes fewer than one million workers, or about 2½ percent of the labor force.

Given high rates of unemployment and growing drains on pension and Social Security, we need to re-examine manpower policies throughout life and help people allocate work, leisure and income throughout life, rather than just having 5, 10 or 20 years of retirement at the end of life. Shared jobs, shorter work weeks, training and educational opportunities, mid-life career changes, more part-time jobs may have a high cost but may have a high yield on the quality of life and may lessen the drain on pensions and Social Security.

5. Retirement Income

While we have focused our discussion on increasing work options for the old, equal attention must be given to assuring older workers a genuine choice, with options of continued full or part-time work or full retirement with adequate income.

Employment and Retirement

Presently workers in Maine State Government can retire and receive full benefits at 60 after 25 years of service or prior to age 60 at a reduced benefit after 25 years of service. Maine provides only its retirement benefits and not Social Security for its workers and provides the lowest benefits to state retirees in the four state area including Massachusetts, New Hampshire and Vermont.

The inadequacy of the State Retirement System has been well documented in a recent report calling for additional legislative appropriations to make this system more secure. Likewise "horror stories" are regularly aired by the press alerting us to the weakness of Social Security. Given the growing number of elderly and their political force, it is unlikely that Social Security, the cornerstone of so much retirement planning will be diminished.

Today Social Security is a vast program, the bedrock institution of American insurance policy. It regularly passes out benefits to 35 million people or one in every seven Americans. Its budget for retirement, disability, and survivors insurance runs to over 100 billion dollars. Its coverage extends to nine out of ten working Americans.

Actuarial figures clearly show that the average worker ... whether he or she started working 30 years ago or today ... will get back in benefits far more than he or she pays into the system. The public must learn to understand that Social Security is far more than a mere retirement system. Its safety net of coverage stretches far wider and it affects workers long before they reach retirement years.

1. Social Security automatically provides survivors insurance against loss of earnings resulting from a worker's death. Ninety-five percent of all young children and their parents are protected by this insurance.

2. Four out of five people between the ages of 21 and 62 are insured against the loss of earnings resulting from disability.

3. Social Security is portable ... that is, its coverage travels with a worker from job to job in the course of a career. Unlike private pension plans or Maine State Retirement, Social Security will follow a worker from company to company, and generally it provides continuity of individual and family protection throughout one's lifetime.

4. Social Security taxes since 1965 have also paid for the hospital insurance elements of Medicare. The benefits paid out under Social Security are not subject to taxation ... a feature which distinguishes these benefits from an individual or private pension plan.

6. Social Security Overpayments

It has been estimated by the Regional Commissioner for Social Security that there are more than 3 million dollars of overpayments made to Maine residents each year.

Whether an overpayment occurs under the OASDI or SSI programs, the Social Security Administration seeks initially to recover the overpaid amount from the overpaid individual. If a person can afford to do so, he or she must repay the amount of the overpayment. However, the Social Security Administration must waive the overpayment if the overpaid individual was "without fault in causing the overpayment" and recovery of the overpayment would deprive an individual of income necessary to meet his or her ordinary and necessary living expenses.

In the experience of Legal Services for the Elderly, Inc., waivers can be obtained in more than 80% of the cases involving overpayments.

SUMMARY OF ISSUES

1. Should there be more education and enforcement of the Age Discrimination law?
2. Should the State Personnel Rule Chapter 8 Section 4A be abolished?
3. Should the state undertake a study to develop means to create flexible manpower policies, including flex and expanded part-time positions?
4. Should Maine institute pre-retirement counseling programs?
5. Should the State maintain its current retirement system, change to Social Security or both?

TRANSPORTATION WORKSHOP
October 7, 1980

Moderator: Susan Brown, Maine Committee on Aging
Staff: John Baillargeon, Bureau of Maine's Elderly
Recorder: Calvin Nicholas, Bangor Community College

Delegates:

Bob Armstrong	Vivian Massey
Winnifred Black	Albert Moore
Harold Blaisdell	James Normington
Pat Born	Mae Parker
Mary Burbank	Merton Perkins
George Campbell	Ralph Petersen
Rep. George Carroll	George Sanford
Vera Cleaves	Gertude Sanford
Murray Cott	Floyd Scammon
W. Osborn Davis	Loretta Sharpe
Hoyt Day	John Simonson
Sen. Jerome Emerson	Donald Simpson
Susan Gaudet	George Stone
Paul Belanger	Mrs. George Stone
Cora Hancock	Ernest Talbot
Doris Hoffman	Percy Wentworth
Mary Lou Pattison	Evelyn Woodward
Bernard Knight	Viola Foss
Jeannine L'Heaureux	
Eva Longmire	
Dana McKay	
Grover McLaughlin	
Cecil McNally	
Catherine Magrane	

Abstract of Workshop Paper on TRANSPORTATION

(copies of full text available from Maine Committee on Aging)

Introduction

About twenty percent of Maine's residents over the age of 60 are transportation handicapped. Reasons include physical and financial limitations, reluctance to use or unawareness of existing services, and the lack of transportation services in many areas of the state. An adequate transportation system is a must for the elderly. Without transportation, many needs such as nutrition, shopping, medical care, and socialization will not be fulfilled.

The transportation workshop reviewed agencies which are responsible for transportation services. Staff members from the Department of Transportation, Department of Human Services, and area agencies on aging presented their agency's viewpoints on where the responsibility should fall.

Department of Transportation's Perspective

The Department of Transportation was created in 1972 and was given responsibility for general transportation services including public transportation. In 1979, the legislature took action which specifically created a Bureau of Public Transportation with the Department of Transportation (DoT). Among other things, the Department, through the Bureau, is directed to encourage the development and maintenance of a permanent and effective public transportation system with particular regard for low income, elderly, and handicapped residents.

In rural areas particularly, the Department has attempted to develop its program by using to the greatest extent possible the existing services, most of which had their origins in human services type transportation for the elderly, handicapped and low income. A few years ago the Commissioner of the Department of Human Services directed that the various human services transportation programs be coordinated to the greatest possible extent. This resulted in the creation of four non-profit corporations whose purpose is to provide transportation.

The establishment of the Bureau of Transportation and the incorporation of previous human services transportation has brought about better planning and integration of resources. However, this has not resulted in a subsequent increase in actual transportation services or funding.

In accordance with Maine Law, L.D. 1556, the DoT has divided the state into eight regions and has designated an agency in each region to develop an annual operations plan. A liaison with the Department of Human Services and Department of Mental Health and Corrections has been established and is used to review practically all of the actions which the Department of Transportation takes in the public transportation area.

It should be kept in mind that much of the new Section 18 funding which came into Maine this past year was used not so much to expand services but to purchase newer equipment. Secondly, while expanding transportation to the general public might be a good thing from which the elderly could benefit, it could result in the elderly having to compete for services, as is the case with Title XX funding.

Given the present condition of the economy both at the national and state levels, it is probably not realistic to assume that public support for public transportation programs will be significantly increased, if at all, in the near future.

It is also known that Congress is being given at the federal level a reduction in the Section 18 Program. If such a reduction were enacted by Congress, it would reduce DoT's appropriation from approximately \$800,000 this year to a little over \$600,000 next year. Realistically we can probably expect a similar process at the state level as almost certainly the demand for state funds is going to far exceed funds available.

Neither the state nor federal program for public transportation was ever intended to eliminate the responsibility of human service agencies to provide funding for the transportation services that they determine they need. The public transportation funds administered by DoT will not be able to replace the funds presently being made available for transportation by human service agencies at both the state and federal levels.

DoT believes that perhaps we should be asking how we can use existing transportation more efficiently, rather than how additional transportation can be generated. For those who are unable to provide transportation at any price, it must be provided to them. But those who can afford to pay should perhaps consider doing so.

It appears virtually certain that, as use of the private automobile diminishes, the demand for public transportation services will increase. There will not be a dramatic change that is discernable from one day to another. It will occur gradually and in fact is doing so now.

It must be remembered that, in the past when public transportation was supporting itself, the operators were able to schedule services and make decisions on a strictly business basis without concern as to whether the public was being adequately served or not. The current operations are much more sensitive to the needs of all the people, but, in doing so, this adds substantially to the cost and, in the opinion of DoT, will require support from public funds.

In summary, DoT believes it is their own responsibility to provide a public transportation program that is designed for the general public and not exclusively for a limited number of interest groups. They anticipate, of course, that the high need groups such as the elderly will benefit from an improved transportation program. They will do all that is possible to develop such a service without unnecessary frills and at the lowest possible cost.

Western Older Citizens Council's View

The current service system is plagued by multiple funding sources and uncoordinated priority setting by different state agencies and departments.

The Department of Human Services' Bureau of Resource Development is responsible for planning and administering funds from Title XX of the Social Security Act. These funds are for social services for all low income people regardless of age. Presently there are not enough funds because too many individuals of various ages qualify for Title XX than funds currently provided for in the transportation service area.

The Bureau of Maine's Elderly is the Bureau within the Department of Human Services whose major role is to plan for and administer funds from the Older Americans Act through the area agencies on aging. The diverse needs of the elderly are too broad to be handled solely by the Older Americans Act funds; thus funds presently being allocated for transportation are inadequate.

The Bureau of Mental Retardation is a Bureau of the Department of Mental Health and Corrections whose primary role is to provide services to the mentally retarded. The Bureau of Mental Retardation currently provides a small amount of transportation funds through their regional offices. The majority of their clients are also eligible for Title XX low income transportation funds and are currently being served mostly by those funds.

Robert Armstrong, Executive Director of Western Older Citizens Council, Inc., feels the future of the transportation system will reflect the changes in the bureaucratic structure of state government. Mr. Armstrong feels that recent directions in policy-making appear to reflect a changing philosophy within state government and more specifically the Department of Human Services. The most significant of these policy changes came from the Bureau of Resource Development regarding how Title XX funds are to be allocated to priority groups. This was a significant shift in policy because it was the first time a group of clients was made a priority.

Both a Department on Aging or the Bureau of Maine's Elderly will be moving in the near future to a client-centered case management system with the priority for "those in greatest need." As this transition takes place, the transportation needs of those elderly in greatest need will become a service priority. Those elderly whose needs can be met by a general transportation system will be served through DoT by the existing urban transportation system and/or the newly emerging rural public transportation systems subsidized by Section 18 funding.

Summary of Issues

1. Can public transportation as developed through the Bureau of Public Transportation meet the needs of the frail elderly?
2. Given limits on the state budget, would you support more, the same or less funding for transportation?
3. Should a portion of Title XX be allocated to the Bureau of Maine's Elderly? Should the Bureau of Maine's Elderly be elevated to a Department on Aging?
4. How could funds be used more efficiently?
5. Should transportation fares be charged, based on an individual's ability to pay?

HOUSING WORKSHOP
October 7, 1980

Moderator: Sen. Gerard Conley, Maine Committee on Aging
Staff: Trish Riley, Bureau of Maine's Elderly
Recorder: Esther Reed, Bangor Community College

Delegates:

Elizabeth Knight	Stanley Bragdon
Joan McGinnes	Myron Packard
Eldredge Woods	Romaine Turyn
Willis Spaulding	Dorothy Burlingouis
Jennie Downing	Fannie Moulton
W. Stuart Duncan	Aileen Shea Zahn
Clarice Murphy	Louise Blake
Viola Targett	Ruby Callender
Carol Hill	Alan Bernstein
Jack Libby	James Fletcher
William Inlow	Theodore Landry
Mrs. Daniel Lowe	John Smith
Paul Colson	Waldo Gilpatrick
Don Lambert	Madeleine Freeman
Eunice Lambert	Erwin Szawlowski
Elvia Johnson	Amos Orcutt
Hazel Bridges	Sharon Lunner
Marion Baraby	Peter Schwindt
Arthur Durbin	
Anne Gardner	
Lawrence Harpe	

(copies of full text available from Maine Committee on Aging)

A. Unlocking Hidden Savings in the Form of Home Equity: An Overlooked Source of Income After Retirement.

For the first time in Blaine House Conference on Aging history, community forums and priority ranking by statewide elderly leadership showed housing to be today's number one concern by Maine's elderly. Seventy percent of Maine's elderly own their own home - most clear of any debt - and most want to remain in it. However, with increased longevity, fixed income and its erosion by inflation, an increasing number of elderly cannot manage all their costs, notably the high cost of home maintenance and property taxes. With 28% of elderly below the poverty level and with the oldest housing stock in the nation, Maine confronts a challenge in assisting the old remain at home. Traditional response - subsidized housing and the property tax and rent refund - are inadequate. In the former, eligibility criteria and long waiting lists serve to deny many elderly an opportunity to move and the latter provides only up to \$400 a year to those 62 and over whose income is \$5,000 or less (individual) or \$6,000 or less (couple). Both too are government programs, subject to constraints on Federal and State budgets.

