FINAL REPORT

OF THE COMMITTEE

STUDYING MAINE'S

BOARDING HOME PROGRAM

MARCH, 1982

COMMITTEE MEMBERS:

Senator Barbara A. Gill
Representative Sandra K. Prescott *
Representative Merle R. Nelson
Representative Alexander Richard
Representative Edward C. Kelleher
Representative Carl W. Smith
Isabella Tighe
Robert Foster
Norman W. Saunders, M.D.
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STAFF:

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* Resigned legislative seat January, 1982

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I. Introduction

During the first session of the 110th Legislature, several bills were heard by the Health and Institutional Services Committee which involved various aspects of boarding care, from rights of residents to the levels of state payment to boarding home operators. Two eventually passed. One was LD 1516 (PL 1981, c. 196), which facilitated placements in boarding homes by making provisions for the safety of ambulatory and mobile non-ambulatory persons and by requiring certification of all residents annually. The other was LD 1659 (PL 1981, c. 445), which established residents' councils in facilities of 7 or more beds, a reporting procedure for violation of residents' rights, and prohibited the discharge or transfer of a resident because of a change in the source of payments.

As a result of the testimony and discussion on the bills, the Committee felt that the boarding home program within the State was fragmented, lacking a clear responsibility and focus within the Department of Human Services (where it was divided among more than one bureau) and also needing better communication between DHS and the Department of Mental Health and Mental Retardation. Therefore, they agreed the Legislature needed to take a closer look at the program as a whole, with involvement by representatives from departments, operators of homes, the medical community, and those who would speak as advocates for residents, along with representatives from the 2 Committees which deal with boarding homes, either in programs or funding: Health and Institutional Services and Appropriations and Financial Affairs.

The Legislative Council authorized the study of the boarding home program, and provided $600 for the expenses.

The Boarding Home Committee comprised 15 people, of whom 5

were legislators; Senator Barbara A. Gill (R-Cumberland), Representative Sandra K. Prescott (D-Hampden), and then after her resignation, Representative Merle Nelson (D-Portland), Representative Alexander Richard (D-Madison) from the Health & Institutional Services Committee, and Representative Edward W. Kelleher (D-Bangor) and Representative Carl W. Smith (R-Mars Hill) from the Appropriations and Financial Affairs Committee; Isabella Tighe, Director, Boarding Home Program, Bureau of Medical Services, Department of Human Services; Robert Foster, Resource Development Manager, Bureau of Mental Retardation, Department of Mental Health and Mental Retardation; 3 boarding home operators, Lon Walters of Hallowell representing cost-reimbursed operators, Joseph LaPlante of Van Buren, representing flat-rate operators, and James Pierce of Brunswick, representing non-profit operators; Dr. Norman W. Saunders of Portland, the Maine Medical Association representative; Virginia Norman, Staff Director of the Maine Committee on Aging; three representatives of residents, Dean Crocker, Executive Director of Advocates for the Developmentally Disabled; Helen Bailey, attorney; and Robert Weingarten, Director of the Community Support Systems Project, Department of Mental Health & Mental Retardation.

II. Findings

During approximately 11 meetings between August, 1981 and February, 1982, the Boarding Home Committee reviewed current laws, regulations involving licensing and certification of homes and operators, the principles governing reimbursement of homes, other documents submitted by individuals and groups, interviewed numerous people involved in boarding care and discussed a considerable variety of issues, from activities provided to residents to training of operators and back to a fundamental question of who

should be going into boarding homes, and whether the state should instead provide more options involving some measure of independent living.

At its earlier meetings in the fall, the Committee focussed on gathering such basic information as the number of licensed boarding homes and beds, the number in different financing categories, and the Departmental regulations. This information came from the Department of Human Services, with further commentary from the boarding home operators on the Committee.

There are 287 boarding home licenses (as of fall, 1981), which provide 3,439 beds. Of this number, 127 are cost-reimbursed homes, and 160 are flat-rate reimbursed homes. There are boarding homes in every county, and in both urban and rural areas of the state. There are also 41 facilities providing 434 beds in the ICF/MR category.

One of the areas which most concerned the Committee was that of reimbursement for boarding home care, an item which costs the state approximately $5,427,442 a year. The state pays for residents whose income (whether private or through governmental sources such as Medicaid, SSI) is insufficient to meet the expenses of the home.

The flat-rate system, which covers the majority of homes with 6 beds or under, pays the operator $335 a month for each state-pay resident. Therefore, the operator can plan a budget, and all expenses - subject to fluctuations in the number of residents. There is also the advantage for many operators of smaller homes in not having to keep the extensive records required for reimbursement by the state. Both types of homes usually also take private-pay residents. The cost-reimbursed homes retrospectively submit to the state their annual expenses in what are termed the

areas of "allowable costs," which are specified in the Principles of Reimbursement set by the Department of Human Services. In addition to such categories as heat, light, food and staff salaries, operators take an administrative allowance. There is a ceiling of $515/month on routine service costs; all have to be "reasonably cost-related," which the Department bases on purchases by a "prudent buyer."

Several sessions were spent discussing the licensing requirements for operators, and the criteria which must be met during inspection by the state for licensure as a boarding home.