Ironically while inflation makes older people less able to meet their expenses and retain upkeep of their homes, it is at the same time making them richer by boosting the value of the very home they are having trouble supporting. The old are becoming "asset rich" and "income poor". The home, then is like a savings account. This paper explains ways to tap that savings while maintaining residence in it.

Most Americans will never use the nest egg of home investment they've spent a lifetime acquiring, while they nonetheless spend other forms of savings such as pensions. Unless the home is sold -- an option preferred by few -- homeowners do not regularly cash in their principal asset.

Many elderly who could benefit from home equity conversion - getting cash from home ownership - are widows, many of whom have had minimal experience with finance throughout their lives.

Also there are a multitude of options, some of them extremely complex, available to draw on this form of savings account and making a decision about them is no easy task. A brief list of the principal devices with variations follows:

Home Equity (Saving) Draw-Down Options

1. Loans for specific purposes, to pay taxes or repair, with deferred payment provisions.

2. Equity splitting such as sale with lease back or sale with retention of life estate.

3. Reverse mortgage with or without deferred payment of interest.

4. Reverse annuity mortgage with or without deferral and/or annuity certain.

The structuring of this type of savings expenditure should vary with the differing situations of homeowners; unlike the conventional home mortgage no one form of transaction is suited to all persons. Other income, tax situation, age, marital status, reasons for drawing on savings, home ownership plans, etc. are all factors to be considered in shaping the arrangement.

What are some techniques for converting savings in the form of equity in a home into useable cash? California presently permits persons over 65 with a maximum income of \$23,100 to postpone their local property taxes until either death or sale of the property involved by having the state loan money, the loan being secured by the realty, at 7%. The loan may be prepaid at any time. It may be used in place of an elderly tax refund or circuit breaker plan or as in California in conjunction with tax relief. A lending program such as this could also be funded by private financial institutions such as a bank on a wholly deferred payment or interest only basis. Loans secured by home equity could also be made for home improvements.

A second type of equity conversion, split equity, might involve the installment sale of the home to an investor, perhaps at a discount to compensate for deferred possession, and a leasing back of the premises by the elder sellers on terms that provide a net spending amount of cash flowing to the elder seller because the monthly mortgage payments of the buyer to seller are greater than the lease payments of seller to buyer.

In the simple "reverse mortgage" transaction, a third example, a bank or other lender agrees to make periodic payments to a borrower secured by home equity. A danger involved with this kind of loan would be in the possible event of an owner outliving the term of the loan, which could result in dispossession. The possibility of re-financing also exists if the home has appreciated in value.

The "reverse annuity mortgage", the final example, is designed to avoid the pitfall, non-mortality risk, of the simple "reverse mortgage". Here, in basic form, a bank advances a lump sum with which a life annuity is purchased from an insurance company that pays an amount sufficiently greater than the interest payments to make the transaction worthwhile. Because of market interest rates demanded, this type of transaction produces adequate cash income only for single persons, particularly women, 75 or older. However, there are variations, such as a bank rising debt mortgage coupled with deferred payment annuity, that would be appealing to a broader range of persons.

As can be seen from the foregoing examples, the range of options is considerable and the variations must be tailored to suit the particular needs of the elder homeowners and the financial institutions or private investors involved. Unfortunately, there is no single type of Maine financial institution that presently markets the diverse alternatives, although banks in Maine may offer the "reverse mortgage" and deferred payment loans discussed. What is needed to make home equity conversion a real option for diverse homeowners are personal financial and estate planners, who may advise and, if needed, act as

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intermediaries between individuals and institutions.

B. Property Tax Relief for the Elderly

Some older people do not need the larger income provided from home equity conversion but may only need help in paying property taxes. In addition, home equity conversion plans may be developed along with property tax changes.

Public support of property tax relief, particularly for elderly persons, has increased significantly in recent years. The unpopularity of the property tax - which is the mainstay of Maine local government finance - rests on the belief that the tax is regressive, administered unevenly, and particularly burdensome to elderly people with low incomes. As long as property tax liabilities enter into the calculations, greater benefits go to those with greater net worth within any income class; this is not consistent with equity considerations.

Homestead Relief Programs

Homestead relief programs are usually fixed percentage reductions in the assessed valuation of the homestead (the primary residence of an eligible taxpayer) or a fixed reduction in the tax bill. Since ownership is the prime criterion in eligibility, renters are usually excluded. Income is not used in determining the amount of relief provided but may be used as an eligibility factor.

Homestead exemptions typically return substantial monetary amounts to beneficiaries and the system is the largest in terms of return to homeowners of any of the plans currently in use nationwide. The program aids homeowners exclusively and thus discriminates against renters who may also be aged, poor, or otherwise in need of relief in all of its present forms. Finally, the ability to pay is normally not a factor in determining either eligibility or amount of relief.

In Maine, the legislature has considered bills which would establish a statewide property tax exemption on the first X amount of dollars of just value on every principal residence in Maine. Also included in these proposals was a tenants' rebate in lieu of property tax exemptions of X amount of dollars. Under these proposals, the state would be obligated to reimburse municipalities for their losses of revenue from the homestead exemption. This creates a major problem, because Maine's constitution clearly states that the state can only reimburse municipalities for 50% of any tax exemption program. Therefore, if a homestead bill was passed in Maine, the net effect would not be considerable, because towns would probably make up the remaining 50% lost in exemptions in higher local property taxes.

Circuit Breakers

Property tax circuit breakers are tax relief programs designed to protect family income from property tax "overload" the same way that an

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electrical circuit breaker protects a family home from current overload. Benefits are paid in the form of a credit against state income tax liability or in the form of a credit against state income tax liability or in the form of a direct rebate.

The coverage may vary: (1) basic circuit breakers are limited to elderly homeowners. (2) Expanded circuit breakers include elderly renters along with homeowners. The Elderly Household Tax and Rent Refund Program in Maine is in this category of expanded circuit breakers. (3) General circuit breakers include the aged and non-aged, homeowners and renters.

"Because the circuit breaker is financed from state funds, it neither erodes the local tax base nor interferes in any way with the local assessment or rate setting process. The circuit breaker operates to reduce intergovernmental fiscal disparities between high and low income communities as well as reducing disparities between high and low income persons. Because the poor tend to be clustered together, the major portion of the relief will rebound to the benefit of both low income households and low income communities." (Property Tax Circuit Breakers: Current Status and Policy Issues, ACIR, 1975)

Elderly Household Tax and Rent Relief Program

As mentioned earlier, the Elderly Household Tax and Rent Relief Program (EHT&RRP) provides only up to \$400 a year to those 62 and over whose income is \$5,000 or less (individual) or \$6,000 or less (household of 2 or more).

The EHT&RRP is an "expanded circuit breaker", providing assistance to both homeowners and renters. Problems with the EHT&RRP include (1) maximum income eligibility provides no assistance to those "just over" the income maximum (2) the income level does not take into account increases provided the elderly through Social Security "cost of living" increases (for example, many elderly who received the 14.3% Social Security increase in 1980 will be over the income maximum next year, although they are no less "in need" than they were when they were eligible for the EHT&RRP) and (3) elderly in subsidized housing are eligible for EHT&RRP even though they have no tax expense and (4) the EHT&RRP only serves the elderly and it should be expanded to serve all low income people in Maine.

Various recommendations have been made to address these problems, including the following:

1. Raise the benefit amount available
2. Increase the income maximum
3. Index the EHT&RRP incomes based on cost of living increases granted to Social Security
4. Deny eligibility to elderly residing in subsidized housing

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5. Expand the EHT&RRP to the general population, where it is now limited to the elderly.

C. New Housing Concepts for the Frail Elderly

While home equity conversion plans can be valuable for many elderly, there are those who can or no longer wish to live alone in their own homes or who have resided in private apartments which they can no longer afford. Such elderly certainly do not need the high level of supervision and care provided in a boarding or nursing home but seek some kind of group living situation.

Moreover, Maine's communities are filled with large older homes, many owned by older citizens, which have become difficult for them to maintain due to rising costs of fuel, taxes and home repair. Such homes could be renovated into "shared homes" in which several elderly reside.

Shared home arrangements are known by a variety of names, such as group homes, share-a-homes, or group living arrangements. Regardless of what they are called, however, shared homes are defined as living arrangements which offer a home-like, sharing environment to unrelated older persons who live together, and who thereby seek affordable shelter, companionship, and assistance in the activities of daily living.

Shared homes may be established in almost any type of residential structure. Single-family detached dwellings, townhouses, and apartments are potential shared-homes. Typically, however, shared homes have in common their use of existing residential, non-institutional structures, although some renovation or remodeling is likely to be needed.

Most residences have some combination of private and shared spaces. Usually each resident has his or her own bedroom, and shares the bathroom, kitchen, dining room, and living room with some or all of the other residents. Typically such homes are located within normal residential neighborhoods, thereby providing the support of group living, while promoting normal community contacts.

The key to the success of shared residential environments is the compatibility of residents. One study of a shared home (Van Dyk and Breslow, 1978) has shown the best type of people to live in a group arrangement are those who are not too sick, who get along well with others, and who are essentially unselfish.

Types of Sponsorship--Shared home arrangements have been classified as typically being "spontaneous or sponsored arrangements". Spontaneous arrangements, as suggested by the name, are those that develop from informal relationships among groups of older people who themselves choose to live together, dividing up major household responsibilities.

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Sponsored arrangements are, as a rule, municipal, social service or religious agency responses to an identified gap in the array of housing and services options available in the community. In this case, the sponsoring agency usually secures a dwelling, screens and selects potential residents, and plans for or provides continuing monitoring and assistance.

Services, Costs--The social, supportive services offered in group homes widely vary, depending upon characteristics of tenants, sponsoring agency (if any), and services resources available in the broader community. Of course, the nature of the group living environment offers a system of informal supports which lessens the need for and dependence upon formal systems of support available from the broader community.

Costs to tenants vary, dependent primarily upon the nature of the home ownership, the characteristics of the formal services provided, the source for such services, and the geographic location of the facility.

While congregate housing currently developing may be aimed at a more impaired elderly population than is shared housing, the concepts are quite similar. Shared housing will provide yet another housing option while making good and efficient use of existing Maine homes. Since existing elderly housing units have waiting lists often greater than the number of residents in the housing project, the need for new options is apparent.

In 1980, the Governor prepared and the legislature enacted a bill which provides the Bureau of Maine's Elderly with funds to develop two demonstration congregate housing programs using existing Federal housing funds to match state dollars and provide new, safe apartments coordinated closely with area agencies on aging and social services. In congregate housing, services are brought to the frail, moderately impaired person living in the congregate house. These two demonstrations are scheduled to be built this spring, following over a year of project planning and regulation development by the Bureau of Maine's Elderly, the Maine Committee on Aging, Maine State Housing Authority, Farmers Home Administration, area agencies on aging and others. The fact that the Blaine House Conference on Aging delegates supported development of shared homes, raises the possibility that the Bureau could work with area agencies on aging and others this year to expand the concept of congregate living to include projects in renovated private homes.