In the case of operators, the regulations current in fall, 1981 (to be revised and adopted by mid-1982) require that persons be over 18, capable of making mature judgments, have no physical, mental or personality disturbances which would interfere with the carrying out of their responsibilities, and not be addicted to drugs or alcohol. Obviously, these do not include any requirements for prior or continuing training, or relevant experience.

Other regulations require compliance with the Life-Safety Code, and specify conditions of appropriate housing, including physical conditions in the rooms, the provisions for eating and recreation, and other programs for residents. The Committee discussed both these rather basic standards, and ways in which the minimum level of licensing could be raised. One particularly strong area of concern was that the inspection staff, who visit each home annually to ensure compliance with standards, tend to adhere too closely to what might be termed a "medical model." This means that undue emphasis is placed on the physical care of residents, and less on various community activities, mental health services, provision for meeting friends and joining organizations. After all, boarding homes are not intended for those

persons requiring medical supervision. The recognition of special needs of the mentally retarded boarding home residents is also important; many live in facilities classified as ICF-MRs: Intensive Care Facilities for the Mentally Retarded.

A major concern expressed by the Committee was how to ensure that those homes with less than ideal facilities be brought to a higher level as soon as possible, or even to be closed, if necessary. The DHS representatives cited several homes which had been closed over the past year as evidence that they would no longer tolerate repeated deficiencies in licensing standards. However, some members continued to advocate for more vigorous inspections.

With the variety in size of homes, and the types of ancillary services offered beyond room and board, one of the issues considered was placement. In general, the assumption has been that the most appropriate place for people needing boarding care has been near their usual or previous residence. But in some cases, this may not be possible if there are no beds available, or if the person has special needs (e.g., a first floor room because of difficulty in walking). Ideally, these conditions could be met, but it is not always possible to wait - and there are also dangers in moving a person from one residence to another.

In the area of providing services to the mentally retarded in boarding homes, there was considerable agreement that these persons, through the intervention of the Bureau of Mental Retardation, were generally being followed through the system and cared for well.

But for other residents, not necessarily all older people, who may need mental health services on a regular or intermittent bases, there appeared to be gaps in the system. There was cri-

ticism of what was perceived to be inadequate outreach by the community mental health centers, which receive funds through the state for community services, specifically including residents of facilities such as boarding homes. The Committee met with the Executive Director of the Community Mental Health Center Association, Larry Bois, and encouraged a more active role as a condition for continued state funding.

The Committee heard presentations from Elinor Nackley from the Division of Licensing and Certification, as well as from Jim Getchell of the Audit Division. Getchell addressed some of the Committee's questions on such topics as the administrative allowance, minimum wage levels for staff, and activities funding.

Getchell noted that the basic payment includes a per capita amount, a factor allowing for a 10% return on equity, and full recovery of all capital costs. He discussed with the Committee the question of possibly attracting and retaining more qualified and committed staff by paying a higher wage, as some boarding home operators wished to do, but stated that salary costs significantly above those in the area would probably not be allowed. In that instance, everyone would be brought down to the lowest common denominator. As far as administrative costs, Getchell acknowledged the particular difficulties faced by ICF-MRs, and pointed to the ceiling on reimbursement levels.

Other lengthy lines of questioning developed around funds for recreational activities for residents, and differential reimbursement levels for residents requiring different levels of care. In the first case, Getchell acknowledged disallowing funds, and expressed his view that money for the personal needs of residents could often be used instead, but this would be a decision

to be made by a higher level of staff within the department. In the second, Getchell noted that some states have such a reimbursement policy, but it tends to be very expensive because of the necessary evaluation of all individuals on a periodic basis. The objections appeared to be practical or administrative in nature, rather than philosophical, and so the Committee suggested that this point be made to the Commissioner.

In a discussion with Michael DeSisto, Director of the Bureau of Mental Health, the Committee discussed the uneven distribution and availability of mental health services, particularly because of transportation difficulties.

DeSisto also admitted that the monitoring of those receiving mental health services may be inadequate as residents move from one home to another. He also pointed out that the Department of Mental Health and Mental Retardation has been preparing clients from state institutions for more transitional or independent living arrangements.

One topic which generated a lot of discussion within the Committee involved whether the mentally ill and mentally retarded persons should live in the same facilities as the elderly. DeSisto contended that although there may be difficulties in housing mentally disturbed people with others, congruity of age is probably the most important factor: the very old would not want to live with young people, whatever their mental state. However, at least one boarding home operator argued that the needs of mentally ill residents are sufficiently different from those of people who are old that he would find it easier for the residents and the staff to separate them into different

facilities. On a related topic, the Department has developed and offered a course on mental health issues for boarding home operators, and plans to continue it.

Other ideas stressed by Ron Welch, Director of the Bureau of Mental Retardation, were for establishment of some level of care between ICF-MR and boarding home care, more daytime programming, probably at a site away from a person's principal residence, and personal care services offered in a person's home. He favored the idea of joint licensing between the departments, and pointed out that this is already done for ICF-MRs.

In discussing services provided by the Community Mental Health Centers, the Committee exhibited considerable skepticism that residents of boarding homes were getting their intended share of the available funds. To some degree, this may be a consequence of the maldistribution by which boarding homes with larger populations tend to be clustered in certain areas of the state.

When Elinor Nackley of the Licensing and Certification Division presented information to the Committee, she acknowledged that although 6 bed and under homes are visited once every year for licensing, the over 6 beds are reviewed every 6 months - although theoretically the visits are unannounced, in practice the operators and staff are aware of an inspection beforehand. Most of the problems seem to come in homes of 6 beds or under; she said that the most common reasons for citing a home are violations like poor sanitation or insufficient variety of food. Operators are generally given a specific time in which to correct the deficiency, after which time failure to meet the standards results in a conditional license.

Under further questioning about the possibility of differential reimbursements, Nackley said that reasonable costs will be allowed - but this requires an evaluation of the type of care given, and so a circular pattern is established. A strong impression was given that the regulations are insufficiently flexible to deal with the varieties of residents and settings.

The Committee also heard from Robert Judkins of the State Fire Marshal's office, who explained the different regulations which apply to ICF-MRs, 6 beds, 6-8, 7-15 and so on. There are some variances between state and federal codes, and requirements for the larger homes are usually more stringent, requiring sprinklers and emergency lighting in addition to extinguishers and smoke detectors. A certificate of compliance is required prior to licensure. Although there had been a proposal that fire and safety inspections be done by the Department, the Committee supported their contention that it would be preferable to have this done by the Fire Marshal's office.

The Committee developed its own questionnaire for boarding home operators, to learn of their needs and concerns, and also had input into the development of a questionnaire for residents, which was administered by the Bureau of Maine's Elderly and the Department. (The results of both questionnaires are given in detail in Appendix B.) As a result of those findings, the Committee agreed that the Regulations, and the Principles of Reimbursement, needed considerable revision - a process which was already underway in the Department. The financial concerns of operators were discussed at length, including those of flat-rate homes who felt they needed an increase because of substantial jumps in heating costs, and those of operators of non-profit group homes, who were particularly concerned about the ceiling

on routine services and the limitations on reimbursement for staffing and administrative allowances.

The residents' questionnaire showed that the overwhelming majority were over 60 years old, and 64% were over 70 years old. There was considerable variation in their specific concerns, and the sample size afforded an error rate of 10%, but results seemed to indicate that residents were more likely to be satisfied with a home if they had previously been institutionalized. Most residents wanted to get out more, to have more visits, and in general to be a little more independent.

Further discussion among the Committee focussed on ways in which to correct the problems noted, and how to develop a process which would help assure that only those persons for whom boarding care was appropriate would enter boarding homes, where they would be able to receive all necessary services, which would be reimbursed.

There was general agreement that better allocation of State dollars could be achieved through this assessment tool, as well as a more satisfactory placement for residents. A further advantage might be an improved monitoring of residents in boarding care facilities, as the assessment was expanded to include existing as well as incoming residents. The assessment process, and resulting development of a program plan, would also assist operators of homes in providing services for residents, since they would be involved in its preparation as well as its implementation. And the Principles of Reimbursement would need to be revised accordingly.

III. Legislation and Recommendations.

As a result of their review and discussions, the Committee agreed that there were encouraging signs that the program was being improved through actions taken by the appropriate departments, and that the operators were also interested in both financial and programmatic aspects of boarding home care improvement. However, continuing scrutiny and pressure would be needed by both the Legislature and the general public to ensure that boarding home residents were able to select quality care (including appropriate programs for their needs), that operators were able to retain and compensate trained staff, and that the public recognize their responsibility to the elderly and all others who need supportive, non-medical care outside their own homes.

Therefore, they proposed the following legislation and recommendations. The bill appropriates funds for new beds, programs, and case managers for the assessment process.

The resolve essentially restates recommendations 1 through 4, 8 and 9 and places the direction of the Legislature behind the assessment process.

SECOND REGULAR SESSION

ONE HUNDRED AND TENTH LEGISLATURE

Legislative Document **No.**

H.P. House of Representatives,

EDWIN H. PERT, Clerk

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-TWO

AN ACT to Provide Appropriations to the Department of Human Services and the Department of Mental Health and Mental Retardation.

Be it enacted by the People of the State of Maine as follows:

Appropriations. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

	1982-83
HUMAN SERVICES, DEPARTMENT OF	
Bureau of Maine's Elderly	
Residential Services Program	$ 90,000
Provides funds to develop 50 units of shared, group or congregate housing under Housing Urban Development moderate rehabilitation, Section 8	

new construction, and Farmers Home Administration, Section 515. If these federal funds are not taken advantage of this year, they will no longer be available to provide the support services.

Bureau of Maine's Elderly

All Other 100,000

Provides funds for assessments for potential boarding home residents to be conducted by community case management agencies. The funds would provide for 5 case managers statewide to conduct boarding home assessments.

Boarding Home Account

All Other 871,278

Provides sufficient funds for cost reimbursed boarding homes to pay for allowable costs based on audits of reasonable costs.

MENTAL HEALTH AND MENTAL RETARDATION, DEPARTMENT OF

Bureau of Mental Health

All Other 100,000

Provides funds for 5 case managers to conduct boarding home assessments and to develop case plans for provision of mental health services.