In developing multiple housing options to serve the diverse needs of the elderly population and Maine's communities, the following points support a venture into shared homes:

- . Shared homes require no large start-up cost such as is involved with other housing projects involving new construction.
- . Shared home projects will not require a long-range (40-50 years) commitment on the part of the government and the taxpayer as it is required in the construction of new housing building.
- . Shared home project would not require a new and complicated (and expensive) bureaucracy to organize it.

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- . The shared home concept would not require a very long lead time such as is required in the development of new construction because the homes to be utilized would already exist in the community and in some cases need minor renovations or modifications.
- . Shared homes would be better for older people and younger people in the natural community settings because they would encourage and continue the close contacts with the interaction between various age groups.
- . The shared home program will build upon natural existing community support systems such as churches and other service organizations and would require far less government interference than the existing housing projects for the elderly.

Following the example of the successful two year development of a state congregate housing program, the Bureau could sponsor a Shared Housing Task Force to explore ways to develop this option at a local level. The goals of such a plan should be to develop shared homes while:

1. Maximizing local, community control.
2. Minimizing state/federal regulation while assuring that the rights and safety of residents are maintained.
3. Providing needed funding for staff to find homes, recruit and place residents and help arrange for services and repair and renovate homes.
4. Assuring that programs developed do not exclude residents from current programs such as EHT&RRP, rent subsidies, energy assistance, income maintenance.
5. Providing maximum independence of and self determination by residents.

Finally, the Bureau must report to the legislature in two years with recommendations to develop continued funding for congregate housing. The Bureau hopes to convince the legislature that some of the funds currently used to pay boarding homes could be better used if diverted, in part, to congregate housing. Boarding homes are now paid by 100% state dollars. If boarding homes were reclassified ICF's they could become eligible for a 70/30 Federal/state match with Medicaid, thus freeing up state dollars to be matched with Federal Farmers Home Administration and Housing and Urban Development funds to build congregate facilities. The State Housing Task Force could develop a proposal to add to this bill to assure that funds would also be available for congregate like projects which are located in renovated, existing private homes.

Finally, the Bureau could help area agencies on aging initiate shared housing immediately by helping them make application to HUD

for neighborhood revitalization grants through the Neighborhood Self-Help Development Act of 1978. Funds under this Act may be used to undertake appropriate neighborhood conservation and revitalization projects to low and moderate income neighborhoods which are in need of preservation and revitalization. Projects which can be supported include housing rehabilitation, creative reuse of existing buildings and energy conservation.

SUMMARY OF ISSUES

1. Should home equity options be examined further as to their feasibility for Maine's older population?
2. Should the Bureau of Maine's Elderly take a role in developing home equity conversion plans and financial and estate planning services?
3. Should property tax relief be expanded for Maine's elderly?
If so, how?
4. Should shared housing be developed?
If so, how?

VICTIMIZATION OF THE ELDERLY WORKSHOP
October 7, 1980

Moderator: Margaret Russell, Maine Committee on Aging
Staff: Ginnie Norman, Maine Committee on Aging staff
Recorder: Lynn Boardway, Bangor Community College

Delegates:

Jane Abrams	Doris Libby
Dean Alcott	Eileen Lonsdale
Eula Armstrong	Edward McMonagle
Donna Bailey	Peg MacDonald
Mr. Bailey	Joyce McCallum Nye
Fran Beach	George Odenchantz
Janet Burgess	Neil Shankman
Rob Burgess	Clytie Smith
Sen. Samuel Collins	Arthur Stebbins
Katherine Craig	Josie Woods
Henry Desjardins	Ben Letendre
Candide Desrosiers	
Eddie Dostie	
Roberta Downey	
Pat Doyon	
Natalie Dunlap	
Lee Forbes	
Helen Goodine	
Phyllis Gray	
Roger Hartwell	
Rep. Barry Hobbins	
George Knight	
Thelma Knight	

Abstract of Workshop Paper on
Victimization of the Elderly

(copies of full text available from Maine Committee on Aging)

Introduction

The Victimization workshop discussed various forms of victimization, including abuse, neglect, exploitation, and consumer fraud/misrepresentation. The discussion attempted to identify the characteristics of the elderly victim, their needs and the services/products available to deal with their needs. Finally, questions were raised concerning the currently unmet needs of the victimized elderly.

I. Abuse/Neglect/Exploitation

A. Elderly Abuse

Elderly abuse has been defined as "willful infliction of physical pain, injury or debilitating mental anguish, unreasonable confinement or deprivation by a caretaker of services which are necessary to maintain the physical or mental health of the elder." Abused elders generally suffer from more than one form of abuse.

Characteristics of Elder Abuse - The elderly victim tends to deny that abuse has taken place, which is one reason that the abused elder is so difficult to document, particularly the physically abused or "battered" elder. They may fear being removed from the family setting even more than the abuse itself.

Causes of Abuse

The causes of elderly abuse are as varied as the types of abuse that exist. It has been suggested that the emotional and financial burdens of caring for one's older parents may be a precipitating factor.

B. Elderly Neglect

Elderly neglect means the failure to provide for oneself essential services which are necessary to avoid physical harm, mental anguish, mental illness, or the failure of a caretaker to provide essential services.

Characteristics and Causes of Neglect

When the caretaker is doing the neglecting, the characteristics and causes are very similar to those described above for elderly abuse.

C. Exploitation of the Elderly

Exploitation means the illegal or improper use of an elderly person or their resources for another person's profit or advantage. Getting the older person to sign over home ownership to the child or taking the Social Security check when it comes are common manifestations of the problem.

An ignorance or misunderstanding of government health care programs, specifically Medicare and Medicaid, and the consequent fear of insufficient coverage makes the elderly easy prey for sellers of worthless insurance. The State Bureau of Insurance is going to take a leadership role by seeking a law and regulations which will regulate the types of health insurance policies that can be sold in the State in the future. These regulations will indeed benefit the consumer. Additionally, the elderly must know their Medicare coverage, know what private health insurance covers and make sure they read the fine print in all health policies.

Charitable solicitations by bogus charities, new and used automobile purchases and repairs, and door to door solicitations are other common problems to which the elderly are likewise exposed.

II. Mechanisms to Deal with Elderly Victimization

A. Domestic Violence Laws

If an elderly person is being abused by a member of their household, what can they do? In Maine, one remedy is the Domestic Violence Laws, passed into law last year. The major part of the domestic violence law establishes civil (as opposed to criminal) remedies for victims of family or household violence. It provides that a victim of abuse, either personally or through an attorney, may seek a protective order by filing a complaint with the District or Superior Court of the division of county in which the abused or the abuser lives.

The court is able to: (1) direct the abuser to stop abusing or threatening the abused party; (2) exclude the abuser from using the mutual residence or household; (3) divide the mutually owned property of the parties; (4) require counseling; (5) establish support payments where a legal duty is owed from one party to the other, (6) assign monetary damages as well as court costs and attorney fees; and (7) enter any other necessary or appropriate order.

The new law also details the responsibilities of law enforcement officers and agencies. Law enforcement agencies must provide officers with an education and training program designed to inform the officers about the problems of family and household abuse, procedures to deal with these problems, the provisions of the new laws and the services and facilities available to the abused family or household member.

Problems/Obstacles of Domestic Violence Laws

Potential abuse clients fall into basically two groups. The first group consists of individuals who are willing and eager to pursue on their own initiative a legal remedy or service; and the second is those individuals who cannot or do not seek assistance and enter the system through the intervention process.

The domestic violence laws can be a useful and effective legal tool. However, their usefulness is seriously limited in the case of the elderly who are often unwilling, because of fear, intimidation or sickness to file a complaint.

B. Adult Protective Services

The Department of Human Services is mandated by state law (22 MRSA §3462-1) to respond to complaints concerning and requests for assistance from or on behalf of all incapacitated adults.

Services provided by the Department under the law are either protective or supportive. Protective services include seeking the appointment of a public or private guardian for an incapacitated adult. Protective services assume the existence of an identifiable danger to the individual. Supportive services are intended to assist incapacitated adults in becoming rehabilitated or self-sufficient to the maximum extent possible.

Problems/Obstacles with Adult Protective Services

The Department of Human Services feels that there are major problems with the adult protective services available to assist abused elders. A key problem is the increased need for the service, while there are no increased funds available. There are currently no Title XX services purchased exclusively for adult protective or adult supportive clients.

A second dimension of the problem is the continuing flow of individuals whom the community feels should receive services but who refuse the assistance. When a client emphatically refuses service and this referral does not place the client in immediate peril, the adult protective worker accepts this decision.

A third problem is the limited array of purchased services available to adult service clients. Gaps in services are very serious. The present procedure used for paying for isolated services is cumbersome and limited in scope. In the child welfare services program, a contingency fund exists to pay for such miscellaneous expenses. A small contingency fund may also be appropriate for adult services.

A final problem is that adult abuse cases may not be reported to the adult protective services division. We must have a way of identifying which adults are in need of protection and, once identified, there must be sufficient available services to make the abused adult safe."

C. Services Currently not Available or Limited in Availability to Deal with Elderly Abuse

As has been stated previously, there are numerous community services which are not available in sufficient manner to respond to cases of elderly abuse. These include the following:

1. home health care services;
2. legal services;
3. homemaker services;
4. transportation;
5. nutrition;
6. financial assistance;
7. emergency services, which could include provision of immediate services to diminish or prevent the threat of grievous bodily harm of death to a client;
8. follow-up;
9. additional supportive services;
10. emergency shelter and housing;
11. counseling groups for victims of abuse and the abuser is one of the most difficult services to provide, considering the lack of funding;
12. foster care for elders is a new concept utilized in selected areas of the country;
13. day care for the elderly or recreational/activity centers for elders.

II. Conclusion

Certain vital services, such as emergency shelters for elders and most of the supportive services do not currently exist to the extent needed because of the lack of state and federal dollars.

And last but certainly not least, the problem, which has been recognized nationally, that victims of abuse, neglect, exploitation or abandonment do not report for a number of reasons indicates that there may be a need for a required reporting law, which would require that a report be made by certain categories of persons, including physicians, nurses, social workers, coroners, medical examiners, hospital staff, nursing and boarding home staff, home health agency staff, home care agency staff, area agency on aging staff, clergy, police officers, etc. Any one of the above categories who has reasonable cause to believe or suspect that an elderly person has been abused, neglected, exploited or abandoned, or is in a condition which is the result of such treatment would be required to make a report to the appropriate agency within twenty-four hours. Anyone else who has reasonable cause to believe or suspect may report this information to the appropriate agency. Such a mandatory reporting law exists in Maine for victims of child abuse and neglect, but such a reporting law does not exist for the adult population.

Questions

1. Should community agencies take a role in protecting abused elders?
If so, what role?
2. Should there be a mandatory abuse reporting law for the elderly?
For all adults?
3. Should the Department of Human Services' Adult Protective Services Unit capacity be increased statewide?
4. Should there be more extensive training and education for the general public concerning victimization, including abuse, neglect, consumer fraud, etc.?
5. Should there be short-term shelters for elders? Should the existing shelters be expanded to address the needs of the elderly more appropriately?
6. Should there be increased funds made available to provide adult protective and supportive services? If yes, where should these funds come from?