TOTAL $1,161,278

STATEMENT OF FACT

This bill allocates funds between the Department of Human Services and the Department of Mental Health and Mental Retardation to provide case managers for the assessment of boarding home residents and for the development of case plans for the provision of mental health and social services for residents.

It also allocates funds to the Bureau of Maine's Elderly to develop 50 units of shared, group or congregate housing.

Lastly, it allocates funds to the Boarding Home Account in the Department of Human Services to reimburse boarding homes for additional allowable costs.

5201031282

SECOND REGULAR SESSION

ONE HUNDRED AND TENTH LEGISLATURE

Legislative Document No.

S.P. In Senate,

MAY M. ROSS, Secretary of the Senate

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-TWO

RESOLVE, Authorizing the Department of Human Services to Direct the Development of an Assessment Tool and Referral System to Assist Persons Considering Boarding Home Care.

Preamble. Whereas, the boarding home program in the State serves an essential purpose in providing food and shelter for many Maine citizens; and

Whereas, those persons seeking alternatives to home care need adequate referral information on boarding homes and other living arrangements; and

Whereas, assurances are needed that those persons who are in boarding homes receive, through preparation of an individual plan involving services from all necessary departments, adequate and appropriate care and services; and

Whereas, statewide and local planning is important to help determine services to be offered and their distribution throughout the State; and

Whereas, the state's payment of the costs for care and services is substantial, and should be expended as carefully as possible; now, therefore, be it

Assessment tool for persons considering boarding home care. Resolved: That the Department of Human Services shall have the responsibility of developing, implementing and overseeing an assessment tool which can be used to assist those persons considering boarding home care, as well as other alternatives to living at home. The assessment tool, referral system and individual plans shall be developed in agreement with the Bureau of Maine's Elderly, Department of Mental Health and Mental Retardation, Maine Committee on Aging and provider groups, to be used initially for new residents, and eventually the entire boarding home population. As part of the assessment, an appropriate plan for each resident shall be developed, involving all significant parties; and be it further

Resolved: That the Department of Human Services and the Department of Mental Health and Mental Retardation shall ensure they seek and allocate sufficient funds for the reimbursement of appropriate care and services.

STATEMENT OF FACT

The purpose of this resolve is set out in the preamble.

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Recommendation 1.

The Department of Human Services is responsible for the development, implementation and oversight of the use of an assessment tool for potential residents of boarding homes.

The tool, developed by the Department of Human Services, must be adequate to assess all types of boarding home residents, and the Bureaus of Mental Health, Mental Retardation and Maine's Elderly must have the opportunity to review, comment upon and come to an agreement with the Department of Human Services as to its use.

The Department is also responsible for assuring the most appropriate way to implement the assessment process at the local level, whether directly through the Bureaus of Mental Health, Mental Retardation or Maine's Elderly, or through them to groups such as the area agencies on aging or community-based mental-health agencies.

Rationale

A standardized assessment of boarding home residents' abilities, needs, and independent living skills is essential to determine care and services needed on an individual and population group basis. Results of assessments can be used as the basis for assuring appropriate and individualized services as well as determining, on a Statewide basis, types of boarding homes needed, and necessary community support services.

It is important for planning and utilization purposes, that assessments be conducted on all population groups using the boarding home program. Administration of assessments is best made by those agencies most knowledgeable about and legally charged with evaluating and responding to individual client group needs.

Recommendation 2.

The assessment process shall be used for the intake and evaluation of state- or federally-subsidized residents to determine the appropriate care and services, and will be made available to private-pay residents.

Initially, this assessment would be done only for new residents; as a more long-term goal, it should be done for all current residents. Because there are many residents who move to different homes within the State, the Committee expects that the entire boarding home population could be assessed within 2 to 3 years.

Rationale

State and federal resources are becoming increasingly scarce. An assessment tool can be a valuable aid in assuring that available beds and services are matched to individual need, and that appropriate alternatives to Boarding Home Care (in home support services; semi-independent living, congregate housing, etc.) are fully explored.

The service would also be useful for private-pay residents.

Recommendation 3.

The assessment process shall include the provisions of information on alternatives to boarding home care, including congregate housing, personal care assistants and homemaker services. State funds should be appropriated, based on appropriate, established levels of need for less restrictive housing alternatives such as congregate, shared or subsidized housing, transitional living facilities, group homes, cooperative homes, semi-independent living, specialized foster homes or personal care homes. These alternatives maintain the individual's maximum functioning potential through the provision of support on an individual basis, as an alternative to boarding home care.

Rationale

The boarding home program has traditionally, and occasionally inappropriately, served a wide variety of individuals and needs under a single licensing, financing, and program structure. Current research indicates that many individuals could be more appropriately served in other and less restrictive settings, thus allowing more effective use of current and proposed bed capacity, and state funds.

Recommendation 4.

An appropriate individual program plan for each resident shall be developed by an assessment team, involving all significant parties, the resident, and a boarding home operator, if applicable. Upon a person's admission to a boarding home, the boarding home operator shall receive information on the individual's plan, and shall be involved in any modifications to the plan.

An individual program plan is defined as a detailed, written plan outlining a resident's specific needs for residential,training, treatment, medical and support services, along with the methods to be used in providing these services. An individual program plan is formulated by an appropriately constituted inter-dsiciplinary team which is established and conducts its meetings in accordance with professionally accepted standards, and whose purpose is to evaluate a resident's needs and to develop an individual program plan and review it as necessary.

Rationale

An individual program plan is essential to insure that each resident receives services which maximize his or her ability to live as independently as possible.

Recommendation 5.

The Department of Human Services shall promulgate regulations, which their licensing staff shall monitor through investigations, which encourage a more home-like, less institutionalized atmosphere in boarding homes with emphasis placed on the individual's potential as a contributing member of the home and the community.

Rationale

The current licensing regulations have tended to promote an institutional and medical (nursing home and hospital) environment inappropriate to the type of care and services needed for many boarding home residents.

Recommendation 6.

The Department of Human Services is encouraged to accept recommendations on waivers from operators of individual homes which are consistent with the intent of Recommendation 6 (more home-like atmosphere) and which are not contrary to any fire or safety regulations.

Rationale

Since the size and structure of boarding homes vary, as well as needs of residents, no single set of regulations is appropriate to all circumstances. A flexible regulatory approach is needed to insure that licensing requirements protect health and safety while promoting a family and homelike environment.

Recommendation 7.

A profile of all boarding homes shall be developed so the assessors and individuals considering a home would know what beds are available, and where. Ideally, one would hope a person could be placed in the home with appropriate services in the preferred location, but services would always be ranked first. This shall be a public, centralized directory, maintained by the Department of Human Services.

Linked to this would be a self-designation by the operators of particular services or types of residents in their homes. A term to describe this might be "service-specific homes."

Rationale

Those considering boarding home placement should be able to choose a home based on its location, services, types of residents, etc. Potential residents now may be more likely to select a home because they have heard the name, or it is in their town.

The self-designation by operators would allow the assessment teams and future residents to make the most informed choice, and allow operators to arrange for the kinds of physical layout, number of staff and their training and services to accommodate a harmonious group of residents.

Recommendation 8.

Development of the assessment and referral system shall be a coordinated effort among the Departments of Human Services and Mental Health and Mental Retardation, the Maine Committee on Aging and ther provider groups.

Rationale

Various provider groups and agencies are interested in and involved with the residents and the operations of boarding homes in Maine. All should have opportunities for input into developing the boarding home assessment and referral system.

Recommendation 9.

All services to boarding home residents shall meet basic human needs, as well as those needs assessed and identified in the individual program plan. Services shall be provided by appropriately qualified staff.

Reimbursement for boarding homes shall be adequate to pay for the delivery of adequate basic services, as well as those additional services specified in the individual program plan.

Rationale

Program and fiscal accountability require that reimbursement be directly tied to the quality and level of care provided to residents. The current reimbursement principles of the Department of Human Services do not allow for this.

Recommendation 10.

The Department of Human Services shall review and revise the current Principles of Reimbursement with particular attention to:

1) the definition of, and payment levels for, allowable costs;
2) attracting qualified providers of care;
3) the elimination of artificial ceilings on costs, such as that for the administrative allowance and responsibilities of administrators;
4) the inequities in the deductions for room and board of live-in staff; and
5) the coherence of the Principles to the Department's Regulations.

Rationale

The Principles of Reimbursement are unequally applied, and many of the provisions run counter to the ideal of providing quality care through quality staff to boarding home residents.

Recommendation 11.

A regional plan for respite care shall be developed by the Department of Human Services, which shall approve an application to reserve a boarding home bed for respite care, consistent with a regionalized plan. The Principles of Reimbursement shall be revised to cover that situation so there will be no financial cost to the home, and so that they will be consistent with the Regulations.

Rationale

Respite care beds are needed in all areas of the state, but it is obviously inefficient as well as costly to the state to pay for more than are needed. It is equally unfair to penalize a boarding home operator, who keeps a bed open for respite care, because the occupancy rate has fallen below a certain figure. It is frequently less costly to provide for occasional use of a respite bed on a preventative basis than than to have someone hastily or inappropriately institutionalized.

Recommendation 12.

The Department of Human Services shall specify in the Regulation s for Boarding Homes the criteria for approving the administrator of a facility, including an inter-departmental check and consultation with referring agencies to determine that the person has not previously had a license revoked or been cited for actions which would be injurious to residents or to the state. The Regulations should also specify that administrators of boarding homes must attend any training sessions mandated. The Department shall ensure that the Principles of Reimbursement are consistent with the Regulations, in allowing for expenses in connection with mandated training as allowable costs.

Rationale

Operating a boarding home requires skills in various areas, which should be tested by meeting specified criteria. The Department of Human Services has the responsibility of providing training where needed.

Recommendation 13.

The Department of Human Services shall complete the revision of the Regulations and the Principles of Reimbursement as soon as possible, and no later than July 1, 1982.

Rationale

The Regulations and the Principles are frequently inconsistent with each other, which should be corrected as soon as posssible.

Recommendation 14.

In the area of deficiencies in standards and waivers, the interpretations of the Regulations and enforcement of them shall be consistent throughout the various regions of the state. Boarding homes with repeated, serious deficiencies should be immediately dealt with through stringently enforced time limits for corrections; appropriate sanctions must be enforced.