REMAINING AT HOME WORKSHOP
October 7, 1980

Moderator: Rosaire Paradis, Maine Committee on Aging
Staff: Elaine Fuller, Bureau of Maine's Elderly
Recorder: Candy Gilley, Bangor Community College

Delegates:

Raynold Theriault	Hilda Doten Doyon
Gladys Stackpole	Joseph Cody
Velma Oliver	E. Keith Gates
Jean Worsham	Nancy Brockway
Gail Ward	Richard Boisvert
Carl Rogers	Kaye Flanagan
Robert Johnson	Beverly Tirrell
Rachel Phalen	Marion Porter
Mildred Obrey	Cedric Porter
Fannie Copeland	Harvey Mosher
Lynnie York	Jane O'Brien
Jane O'Rourke	Jane Morrison
Sarah Hasbrouck	Frank Morris
Steve Farnham	Dora Morris
John Bagley	G. Caroline Morris
Fran Hapgood	Thomas Merrill
Beth Ramsey	Ward Murphy
Charles Small	Elizabeth Miller
Polly Pombriant	June Perkins
Simone Dostie	Frema Grant
Nina Byron	Lillian McCrillis
Dorothy Collins	Viola Lee
Marietta Bragdon	Rep. Judy Kany
Alice Cody	

Abstract of Workshop Paper on
ASSISTING THE ELDERLY TO REMAIN AT HOME

(copies of full text available from Maine Committee on Aging)

It has been estimated that up to 80% of the home care for the elderly is provided by family members residing in the same household. Adult children or family may be providing a significant amount of care to an increasingly larger and older elderly population. The impact on family resources, both financial and emotional, is tremendous.

The General Accounting Office report to Congress in November, 1979 entitled "Entering a Nursing Home: Costly Implications for Medicaid and the Elderly" notes:

Lack of adequate assistance has a detrimental impact on elderly who do not want to enter a nursing home and abandon their families. The fact that families receive little or no financial or social assistance from Medicaid or other public programs often produces severe financial and psychological strain when caring for an elderly person.

Families, in fact, often represent the key as to whether a relative is institutionalized or not. The family who institutionalizes a relative who becomes eligible for Medicaid coverage receives financial and emotional support.

It is a fact that Medicaid's long term care support primarily goes to institutional care rather than in-home or community-based services.

The family support unit deserves and needs to be strengthened. We must ask why these elderly persons are being institutionalized. What can be done to assist families in what is often such a time-consuming and difficult experience?

Currently there are no programs available to assist the family financially or emotionally in caring for an older person in the family home or to provide sufficient help to an older person who wishes to remain in his own home.

This workshop addressed some of the disincentives or obstacles which presently exist for families wishing to care for their elders at home. Specifically, Medicaid and Supplemental Security Income were examined.

Secondly, the workshop examined two areas which could assist families in lessening the burden of caring for an individual. Topics explored included the possibility of tax credits for such families as well as the need of families for respite care.

A. Supplemental Security Income

Background

In January 1974 an important change took place in the Social Security Program with the inception of Supplemental Security Income (SSI). SSI is a federal program that pays monthly checks to people in need who are 65 or blind or disabled so that these people can have a basic cash income - \$238 a month for one person and \$357 a month for a married couple, effective July 1980. In most states, including Maine, a person who is eligible for SSI is also eligible for Medicaid and social services provided by the state. To qualify for SSI an individual must have little or no regular cash income and own little or no property or possessions. A person's home is not counted in evaluation of eligibility. People who get Social Security checks can get SSI checks, too, if they are eligible for both.

Issues

1. SSI disincentives

The SSI program is structured in such a way that, for many elderly people, especially those with functional incapacities, it is difficult to remain at home, and entering an institution becomes the path of least resistance.

The income level allowed under this program is extremely low. The federal portion of the payment is only \$238 a month, which works out to \$2,856 annually, a figure too low to meet basic home care needs. While Medicaid and Food Stamps assist with some of the other major expenses they fail to make up the shortfall of income against expenses.

The state has recognized that the federal payment is inadequate to meet the needs of daily living. They add an additional disregard of a person's income, such that the maximum amount of income from all sources that a person may have in the State of Maine and still receive an SSI payment is \$310 for an individual. Having said that a person needs \$310 a month to survive in this State, the State then creates a distinction between those people who have their own sources of income and those who have a lesser amount or no income.

In effect, then, the State acknowledges that need exists to the extent of \$310 but chooses not to meet that need for a large proportion of lower income people who must turn to the state and federal government for income maintenance during their older years.

Persons become ineligible for assistance when:

1. they have assets over \$1,500 (has not been changed since 1974, despite inflation);
2. monthly income exceeds \$310.

Persons with outside unearned income can take income up to \$310.3. in combined outside income and SSI.

The question of whether the individual or couple shares the living costs equally with others in their residence becomes a trigger question in determining their eligibility for benefits.

If an individual receiving care is unable to afford the costs of expenses involved in his or her care and received financial assistance from the family, then they are deemed as receiving "support and maintenance in-kind." The fact that they are receiving this assistance lowers their federal payment by one-third plus \$20.

Other problems face older married couples. If an ineligible spouse resides with an eligible spouse, the deeming rules work to put great economic pressure on the household. Any income the ineligible spouse receives over \$110 (after standard deductions) is "deemed" available to the care of the eligible spouse.

Where both spouses are eligible, couples under the SSI rules are penalized by the fact that, between them, they are only eligible for one federal disregard and one state disregard, respectively, for earned or unearned income. (The State additional disregard is one-third as large for a couple as for one person, rather than double.)

If the relatives offer dwelling space in their household and charge no rent, the eligibility threshold of the parents will automatically be cut by one-third of the federal payment standards, plus \$20. This lower threshold for SSI (and thus Medicaid) eligibility means that a family offering shelter to an older relative in their home puts the individual in danger of losing their support against the primary need they face, medical bills.

B. Medicaid

Background

Medicaid, or Title XIX, was established in 1965 and is a state-sponsored medical assistance program supplementing Medicare for lower income people. Numerous health care expenses not covered by either Part A or Part B of the Medicare Program are paid for by Medicaid, including drugs, limited dental services and eye examinations. Not covered by either Medicare or Medicaid are the costs of eyeglasses and hearing aids.

Eligibility requirements and optional services to be covered under Medicaid are set by the Division of Medical Assistance of the Department of Human Services, which administers and program. The Medicaid program is operated on a federal match basis, which is determined biennially. The state share is currently nearly thirty percent, with the federal government providing about seventy percent of the total cost.

There are three programs under Medicaid:

1. Categorically Needy Program - this covers the widest range of medical services available. In general, the income and resources of the categorically needy are at a level to qualify for an assistance payment, AFDC or SSI, or receive AFDC or SSI.
2. Medically Needy Program - the medically needy are eligible for fewer services than the categorically needy. The Medically Needy Program extends coverage to eligible persons who would qualify for an AFDC or SSI payment, except that such person's income is too high to qualify for such payments.
3. Catastrophic Illness Program - this program extends coverage to any person who does not qualify for either the Categorically Needy Program or the Medically Needy Program, provided the person's medical bills are high enough. The Catastrophic Illness Program provides the most restrictive range of medical services but still covers the basic services including hospitalization, physician services, drugs, etc.

In Maine, approximately 108,100 persons are eligible for one of the medical assistance programs; 33,000 of whom are aged, blind, or disabled (SSI).

Eligibility

1. Automatic eligibility

All recipients of AFDC or SSI are automatically covered by the Medicaid program. As long as they receive an AFDC or SSI payment, they continue to be covered by Medicaid.

2. Eligibility of individuals and couples

Low income individuals and couples who are aged (over 65) blind, or disabled (total disability expected to last at least one year) may qualify for medical assistance provided

- a. their cashable resources are worth less than \$1500 (individual) or \$2250 (couple);
- b. their net monthly income (usually gross income minus \$62.30 for an individual and \$84.40 for a couple) is less than the amounts listed below:

Categorically Needy

Individual	Couple
\$218 if living alone	\$327
\$216.20 if living with others	\$324.30
\$146.80 if living in someone else's household	\$220.20

Medically Needy

Individual - \$240

Couple - \$283

3. Over income Medically Needy applicants

Elderly, blind or disabled individuals or households whose income is higher than the appropriate medically needy standards listed above may still be eligible provided their medical costs are in excess of the difference between their net income and the appropriate standard.

Medicaid Disincentives

Technically, the eligibility criteria for the Medically Needy Program are supposed to be less restrictive than the Categorically Needy Program. The opposite, however, is true for persons who are aged, blind or disabled; for them, the income requirements are more restrictive for the Medically Needy Program.

A second issue to be addressed pertains to the fact that both the Categorically Needy and Medically Needy programs have eligibility requirements which favor persons who are residents of long term care facilities, specifically nursing homes, as opposed to elderly people who are living in their own homes. This happens for a couple of reasons. First, if a person is married and living with their spouse, the income of the spouse is taken into consideration in the calculation of income eligibility. If that person goes into a nursing home, the income of the individual residing in the nursing home is the only income used to calculate eligibility. Therefore, we have a situation where the person living in a nursing home has a lower income and therefore is eligible for Medicaid, whereas when they were living at home, they were not. When an eligible individual with an ineligible spouse enters a nursing home, the ineligible spouse's income is not considered any more.

A second reason that Medicaid encourages nursing home care as opposed to home care is based on the fact that the Categorically Needy Program counts income eligibility of a resident of a medical institution using the income standard of \$714, while the income standard of \$310 is used for the same person living in their own home. What that means is that a person living at home would only have \$310 counted for them toward their care, therefore requiring them to spend about \$700 before Medicaid would pay for that home-based care. The institutionalized person has an income standard of \$714, and therefore would have to spend only \$300 in order to qualify for Medicaid (depending on the nursing home rate). Obviously this spend-down requirement being different for nursing home care as opposed to home-based care encourages individuals to utilize nursing homes because they have to spend less money to be eligible for the program. In the Medically Needy Program, a resident of a nursing home is eligible as long as the person's income is below the recognized nursing home rate, while the same person, if living at home and having an income in excess of \$302, would have to be responsible for paying medical expenses prior to establishing eligibility.

One result of these two policies is that a person's medical condition may deteriorate while that person is living at home due to the fact that the person is paying high living expenses (heating, shelter costs, food, etc.) and unable to secure necessary medical payments from Medicaid.

The overall result is that current policies encourage costly institutional care. As an example, nursing home expenditures for FY 1980 under the Medicaid Program totaled \$59,940,655, as opposed to only \$1,085,073 for home health services under Medicaid. These figures dramatically demonstrate the emphasis on nursing home care in Maine.

Possible Incentives to Encourage Care Provided to Elderly in Their Homes

A. Case Management

In a nursing home, all services are provided and funded under Medicaid (heat, social and health services, housekeeping, etc.). Services provided to elderly in their homes are not readily accessible and are often provided in the community by separate agencies with different and conflicting eligibility standards.

If a case management system were developed, that same person would be determined eligible for all of the services he or she needs at one time. Then all the services that he or she needs would be arranged for and coordinated - similar to the packaging of services a nursing home provides but keeping the individual in their own home.

Although case management is a confusing term, it simply means "a flexible, state administered, locally based process which serves, for individuals who need long term care services, as a point of entry into the system of these services. Ultimately the individual determines their own case plan. A case management system only helps by assuring funding for needed services."

B. Tax Credits

A family needs help to meet the health and social needs of frail elderly who may be living with them at home. However, the elder at home may not be eligible for Medicaid and not be eligible for home health services under Medicare. The family must therefore pick up the tab, which results in annual expenses averaging several thousand dollars.

A bill proposed in the U.S. Senate by Senators Packwood and Cohen contains a provision for a "credit against the income tax . . . of \$100 for the taxable year." To be eligible for the federal income tax credit, the taxpayer would have to be entitled to a deduction for a dependent of 65 years of age or older. Such a bill seeks to provide a financial incentive for families to care for elders in the family home.

Tax credits can take many forms but are usually percentages or specified amounts of money that the taxpayer can apply against their total bill because the taxpayer household meets certain eligibility criteria. For instance, the child care credit amounts to a credit

of twenty percent of the amount the taxpayer made in payments for day care services during the tax year. Tax credits may be limited by a maximum allowable credit.

Allowing credits to households based solely on the fact that an elderly person is a member of the household has problems. Such a credit would not be based on expenses for home-based care but on merely having an older member residing in the home. The intent of any tax proposal must be carefully matched with the proposed plan.

The basic criteria that should be met for any tax credit to be used as a family incentive should include a percentage of expenditures made by the family or elderly themselves for home based care including home health, homemaker, personal care, and other supportive social services. Such a credit would be similar to the child care credit. This type of percentage credit would assure that the family was receiving assistance on the actual amount of money spent on services that assist the elderly person to remain at home.

C. Respite Care

Respite care services are services which provide relief to people who care for other individuals requiring a great deal of care and/or supervision. Respite care services can take the form of crisis services provided on an emergency basis, relief services, or periodic care provided to enable the caretaker and people being taken care of to have a rest.

The Governor's Long Term Care Task Force Report has addressed the issue of respite care. The rationale for their recommendations on respite care is as follows:

Respite care include the recognition that the family caring for such a person is assuming an arduous task, that other family members' welfare may be jeopardized and family disruption may ensue without such relief, and that the cost to society of the client's care is minimal if the public involvement can remain supportive to the family rather than primary.

The availability of respite care is not consistent throughout the state for all portions of the long term care population. The Bureau of Mental Retardation is mandated to provide respite care in all areas of the state. Other client groups are not so well covered.

If our society believes in strengthening the family unit and emphasizing the right of every individual to remain in the least restrictive environment and to retain dignity and independence as long as possible, then we must give serious consideration to providing relief to the caretaker. The relief may take the form of another person as needed, financial assistance, or both. We cannot ignore the impact that such relief may have on the current shortage of beds in our health care institutions nor can we ignore the financial impact on the Medicaid program if families are encouraged and supported in their efforts to keep loved ones at home.

Questions

1. Should the deeming requirements of the SSI program be changed?
If so, how?
2. Should the State of Maine increase the state supplement to SSI?
3. Since Medically Needy eligibility is based on the AFDC benefit level in Maine, should the AFDC benefit level be increased?
4. Should the Medicaid and SSI eligibility standards be changed to encourage care provided in a person's home as opposed to nursing home care?
5. Should Maine's emphasis on nursing home care in the Medicaid program change? If so, how?
6. Should incentives for families caring for elderly in their homes be developed? If so, what form should they take? Tax credits? Respite care?

LONG TERM CARE TASK FORCE WORKSHOP
October 7, 1980

Moderator: Alice Bourque, Maine Committee on Aging
Staff: Marge Blood, Maine Committee on Aging Staff
Recorder: Freida Wright, Bangor Community College

Delegates:

Laurel Atkinson	Vena Merrill
Anthony Wedge, Jr.	Norwood Deering
Helen Berube	Lon Walters
Charlie Wright	Woodrow Page
Marilla Martin	Leon Malcolm
Eleanor Lupo	Rep. David Brenerman
Ed Bonenfant	Archie Gaul
David Hicks	Bernice Jenuskevica
George Jacobs	E. Stuart Fergusson
Jim Clark	John Brown
Louis Finlley	Payson Hunter
Diana Scully	Frank Olms
Maple Percival	
Rhoda Olmstead	
Ida Edwards	
Joseph Moores	
Ruth Eaton	
Lisa Wallace	
Elizabeth Weaver	
Dorothy Brow	
Willard Callender	
Gary Locke	
Joan Settin	
Micky Friedman	

Abstract of

Governor's Long Term Care Task Force for Adults

"Long Term Care Dilemma: Perceptions and Recommendations"

Governor Brennan convened the Task Force on Long Term Care for Adults on October 10, 1979. In an Executive Order, the Governor cited five facts as reasons for creating the Task Force:

- Over 10,000 elderly individuals and hundreds of younger disabled adults reside in Maine's nursing and boarding homes.
- Elderly individuals represent the most rapidly growing segment of Maine's population.
- Payments made to nursing homes under the State's Medicaid Program almost tripled between 1974 and 1978.
- Many individuals who reside in nursing and boarding homes could reside elsewhere, if alternative services were available.
- There are diverse and diverging planning efforts in Maine relating to long term care for adults.

The Governor charged the Task Force with several responsibilities:

- To examine various plans designed to meet the long term care needs of disabled adults, regardless of age;
- To determine which aspects of the plans do the most to enable these adults to make as many decisions as possible about their own lives and to reside in the least restrictive, yet safe, settings available;
- To review statutes, regulations, policies and financing which direct and affect long term care services;
- To emphasize ways to improve the coordination of the administration of these services by state agencies;
- To develop recommendations for more fully meeting the long term care needs of Maine's disabled adults, regardless of age; and
- To hold public hearings during the development of these recommendations.

The Governor appointed 32 Maine citizens to serve on the Task Force. One-third of the members, including the Chairman, were "public" members (that is, they did not provide or work in a field related to long term care services); one-third of the members were private sector providers of or other professionals involved in field related to long term care services; and one-third of the members were state employees responsible for various aspects of long term care services.

The Task Force organized itself into three subcommittees: Services and Alternatives, Policy, and Finance. In addition to appointed members, many other Maine citizens served as non-voting members of the subcommittees. The subcommittees met from November through May.

During the summer, two ad hoc committees, appointed by the Chairman and comprised primarily of individuals not appointed to the Task Force, met to develop recommendations relating to residents rights and long term care services for physically disabled individuals. In early August, the Task Force adopted the recommendations proposed by both ad hoc committees.

The Task Force Force believes that, somehow, the Governor and the Maine State Legislature will find the dollars and other resources required to assist its citizens who have long term care needs. They will do this, because they must, in order to carry out the minimum dictates of a humane society.

It is the conclusion of the Task Force and the effect of economic factors (some already here and others on the horizon), coupled with resulting political factors, will make money harder and harder to come by in the foreseeable future. Nevertheless, the Task Force is confident the Governor and the Legislature will meet their obligations and will determine that funding for long term care services must be a priority.

The Long Term Care workshop analyzed the Task Force report, as well as developed priorities from the report.

CHAPTER III

STATEMENTS OF SPEAKERS

WORKSHOP SESSION

GENERAL SESSION

WORKSHOP SESSION
October 7, 1980

WELCOMING REMARKS

John B. Truslow, M.D., Chairman
Maine Committee on Aging

Welcome to the Blaine House Conference - the real, the original, the warm Blaine House Conference of 1980. May its deliberations be as spirited, its resolutions as timely, its appeal to the people, the Governor and the legislature of Maine as persuasive and its influence upon the welfare of the elderly of Maine as positive as those of its seven Blaine House Conference predecessors.

If there be an inclusive theme of this session, it might well be the responsibilities of society to foster and protect the ultimate satisfaction and perhaps the personal right of self-reliance in old age.

In the rapidly growing population of those 65 and over and in the still more rapidly growing segment of those 75 and over in this state and in the nation, there are increasing numbers enjoying this status, but there are even more rapidly increasing numbers for whom such self-reliance remains beyond realization. It is upon these generally poor, frail or potentially frail and dependent elderly that our conference will concentrate, with emphasis not only upon the challenges of relating to community, prevention of disabilities, disease and despair, and postponement perhaps indefinitely of the necessity for institutionalization, but also upon the lessening cost to society of a substantially more self-reliant elderly population.

These are times requiring restraint and prudent cut-backs in the expenditures of public funds. There is perhaps no age segment of our modern society more supportive of this observation and the philosophy it represents than those of us over 65. The overwhelming majority of us, I believe, agree that public programs for the elderly be as subject to full scrutiny as to both the need and the achievement of needs in their operations as might be prescribed for any public health or welfare program.

Governor Brennan has courageously kept his promise and shown his steel in the philosophy and in the bottom line of his preliminary budget proposal. It will stimulate even further and deeper review and evaluation of programs for the elderly. But when viewed in the perspective of an administrative freeze on expansion of boarding home and nursing home beds, it seems to have the impact of decreasing, rather than increasing, programs

alternative to institutional care, of closing the door on implementation of major recommendations of the Governor's Task Force on Long Term Care, and of reflecting little urgency to the support of home services most likely to enhance and sustain self-reliance. Aging and old age are difficult concepts to grasp. These issues are likely to be discussed in several of the workshops today.

If subject matter and conference membership are any indications of the probability of liveliness of discussion, you have an exciting day before you. I offer you one word of warning and encouragement, particularly you who are my peers and my elders. Be not intimidated by the young and healthy among us who revel in the use of initials and new meanings for old and familiar words. Stop the dialogue - as they put it now - and insist upon an explanation.

WORKSHOP SESSION
October 8, 1980

ADDRESS

Michael R. Petit, Commissioner
Department of Human Services

Good afternoon. I appreciate this opportunity to join you at the Blaine House Conference on Aging. I know that the conference will help establish the priorities of Maine's elderly and will serve to direct the action of the Maine Committee on Aging in its legislative platform this year. Moreover, the Conference is an important event for the Department of Human Services since the priorities you set forth will aid us in our own decision-making.

The timing of this conference coincides with recent articles in the Maine press which outlined the proposed budget we have submitted for consideration by Governor Brennan. That budget makes it very clear that the people of Maine are confronted with some very difficult choices.

Continued inflation and high energy prices make it virtually impossible for government to buy the same services this year as last. These forces have eroded the buying power of Maine's citizens, who are among the poorest in the country, and it has contributed to a political and economic climate which has served to challenge support for many needed social programs.

Most of you know the Governor is developing a target budget and is asking his administration to dig deeper in order that we will be able to maintain the most important services required by our citizens, Like the elderly, we in government are learning how to live on a fixed income, but that lesson is a very hard one because the needs of our more vulnerable citizens are great.

The Part I general fund budget we have presented to the Governor does not include all of the programs we believe are needed. We have requested that a number of very necessary programs which we simply could not fit into our Part I budget be included in our \$60 million Part II general fund request. It will be up to the Governor and the Legislature - and ultimately the people of Maine - to determine how much of our needs the State can afford to meet. I should emphasize that we are not recommending any major services be eliminated; we are recommending that they continue to be fully funded. In fact, we are recommending increased funding in a number of services to the elderly, including a substantial increase in our adult protective services program. However, our ability to meet these goals

largely dependent on how state revenues hold up in the months ahead. We simply cannot spend money that we don't have. (Just as a point of information, car sales in Maine are down about 30%. I've been told that every car sold represents approximately \$500 in sales tax. So you can see the importance of the national economy on Maine's fortunes.)

I also feel compelled to point out that more than two-thirds of the Department's \$300 million plus budget is federally funded. Maine will never be in a position to replace dollar-for-dollar the resources that Washington pulls away from our budget. That is a real problem facing Maine and one that I hope will not worsen.

But in responding to the reality of our diminished personal and public treasuries, I hope that we will not react negatively. We must accept these new challenges and act more responsibly and creatively than ever before. We must also do more for ourselves in our own neighborhoods and towns so that government programs can truly serve only those in greatest need. This means we must turn to greater use of volunteers whenever that is possible, and we must pay more than customary lip service to preventive approaches.

I wish to assure you at this point that the Department of Human Services exists to serve all of Maine's most needy people. I read in Saturday's Kennebec Journal that one of the more distinguished and effective elderly advocates has labeled me the Commissioner of Children. I take that as a compliment, though I'm sure that was not her intent. (Incidentally, you should be aware that, while we have a Bureau of Maine's Elderly, there is no comparable Bureau of Maine's Children.)

But, yes, the needs of children are of critical importance to this administration; and, yes, there is no more important group to help than abused children. But, no, that help must not and will not come at the expense of those who are equally in need, including the elderly.