Rationale

In the past, the Department of Human Services has not stringently enforced its own regulations and has in fact allowed some homes with repeated serious deficiencies of licensing regulations to continue to operate for years. The Department is commended for recently closing swiftly some homes with repeated deficiencies. We encourage the Department to continue to deal with homes with repeated, serious deficiencies in an expeditious manner.

Recommendation 15.

The licensing and certification process of the Department of Human Services shall be reviewed in order to employ the expertise of agencies with service mandates for particular clients. The members of the licensing team shall receive a thorough orientation to the psycho-social needs of those living in boarding homes, and an understanding of the operation of boarding homes.

Rationale

In the past, the Regulations, and therefore the licensing team members, had tended to overstress the "medical model" in their inspections of boarding homes: this emphasis is frequently incorrect. Therefore, there is a need for the inpsectors to learn of the needs of all groups of residents in boarding homes, who have varying needs for care.

Recommendation 16.

The Department of Mental Health and Mental Retardation shall require as a condition of funding that each mental health center shall initiate and develop a joint agreement between the center and boarding homes within its catchment area in order to provide appropriate consultation, direct service and emergency care for the residents of these facilities, and other similar housing arrangements.

There shall be a category of funding within the community mental health budget of the Department of Mental Health and Mental Retardation to implement the above provision; this funding shall be available on a competitive basis to providers of community mental health services.

Rationale

Mental health services are insufficiently available to residents of boarding homes, even though there are Federal mandates requiring the provision of these services. The major community service providers need to be responsive to meeting the needs of these residents.

Recommendation 17.

The moratorium which the Department of Human Services has placed on the development of new boarding home beds shall be lifted in favor of the development of new beds, consistent with identified needs as to type and location.

Rationale

The Department of Human Services has no current established system for determining a statewide needs standard for boarding home beds. Even without such a standard, the Department has requested 60 additional boarding home beds in the 1983 supplemental budget. The Commitee feels that the request for additional beds should be based on a boarding home needs standard which considers population figures, tge availability of altnerative housing options and other criteria.

Recommendation 18.

Through regulations developed by the Department of Human Services and advice and assistance from the Personal Care Association, boarding home operators must develop plans for actions in an emergency.

Rationale

Maine's good record in boarding home safety must be maintained. In light of changes in heating arrangements, fire-safety provisions must be reviewed, and recommended actions must be followed. There is also a need to review plans for actions in case of loss of power, since there is evidence of "transfer trauma" when residents have to be moved. Preplanning is essential for smooth action in emergencies.

Recommendation 19.

The Committee opposes the recommendation of the Audit and Program Review Committee that the inspection of boarding homes by the State Fire Marshal's Office be transferred to the Department of Human Services.

Rationale

The expertise for the inspection of boarding homes for compliance with the Life-Safety Code is within the Fire Marshal's Office. Testimony from the Department, as well as boarding home operators, stressed the importance of their work. There are no qualified staff available within the Department of Human Services to perform this function, which is essential to the protection of residents.

Recommendation 20.

The Committee encourages the maximum use of federal funds under personal care options to allow the appropriate staffing for boarding homes and other alternative living arrangements.

Rationale

People with more intensive care needs can have them appriately met by the provision of services in these settings, at less cost to the state, provided advantage is taken of current federal provisions.

Recommendation 21.

The Department of Human Services shall conduct a public awareness campaign about boarding homes, including the availability of the assessment and referral system, the directory of homes, the new Regulations and Principles of Reimbursement, the need for all to recognize the desirability for homes to go beyond the minimum levels to comply with licensure, and for communities to recognize their responsibility for all their residents.

Rationale

Many elderly persons, or those responsible for them, are still unaware of where to turn for help in learning about services available, whether to assist them in remaining in their own homes, or to investigate other residential options. It is important that as many units of state government as possible, along with related support and advocacy groups, publicize the services they can offer, including the assessment and referral process, and the directory of boarding homes and services.

Compliance with more than the minimum licensing standards is essential for the provision of quality care. The community, and its support services, need to remain in touch with residents of boarding homes, to ensure the well-being of the residents and to show their concern for those who might otherwise be forgotten.

1. Committee.

   Health & Institutional Services

2. Subject of Study.

   Maine's boarding home program

3. Priority number.

   2

4. Completion date.

   February 1, 1982

5. Analysis of the problem.

   There is a need to gather basic information on the number and types of boarding homes, the residents whom they serve, and criteria which might be developed to determine whether and what type of boarding home care is needed.

   On the financial side, topics to be studied include the adequacy of the payments to boarding homes, the feasibility and desirability of creating a new level of boarding home care, to be financed with Medicaid dollars, the feasibility and desirability of making greater use of funds from the Maine State Department of Housing and Urban Development, and the Maine State Housing Authority.

   The proper mix of nursing and boarding home care also needs to be studied and possibly determined.

6. Reason for study.

   Several bills were introduced this session to address the issues of state payments to boarding homes, and the quality of care, supervision and services.