Instead, I will assure you that Governor Brennan and his administration are committed to addressing the most important needs of all Maine people, and that certainly includes the elderly as well as children and the handicapped. A careful review of both the Department's present and proposed budgets shows we have tried to balance the legitimate needs of these groups. If any reductions in services are necessary - and that is far from being an accomplished fact since Governor Brennan will not be reaching any final decisions on our recommendations until December - those reductions will be made in as fair and even-handed a manner as possible.

And, although we face serious budget challenges, we are not going to throw up our hands and walk away from the problems and opportunities that confront us. Look at the Bureau of Maine's Elderly and its staff - I think you will agree that it is one of the more effective and innovative agencies in state government, despite its small size.

And I am certain that under Trish Riley's outstanding leadership the very capable staff of the Bureau will continue to serve as a primary focal point of the State of Maine's efforts in addressing the needs of its elderly.

As one example of their activities, the Bureau of Maine's Elderly has worked with one of the area agencies on aging for almost two years and has succeeded in winning a national Long Term Care Channeling Demonstration Project. That project will enable the Brennan Administration to meet one of its major goals - enabling the elderly to remain at home - by bringing nearly \$2 million to Maine to improve health and social services in Cumberland and York Counties; it will provide real options to boarding and nursing homes, and it is our intent to expand this project statewide if it is successful.

As part of the project we will also seek waivers of often outdated Medicaid and Medicare regulations, which will allow the State to provide more appropriate services and, further, will enable families to care for older relatives at home. The Channeling project, in conjunction with the implementation of the recently published Governor's Task Force on Long Term Care report, will allow us to change the existing system, and allow us to direct more of our resources for in-home care. (I noted that you have scheduled a workshop on the report of the Governor's Long Term Care Task Force. I believe that the Task Force has met Governor Brennan's goal of producing a major statement on the needs of all adults in need of long term care. I predict it will serve as a landmark document that will help bring about badly needed reform in the way we provide services to the elderly. I certainly recommend it for your study and support.)

The Bureau of Maine's Elderly is also hard at work developing congregate housing - another priority of Governor Brennan. Through congregate housing we can provide frail older people with quality housing and quality services at a cost to the State that is substantially less than the cost of nursing or boarding homes. I understand that at today's conference you are expanding on the congregate housing concept to include shared housing and group homes for the old, a concept in which the Department is very interested.

I would also be interested in your thoughts on how we might expand employment opportunities - this administration's highest single priority - for those elderly who choose to work.

We face a serious challenge in these difficult economic times. We must work together to guarantee that the real needs of all people - old and young - are met. We cannot afford to pit one group against the other. I am convinced that together we can find ways to meet the real needs of people, but it will take the best effort and the hard work of all our families, communities, and government.

I wish you well in your deliberations of the next few days.

I look forward to your recommendations on how to best address the challenges before us.

Thank you.



1980

**BLAINE HOUSE
CONFERENCE ON AGING**

A forum of Maine's elderly
concerning policy and program developments
in aging before the
110th Session of the Maine Legislature

Sponsors

The Maine Committee on Aging
and
The Bureau of Maine's Elderly
Department of Human Services

**OCTOBER 8, 1980
THE CIVIC CENTER
AUGUSTA, MAINE**

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Mrs. Margaret Russell.....	Augusta
Mr. Floyd Scammon.....	Orono

Special thanks to the many who contributed their time and expertise to the Blaine House Conference on Aging and made possible this two-day conference. The resource personnel who contributed discussion papers merit particular thanks. Their names are listed on the back of the program.

Special thanks to the resource personnel:

William Johnson, WGAN-TV
Mrs. Marion Bridges, Brooklin, Maine
Donald Sharland, Southern Maine Senior Citizens
Peter Walsh, Department of Human Services
Kay Rand, Maine Municipal Association
George Odencrantz, Department of Human Services
Robert Burgess, Assistant Attorney General
George Campbell, Commissioner, Department of Transportation
Robert Armstrong, Western Older Citizens Council
Rev. Arthur Durbin, Waterville, Maine
William Inlow, Central Senior Citizens Association
Ann Pringle, Maine Savings Bank
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Patricia Fritts, Union Mutual Life Insurance
Ann Gosline, Maine State Employees Association
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Ronald Stoodley, Department of Human Services

GENERAL SESSION
October 7, 1980

INTRODUCTION OF GOVERNOR JOSEPH BRENNAN

by John B. Truslow, M.D., Chairman
Maine Committee on Aging

On behalf of the Maine Committee on Aging and the 1980 Blaine House Conference on Aging, it gives me great pleasure to introduce this morning's speaker, Governor Joseph Brennan. We know the Governor's schedule is very busy and appreciate his taking the time to join us today.

In his years as Governor of Maine, Governor Brennan has shown his commitment to the needs of the elderly. Specifically, his leadership was shown in his calling of a special session on energy last year, which created the Maine State Energy Program. Maine led the nation in assuring that Maine's low income and elderly would receive energy assistance whether the federal government acted or not. Luckily, Congress did appropriate energy funds. But Maine was prepared through Governor Brennan's foresight and leadership.

Governor Brennan's commitment to the needs of the elderly in relation to long term care is highlighted by his convening of the Governor's Long Term Care Task Force for Adults. The Task Force was the first in the nation to deal comprehensively with all of the long term care needs of adults, from home care to nursing home care. That Task Force's hours of work have been rewarded through an excellent report and a commitment from the Governor to implement many of the recommendations. The Maine Committee on Aging will work hard to assist in that implementation.

The Governor also has shown a strong commitment to the needs of the elderly who want to remain independent through his sponsorship of the congregate housing legislation.

Ladies and gentlemen, I am pleased to introduce the Honorable Joseph E. Brennan, Governor of the State of Maine.

GENERAL SESSION
October 8, 1980

ADDRESS

The Honorable Joseph E. Brennan
Governor

I am happy to join you at the beginning of the second day of this important conference.

I would like to take a moment at the outset to comment on our budget process.

We are now in the process of preparing our budget for the next two years.

Many extremely difficult decisions will be made.

But no final decisions have been made yet.

And none will be made for months.

For this reason, I was dismayed to read comments in this morning's newspapers attributed to advocates for the elderly.

The charge was made that the Department of Human Services is taking money from the elderly to finance child care.

That comment prejudices our budget process. It is unjust. It is unseemly. It pits the young against the old. I find these comments very disturbing.

I think we should tone down the rhetoric, and let the budget process and the legislative process run their course.

I don't believe that Maine's elderly are very well served by such comments.

Commissioner Petit has done an outstanding job in working on behalf of the needs and problems of all of Maine's neediest people.

And I think you should know that Maine's senior citizens have no more effective advocate than the Commissioner of Human Services.

I will be looking forward to receiving the results of the votes you take today on a host of issues that affect the large percentage of our population who are senior citizens.

As Governor, I am well aware that there exist many complicated problems and needs that must be addressed.

Issues such as housing, job discrimination, support services and long-term care all demand the public's attention and a compassionate approach on the part of government.

But other high priority problems affecting the state carry with them special implications for the elderly.

These include the many facets of the energy crisis, the national economic problems and the funding crunch that affects both the state and the federal government.

My Administration has established two broad guidelines that govern our approach to the problems affecting the elderly.

First, we believe strongly in the principle that, wherever and whenever possible, programs and services should be provided at home or in the community.

When I created the Task Force on Long-Term Care, which issued its final report last week, it was with the understanding that the emphasis should be on community-based services.

There is no question that nursing homes are important health care facilities for the very ill older citizen.

We support community-based services such as congregate housing, meals on wheels and others because they support the senior citizen's right to live in his or her own home in dignity.

We recognize that our society is permeated with an attitude that glorifies the young and ignores the old -- "The Pepsi generation."

You can't turn on a television or open a magazine without encountering the evidence of this so-called youth culture.

It ignores the elderly.

It pretends the senior citizen is invisible.

And when the older person is seen at all, it is often with condescension.

This youth culture of ours often acts as if the older American has nothing left to contribute to society, as if the senior citizens isn't even a consumer.

We emphatically reject this cultural aberration of ours.

It is short-sighted and sadly wrong to ignore all that this generation of older Americans has seen, has learned and has felt.

It ignores a lifetime of experiences and the wisdom gained from them.

No generation of senior citizens in America's history ever earned our respect and gratitude more.

It was our nation's backbone during the most difficult century in our history -- if not the most turbulent century in all history.

Two world wars, a depression and almost constant political and social upheaval were the realities during the entire history of the lives of today's older Americans.

We must not forget the strength, the courage, patience, perserverance and endurance displayed at every time of crisis by today's senior citizens.

But there is also no question that too many people are housed unnecessarily in nursing homes.

Nationally, about 5 percent of the elderly live in nursing homes.

In Maine, that figure is 7 percent.

Last year, the state spent about \$53 million of our Medicaid budget for nursing home care.

By comparison, we spent only about \$700,000 for in-home care.

Commissioner Michael Petit is leading the Department of Human Services' efforts to change that imbalance.

We know that many residents of nursing homes could be better served in their own homes.

Another option we support is congregate housing.

Following this conference last year, my office developed a bill to allow the Bureau of Maine's Elderly to create two congregate housing projects in our state.

It was sponsored by Senators Conley, Najarian, Usher and Gill.

We support congregate housing because it will allow the frail elderly to stay out of nursing homes by providing independent apartments where older people can receive health and social services as well as a noontime meal.

We support this program because of the second broad guideline of my Administration.

That principle demands that state government look at the elderly as individuals and not as a collective problem.

Therefore, we will face problems, adopt solutions and propose changes to recognize the dignity and the value of the individual.

We will continue to support those programs that enhance individual dignity, that treat the elderly as a great national resource and not simply as "a problem."

For there is great truth in the words of the essayist Logan Pearsall Smith:

"Youth is the time for the adventures of the body, but age for the triumphs of the mind."

KEYNOTE ADDRESS

Betty King, Director
Arkansas Office of Aging

There are many similarities between the states of Maine and Arkansas in terms of their elderly population - both have high percentages of elderly population; both have a high incidence of poverty among their elderly, about 40% of the elderly in both states have incomes of less than \$3,000 annually; both populations suffer the effects of living in isolated rural areas. In fact the only difference that I could find between the two groups is that the problems of Maine's elderly are exacerbated in the cold harsh winters while Arkansans have their most serious problems in the long hot summers. The casual factor is however the same in both states - insufficient and inadequate housing.

During the recent heatwave, the Arkansas Office on Aging was called upon to save the elderly citizens of the state by housing them in air conditioned senior centers. This was an enormous task for which the agency network was ill-prepared. After all, the senior centers are normally open for just a few hours of service each day. To switch to a round-the-clock 7 day a week operation was quite a challenge. While we did meet the challenge, I could not help wonder why weren't other units of government which have enormous operating budgets asked to solve this crisis. I reasoned that a majority of the deaths occurred among the elderly who were sick, so why not the hospitals or the Health Department? The former wouldn't admit the clients with heat related illnesses, we were told, because they were not "sick enough". The latter did not have adequate facilities for housing such large numbers

of people. I don't want to leave the impression that we minded taking care of senior citizens; I wanted to give you an idea of the wide range of functions that we are now being ask to perform. I contend that if we are to successfully administer these changes, it is crucial that we occupy positions within the bureaucracy that give us the status autonomy and authority to deal effectively with these issues. If we believe the statistics, we know that by the year 2020 the percent of the aged who are over 75 is expected to increase from 38 to 45 percent and that the elderly population will increase faster than the population as a whole. The number and variety of services to the elderly will also increase. I am afraid that if we do not make significant changes and improvements in our delivery of services to elder persons the year 2020 will meet us usefully unprepared for this increased demand.

Certainly, there are a variety of services available to older persons, but they are so fragmented between a host of public and private agencies that it becomes a challenge to the older person to figure out how to get what from where. At the federal level, HCFA, AoA, VA, HUD, USDA all have a piece of the action. These agencies in turn channel funds to a variety of state and community programs all of which have different eligibility and service requirements.