7. Members of Subcommittee.

   3 from Health & Institutional Services; 2 from Appropriations and Financial Affairs; 1 operator of a cost-reimbursed boarding home; 1 operator of a flat-rate boarding home; 1 operator of a non-profit boarding home; 3 representatives of the Department of Human Services, to be selected by the Commissioner; 1 representative of the Department of Mental Health & Corrections, to be selected by the Commissioner; 1 representative of the Maine Committee on Aging; 1 representative of the Maine Medical Association; and 3 other persons who will represent the interests of residents of boarding homes.

APPENDIX B

SUPPORTING DOCUMENTATION

BOARDING HOME PROGRAM 1981-82

Work plan submitted by the Department of Human Services

Goal. To completely revamp the Boarding Home Program by 6/30/82.

Objective #1.

Define financial and personnel needs for an effective BH Program by Dec 1st, 1981

Responsibility: Bureau of Medical Services

Objective #2.

Develop a resident care planning process for boarding home residents by 6/30/82

Responsibility: (Area Agencies on Aging/Dept. Mental Health/Mental Retardation) DHS.

Objective #3

Develop automated payment system by 4/1/82.

Responsibility: Division of Medical Claims Review with Division of Data Processing

Objective #4

Establish an information service for ~~recipients~~ residents by December 1st,1981

Responsibility: Bureau of Medical Services

Objective #5

Set statewide standards for the number of boarding home beds by April 30th, 1982

Responsibility: Health Planning

Objective #6

Develop and implement new licensing regulations by 4/1/82

Responsibility: Division of Licensure & Certification

Objective #7

Streamline the licensure process by 4/1/82

Responsibility: Division of Licensure and Certification

Objective #8

Develop capability to recruit owners of new boarding home facilities by 6/30/82

Responsibility: Bureau of Medical Services - AAAs on Aging

Objective #9

Develop a new reimbursement system that provides incentive for quality care by June 30th, 1982.

Responsibility: Bureau of Medical Services-Division of Cost Containment

Objective #1

Statement

Define financial and personnel needs for an effective BH Program by 12/1/81.

Tasks:
- A. Assign staff.
- B. Develop detailed workplan.
- C. Establish any required committees and/or workgroup.

Objective #2

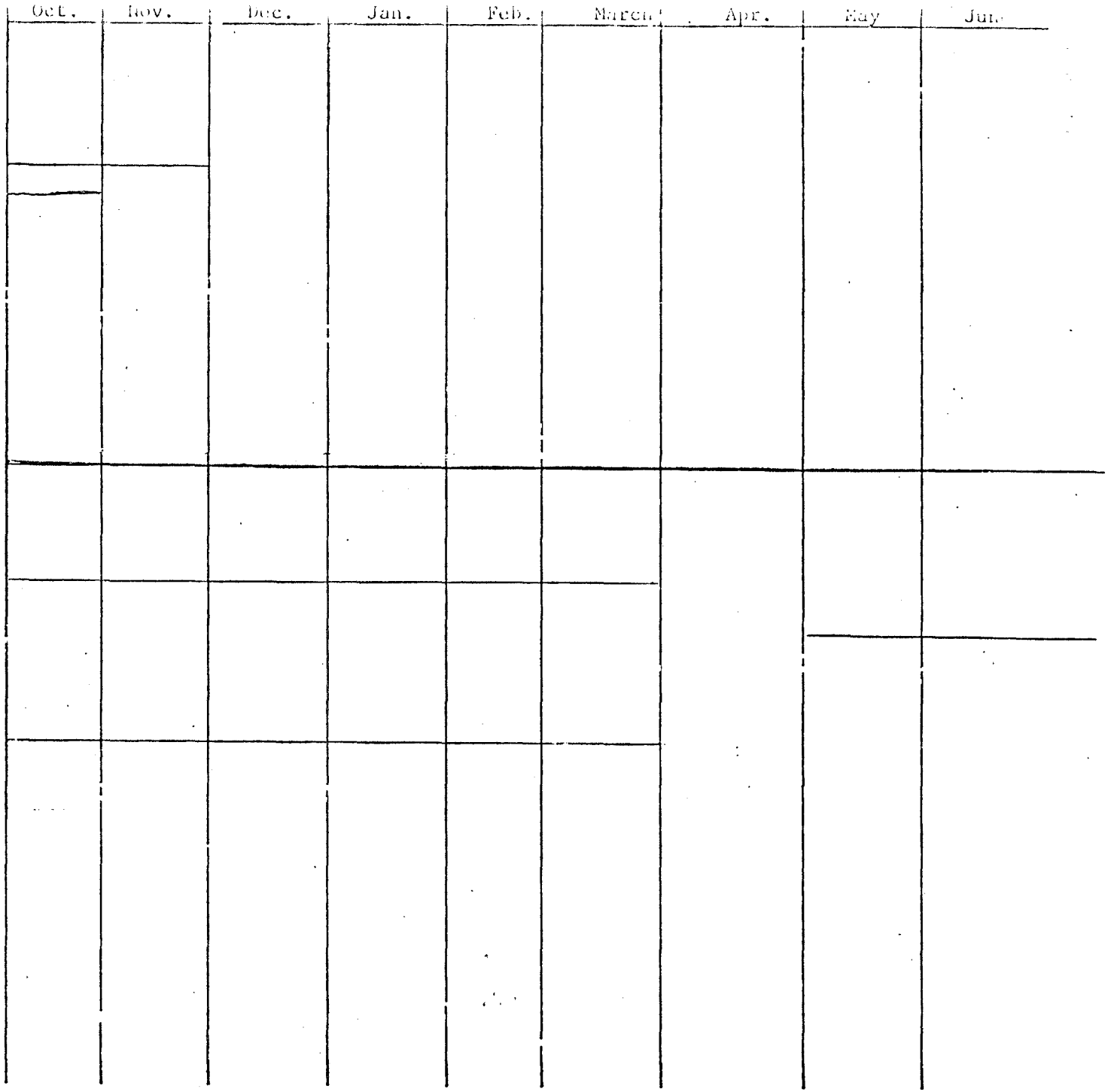
Develop a resident care planning process for BH residents