The bulk of long term care services is provided by Medicaid and Medicare, but both programs are based on the medical model and have incentives toward institutional care. In Arkansas for example an older person cannot qualify for the medicaid funded services of our In-Home Services program if their income exceed \$208 per month. However that same person can make up to \$725 per

month and still receive all the medicaid benefits in a nursing home. Given the choice, older persons are forced, because of these financial incentives to go to a nursing home.

The medicare program is equally problematic. In order to receive care in the home, the person must first be hospitalized. Worse, in the state of Arkansas 20% of the 65+ year old do not qualify for medicare benefits because they were engaged in agricultural employment and did not make contributions to the social security system. These are presently the people that are now too poor to pay the premium that would allow them to receive these benefits.

It was against this background that the Arkansas Office on Aging decided a few years ago to develop a program called Service Management, the primary objective of which was to prevent premature institutionalization.

SERVICE MANAGEMENT PROJECT

HISTORY

In the beginning of 1978, the Southwest Arkansas Area Agency on Aging received a small grant of monies in conjunction with the State of Arkansas Division of Social Services, to fund a Nursing Home Diversion Program. The primary purpose of that program was to take referrals from four (4) designated County Social Services Offices on elderly clients who needed some type of home care in order to remain in their home instead of going to a long-term care facility. The program met with such unqualified success that the Arkansas State Office on Aging decided to simultaneously pursue federal funding through an AoA model grant and general revenue funds from the State of Arkansas, to implement the one project statewide.

The project, known in its embryonic stages as Service Management received model project funds from the Administration on Aging for program development and evaluation, and a generous sum from the state legislature for the actual service delivery. The Office on Aging already had a homemaker/home health program established in the Area Agencies on Aging funded by Title V and CETA II-D. These resources, along with portions of Title III B&C and Title XX were pooled with the new project monies to create a unified but varied and complex source of funding for Service Management. The Office on Aging also decided to apply for Medicaid funds to provide personal care services, using part of its state allocation for the required 27.92% medicaid match.

The Division of Social Services which administers the state's medicaid program, and which was concerned about its rapidly increasing medicaid budget for nursing home care certified all eight (8) AAA's as medicaid providers. This partnership and mutual interest resulted in the most innovative future of the program, i.e. that County Social Services Offices would refer all medicaid clients who had made applications for nursing home admission to the AAA's for assessment and referral. Although the nursing home industry has circumvented this arrangement, Social Services was and still is, the largest single source of referrals to the program.

CONTENT

The term Service Management is used to describe a wide range of services that will prevent or delay institutionalization. When clients are referred, they are assessed by a team of nurses, social

workers and in some cases physicians. Initially, the Older Americans Research Survey (OARS) was used exclusively, but a shorter, less complicated tool has been developed by the Office on Aging. The OARS is now used only on a sample of clients for purposes of comparative research. Depending on the results of the assessment, clients are linked up with existing community services and/or referred to the services developed by the AAA's as part of the Service Management Project, such as personal care, shopping assistance, chore services, transportation, and home delivered meals. It should be noted that the lack of able and willing providers necessitated the involvement of the AAA's in the direct provision of services. To maintain flexibility, only the nurses who do the assessments, training and supervision are full time employees. All others are hired on a contractual basis.

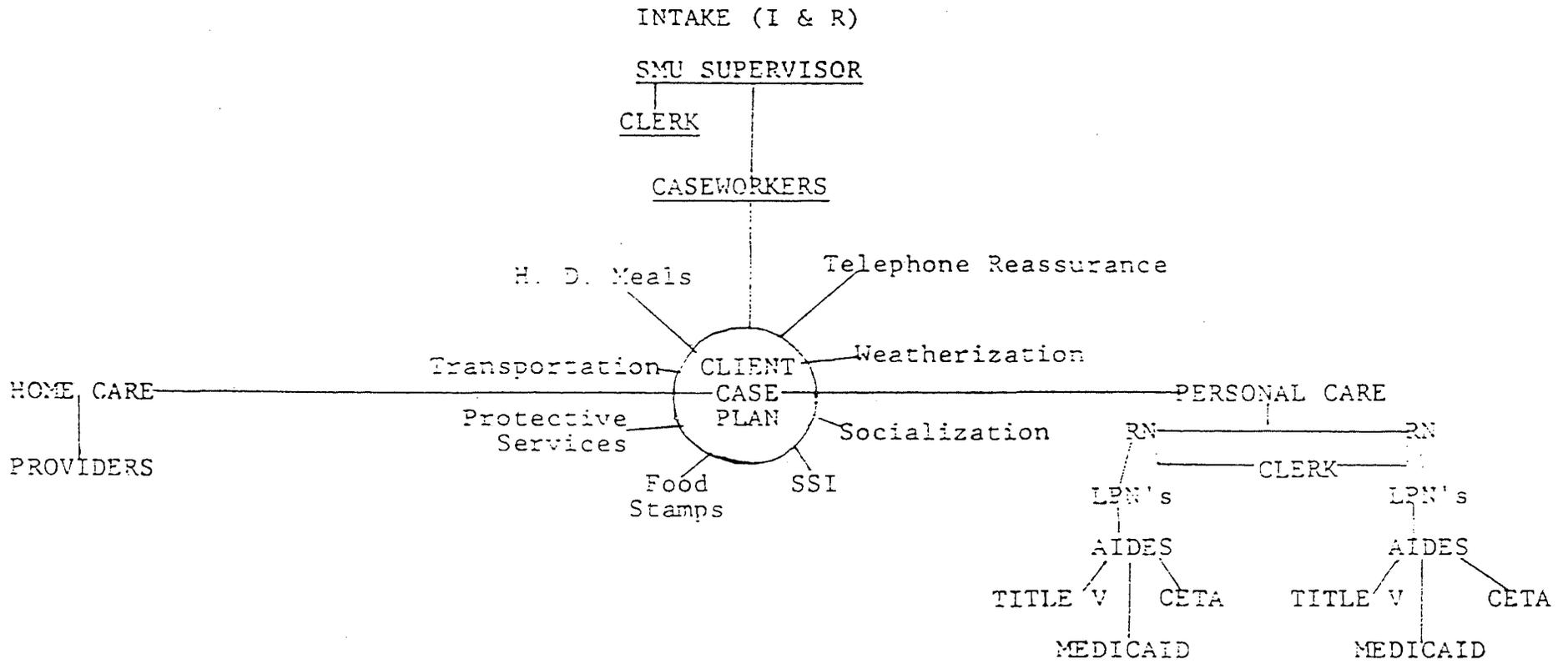
GOALS

- A. To provide a single entry and single assessment mechanism that will coordinate the delivery of in-home services.
- B. To develop an integrated delivery system at the Area Agency level.
- C. To safeguard and to improve family life and unity for individuals who have physical, mental, or emotional health impairments which could render them unable to care for themselves in their own home.
- D. To assist individuals in remaining in their own home by establishing a coordinated and cost effective method of providing in-home care on a statewide basis.
- E. To reduce the period of hospitalization by providing in-home services to eligible clients at no cost to the client thus reserving the institutional facilities for those whose medical condition requires care that cannot be provided in the home.
- F. To significantly reduce the number of nursing home admissions by providing a viable alternative to institutionalization, based on a needs assessment of each client.

EVALUATION

Now that the program has been operational for two (2) years, the Office on Aging is conducting an overall evaluation. Costs per unit of service and cost per client is being determined by the methods utilized in the Cleveland Study. Roughly three hundred (300) variables are being analyzed to give us insights into such things as informal support systems; levels of impairment as predictors of need for institutionalization, etc. A preliminary survey report of the first fifteen months (15) of operation is attached. Because of start up

problems in the Medicaid program, the total impact of the Title XIX dollar is not captured. The University of Arkansas has also conducted a survey in one region (1) of the state. Although the results cannot be generalized to the rest of the state, they show that fifty-three percent (53%) of the clients said they would have gone to a nursing home had they not received the services.



CHAPTER III

SELECTED PRESS REVIEWS

Brennan fights charges money denied elderly

BY NANCY GRAPE
Political Writer

AUGUSTA — A tight-jawed Gov. Joseph E. Brennan, his words clipped, his voice hard, fought back today against rising charges that his administration is taking money from the old to finance services for the young.

Addressing the Blaine House Conference on Aging, Brennan called "unjust," "unseemly," and "very disturbing," charges that the Department of Human Services "is taking money from the elderly to finance child care" in budget preparations now underway.

"That comment pre-judges our budget process," Brennan told the elderly delegates, "it is unjust. It is unseemly. It pits the young against the old."

"I would think the last place our elderly citizens would want to be postured is fighting with needy children for government funds," Brennan declared.

Praising appointee Michael Pettit, Brennan said, "I think you should know that Maine's senior citizens have no more effective advocate than the Commissioner of Human Services."

Pettit has come in for pungent public criticism from senior citizens advocate Hazel Rush and others concerned at potential budget shifts which they believe could put such senior citizens' programs as Medicaid services, catastrophic illness help, eye care, therapy and low-cost drugs in jeopardy next year.

Mrs. Rush has called Pettit a "commissioner of children" saying, "He's certainly not a commissioner of the elderly and children."

In a published report here this morning, Mrs. Rush said flatly, "I think Commissioner Pettit is taking from the elderly and giving to child care."

The elderly, she declared, "will do something about this injustice."

At the heart of the matter is the potential shifting of some programs from part one to part two of the governor's budget. Brennan has directed that part one funding be held at current levels.

"We simply can not spend money that we do not have," Pettit has declared, saying the additional money for services to the elderly will depend upon money available to the state.

Today, Brennan reassured the elderly that "no final decisions have been made yet" on the coming budget, underscoring, "and none will be made for months."

In a brief Journal interview, he reiterated his objection to the charge that elderly programs are taking second place to programs for needy children.

"I felt that is not fair to the elderly," Brennan said, "and it's just not so."

To the conference delegates themselves, Brennan suggested, "I think it is time that we tone down the rhetoric and let the budget process and the legislative process run their course."

For the hundreds of conference delegates who arrived at the Augusta Civic Center wearing colorful pant suits and driving cars with such perky license plates as "Mr. Zip," Brennan's appearance set a somber tone for the conference's final day.

They listened quietly as Brennan told them he is "well aware that there exists many complicated problems and needs that must be addressed."

Among these, he said, are problems of particular concern of the elderly such as housing, job discrimination, support services and long-term care.

"But other high priority problems affecting the state carry with them special implications for the elderly," he declared.

Included here, Brennan said, are "the many facets of the energy crisis, the national economic problems and the funding crunch that affects both the state and the federal government."

Among his major concerns, Brennan made clear, is his conviction that "too many people are housed unnecessarily" in Maine's nursing homes.

Seven percent of Maine's elderly, he said, now live in nursing homes, a number higher than the national level of five percent.

"Last year, the state spent about \$53 million of our Medicaid budget for nursing home care," Brennan declared, contrasting this figure with "only about \$700,000" spent for in-home care.

The governor drew applause when he said Commissioner Pettit is "leading" the effort "to change that imbalance."

"We know that many residents of nursing homes could be better served in their own homes," Brennan said. The governor also voiced his support for congregate housing such as is planned in Lewiston.

Congregate housing, he said, "will allow the frail elderly to stay out of nursing homes" in independent apartments with health, social and food services.

Brennan said he and his administration "emphatically reject" the "Pepsi generation" concept that ignores the elderly.

But he by-passed an opportunity to use the session to urge re-election of President Jimmy Carter next month.

Praising federally-funded housing for the elderly, a growing phenomenon in Maine, Brennan credited the achievement in general fashion to "the federal government" not to the Democrat in the White House.

Asked about this later, Brennan made it clear that the controversy over alleged funding for the young at the expense of the old had been "issue" on his mind this morning. "I wasn't making a political speech," he told The Journal.

"I was a little disturbed about some of the rhetoric that I read in this morning's paper," Brennan said, suggesting "it's not right" to "posture the elderly as trying to fight with children for funds."

For the record, he said he is supporting Carter for re-election. "I think Reagan's probably not a bad man," the governor observed, "I'm sure he's a nice person but I'm not sure we want to go through an on-the-job training program, a country that has the problems this country has, internally and internationally."

Lewiston Journal
October 8, 1980

Elimination of key services feared

By BETTY POTTER
KJ staff writer

Elderly delegates from all parts of the state huddled Tuesday in workshop sessions at the opening day of the Blaine House Conference on Aging at the Augusta Civic Center.

Effects of inflation and proposed Department of Human Services budget cuts seemed uppermost on their minds. Many said they fear the budget cuts will eliminate such services as low income drugs, homemaker and home health care services, meals and transportation.

Resolutions were discussed and finalized at individual workshops. The resolutions will be discussed and acted upon by the entire conference today.

At a session on housing, delegates discussed home equity conversion, property tax relief and shared housing as ways to keep people in their homes.

Many participants voiced concerns about home equity conversion. One person said it seems frightening because it could

involve putting a mortgage on a person's home.

Another said he felt that if a person agreed to turn their home over to a bank in return for the privilege of being allowed to stay there the rest of his life, it might be worth it. The idea would be for the bank to maintain the building and pay for taxes and fuel, he said.

Some people felt banks wouldn't be interested, however.

Also discussed were shared housing, which many felt could cut expenses, and property tax and rent relief, which were seen as musts for people on fixed incomes.

At a session on keeping people in their own homes, Stephen Farnham, Presque Isle, director of the Agency on Aging in Aroostook County, did not offer much hope for the congregate housing concept.

"The reality is you're not going to see anything keep people in their own homes. The pilot project in Cumberland County is fine, but it's only a first step," Farnham said.

Congregate housing provides buildings as well as services.

"If you're talking about providing services for the elderly, how do you do it? The Department (of Human Services) isn't providing any more money. The new budget does away with rehabilitative services, so you wind up putting people in warehouses to die," she said.

Thomas Merrill of Rockland, director of the Methodist Home, agreed. "In the state of Maine the emphasis has been on putting people in nursing homes. The state puts some people in nursing homes who don't need it. We spend millions on nursing home care and less than a million on home care. I think the state needs to change its priorities," he said.

Farnham, however, said home care versus nursing home care isn't the issue. "We have people backed up in hospitals and are waiting to get them into nursing homes because there aren't any beds."

A retired school teacher from Eliot suggested that healthy, retired people and young people volunteer to help the frail elderly. She suggested young people could be trained for such service.

Robert Johnson of Bangor, a member of

the Eastern Maine Task Force, said the state is wrong to allow people to transfer their assets to relatives, making them instantly eligible for state assistance.

Ward Murphy, Skowhegan, disagreed. She said she knew of a woman who had to go to a hospital because she fell and was injured. "She couldn't get into a nursing home until after they found out she had assets. If they wave their magic wand and say she can leave in two or three years, her house and furniture are gone, where in hell will she go?"

Murphy also called for more quality boarding homes. She said the state hasn't issued any new boarding home licenses for months. "We should relocate a lot of money," she said.

Transportation was another concern. A task force member from Aroostook County said "we have the buses, but no drivers and no money for gas."

Guest speaker today will be Gov. Joseph Brennan, who will speak at 10 a.m. The keynote address will be at 1 p.m. by Betty King, director of the Arkansas State Office of Aging.

Kennebec Journal
October 8, 1980

Petit says state, elderly in same boat

From Wire Services

AUGUSTA — State government, like the elderly, is learning to live on a fixed income, Human Services Commissioner Michael R. Petit told an elderly-services meeting Tuesday.

"Like the elderly, we in government are learning how to live on a fixed income, but that lesson is a very hard one because the needs of our most vulnerable citizens are great," he said.

The Human Service Department, facing a cutback in funds because of the state's new target budget process, must aim its programs for the elderly at those in "greatest need," Petit said.

The commissioner told about 300 delegates to the Blaine House Conference on Aging his department must meet the challenge of maintaining current services during "difficult economic times."

He warned the group that "Continued inflation and high energy prices make it virtually impossible for government to buy the same services this year as last."

Petit recently drafted a budget proposal to meet the governor's guidelines for justifying every expenditure. He recommended \$34.8 million in funding — about \$7.5 million short of the current program costs.

"We must accept this new challenge and act more responsibly and creatively than ever before," he said. "We must also do more in our neighborhoods so that government programs can truly serve only those in greatest need."

The conference was held to discuss and draft recommendations for pro-

grams affecting Maine's elderly. It was called by Gov. Joseph E. Brennan, who will address the group today.

The delegates included community leaders, elderly-group representatives, Maine lawmakers and administrators for elderly programs statewide.

The conference devoted much of its interest to the proposed Human Services budget for 1982-83.

Department officials estimate the impact of a \$7.4 million cut would force the elimination of services, including the Low Cost Elderly Drug Program, drug programs for Medicaid recipients, the Catastrophic Illness program, eye care services, and physical and occupational therapy.

Those cutbacks would involve an estimated 39,000 elderly Maine residents, the department reported.

"We are not recommending any major services be eliminated," Petit said.

"In fact, we are recommending increased funding in a number of services to the elderly, including a substantial increase in our adult protective services program," he said.

"If any reductions in services are necessary, those reductions will be made in as fair and even-handed a manner as possible," the commissioner said.

Portland Press Herald
October 8, 1980

Maine Elderly Remain Concerned With Possible Budget Cuts

By DAN SIMPSON
Guy Gannett Service

Age has not slowed Maine's elderly. They and the organizations representing them are as swift to react as anyone when they think government is biting into their programs' budgets.

A potent political force for the last several years, the elderly will be even more active in the next legislative session, according to several advocates attending the Blaine House Conference on Aging this week.

Despite arguments from Human Services Commissioner Michael R. Petit that budget problems have been spread evenly throughout all groups, and that none of the services for the elderly are marked for reduction, the elderly see the placement of several programs affecting them in the Part II budget as a threat.

Generally, Part II items are for new programs. Under the new target budget procedure, though, departments are now allowed to expand existing programs to include inflationary increases. That forces several programs that normally would be in the Part I budget to be shifted to Part II.

"There are some drastic cuts (in the budget)," said Hazel Rush, who served for nearly eight years as director of advocacy for the Central Maine Senior Citizens Association. "I think Commissioner Petit is taking from the elderly and giving to child care."

Mrs. Rush said she is certain the elderly will be more active politically in the legislature after this week's conference.

"We will do something about this injustice," she said. "We have worked too hard and too long."

The Maine Committee on Aging, which is funded by the Human Services

Department but functions as an advocate for the elderly, prepared a list for the conference detailing the possible budget cuts if Part II items are not funded. It includes the possible elimination of:

- Low cost elderly drug program; a \$1.2 million program affecting 17,000 elderly people.

- Free drugs for medicaid recipients, a \$4 million program affecting 18,000 to 20,000 elderly.

- Medicaid help to those whose medical expenses exceed income, a \$9.2 million program that affects 1,900 elderly and nearly 8,000 others.

- The catastrophic illness program, which costs \$17.5 million and affects 762 people, some elderly.

- Eye care services, a program costing \$1.25 million and affecting an unknown number of people.

- And several other programs, such as physical and occupational therapy and psychological and chiropractic services, that costs \$1.6 million and affects an unknown number of people.

Ginnie Norman, staff director for the Committee on Aging, said keeping those budget items funded will be the first priority of the committee.

Ms. Norman predicted the elderly will be much more active this legislative session "especially when you look at the budget . . . and the massive reductions in services that could result if a lot of money is not put in Part II."

She said things the elderly worked to get in the budget four years ago are now being placed in the Part II category, where they will be "competing with a million other things" for funding.

The focus of the Blaine House Conference is on ways to allow the elderly to remain in their homes and not have

to accept nursing home or boarding care.

The Human Services budget calls for continuing support for those services, but does not allow for new nursing home or board home beds.

Ms. Norman said she had no objections to that part of the budget, but she said there is nothing in the budget to increase the services that would help the elderly remain at home; she said that some of the possible cuts would make it more likely the elderly would need institutional care.

For example, she said, if the low cost drug program were eliminated, some elderly would stop buying drugs and that would increase the possibility they would need nursing home care.

Petit said most of the programs affecting the elderly that could not be included in the first part of the budget are included as priority items in the \$80 million Part II request.

Petit warned that current fiscal realities may force some reductions in the department services.

He said the elderly have proven to be effective lobbyists for their programs, and he does not expect this year to be different.

Ironically, some feel the fact the elderly have been successful in lobbying their programs may have something to do with the number of elderly programs placed in Part II of the budget.

Ms. Norman, for one, is trying to determine whether the items were placed in Part II based on need, or whether they were placed there because the department believes the elderly have the lobbying power to persuade the legislature to fund their services.

Brennan Advises: Tone Down Rhetoric

AUGUSTA, Maine (AP) — Gov. Joseph E. Brennan on Wednesday warned advocates for Maine's elderly to "tone down the rhetoric," calling it unjust to accuse his administration of taking money from the elderly to pay for child care.

"That comment prejudices our budget process," he said in his speech on the final day of the two-day Blaine House Conference on Aging. "It is unjust. It is unseemly. It pits the young against the old."

Brennan was reacting to comments made by Hazel Rush, former advocate for the Central Maine Senior Citizens Association, that were published in a newspaper Wednesday.

Mrs. Rush criticized the possible elimination of several programs for the elderly in the proposed state Human Services Department budget for the next two years. The programs, which include the elderly lowcost drug program and the catastrophic illness program, will face stiff competition for funding in the Legislature next year because of Brennan's no-increase budget mandate.

But Brennan reminded the conference delegates that no final budget decisions will be made for months yet.

"I think we should tone down the rhetoric and let the budget process and the legislative process run their course," the governor said. "I don't believe that Maine's elderly are very well served by such comments."

Brennan defended his human services chief, Michael Petit, for his efforts to shift the responsibility for providing services to the elderly from nursing homes to the community and the home.

About 7 percent of Maine's elderly live in nursing homes, compared to about 5 percent nationwide, Brennan said. Last year, the state spent \$53 million in Medicaid payments to nursing homes and only \$700,000 for in-home care, he added.

Waterville Sentinel
October 9, 1980



MAINE COMMITTEE ON AGING

State House — Station 11

Augusta, Maine 04333

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Guest editorial

Kennebec Journal
October 10, 1980

Don't give up

GOVERNOR
Joseph E. Brennan

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Mainers as a group may be happy that Gov. Joseph E. Brennan is forcing budget cuts rather than calling for higher taxes, but there's at least one large cluster of unhappy citizens.

They're the state's elderly, and they're scared.

They have learned during a two-day conference on aging at the Augusta Civic Center that services the state has provided them in the past may not be available next year.

The threat lies in the way the budget is being put together. It's a new, two-part system. Part One budget items are those that absolutely must be funded. Part Two of the budget covers new programs or expansion of current programs, or those that are not seen as absolutely essential.

Many of the state's services for the elderly fall under Part Two of the new budget.

And many of those services were designed to allow the elderly to remain at home rather than be forced to move into nursing or boarding

homes.

They are services the elderly have fought hard for through political action. Maine's elderly were made to realize they have political clout, and they used it effectively. The system worked for them.

Now, however, their accomplishments are in danger of evaporating.

But they shouldn't let a new budget design frustrate them.

It's good for all citizens to be politically active — our system demands it — but now it's more important than ever for the state's elderly to band together and protect their interests.

Representing such a large voting bloc, they have the power to make incumbents listen and make candidates take notes.

It's time to be scared, but it's also an ideal time to use some political power.

— Jon Carlisle
KJ Wire Editor