Tasks:
- A. Develop an assessment tool.
- B. Assess all the residents.
- C. Identify needs and arrange services for individuals.

Objective #3

Develop automated payment system by 4/1/82.

Tasks:
- A. Develop claim form.
- B. Issue provider agreements to all BHs.
- C. Develop BH manual
- D. Develop implementation plan with DP
- E. Train providers.



	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.
Objective #4									
Establish an information service for recipients by 12/1/81									
Tasks: A. Establish a communications system with BH residents.									
Objective #5									
Set statewide standards for the number of boarding home beds by April 30th, 1982.									
Tasks: A. Collect data on residents of BHs - by region.									
B. Develop utilization, occupancy rates for BHs by region.									
C. Propose standards to be incorporated into the State Health Plan									
Objective #6									
Develop and implement new licensing regulations by 4/1/82.									
Tasks: A. Establish working group to review present regulations and recommend changes.									
Objective #7									
Streamline the licensure process by 4/1/82.									
Tasks: A. Review survey records on all BHs to determine level of compliance									

	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Objective #7 (cont) Tasks: B. Surveys to be done by specific staff and at intervals determined by the BH level of compliance.									
Objective #8 Develop capability to recruit owners of new boarding home facilities by 6/30/82. Tasks:									
Objective #9 Develop a new reimbursement system that provides incentive for quality care by June 30, 1982. Tasks: A. Review of principles of Reimbursement for BHs by independent consultant. B. Revise Principles of Reimbursement as needed.									

STATE OF MAINE
ONE HUNDRED AND TENTH LEGISLATURE

COMMITTEE ON HEALTH & INSTITUTIONAL SERVICES

October 23, 1981

To: Subcommittee on Policy
From: Representative Prescott

Re: Recommendations to Consider for Approval & Recommendation to the Full Boarding Home Study Committee

1.) DEVELOP A CLASSIFICATION SYSTEM TO BE USED FOR INDIVIDUALS REQUESTING BOARDING HOME PLACEMENTS.

Rationale:

SNF-ICF require that their residents be classified. This will prevent people from "disappearing into the system."

2.) DEVELOP A SURVEY REPORT TO BE USED WHEN BOARDING HOMES ARE BEING SURVEYED AND PROVIDE AUTHORITY FOR REPRESENTATIVES FROM BMR/APSUS/CSS TO PARTICIPATE DURING THE ANNUAL OR SEMI-ANNUAL LICENSING AND CERTIFICATION PROCESS.

Rationale:

Presently the departments do not work well together and representatives from BMR/APSUS/CSS should be required to meet to develop a survey. This would involve a joint meeting of all interested parties to develop the resident's goals. (It could be considered similar to the PET (Pupil Evaluation Team) used in school systems.) BMR has an IPP (Individual Program Plan) for each new client, as well as for those under the Pineland Consent Decree. This survey should be used at the same time the licensing visits are made by the surveyors. The purpose would be to review the quality of life issues for the residents. It would also provide an opportunity for the community programs to work with the Boarding Home Operators on psychosocial needs of residents and would help weed out those operators who are interested in monitoring only the residents' basic physical needs. However, there must be some type of "power" and "authority" behind this approval process.

3.) THERE SHOULD BE AN AMENDMENT MADE TO THE CURRENT REGULATIONS (CHAPTER II) TO REQUIRE A PLAN OF CARE/TREATMENT FOR THE RESIDENT I.E., IPP.

Rationale:

BMR is currently doing this for their clients and it should be expanded to include other clients (Borrow what you can, follow BMR's example). Perhaps the contract could also stipulate that residents are responsible for self-medication and they could be given a small locked box to keep their money and medications in.

4.) RESIDENTS SHOULD BE ALLOWED TO HANDLE ALL OF THEIR OWN PERSONAL NEEDS MONEY UNTIL PROVEN NEGLIGENT. IF NEGLIGENT, A REPRESENTATIVE PAYEE SHOULD BE DESIGNATED AND LASTLY A GUARDIAN.

Rationale:

It is a conflict of interest for a Boarding Home operator to handle a resident's personal funds. Also, it is difficult for licensing and certification to suspect misuse of funds, and they usually refer this to Jim Getchell (DHS, Audit Division) who performs selected audits.

5.) BOARDING HOME REIMBURSEMENT SHOULD BE BASED ON THE NEEDS OF THE RESIDENTS AND A CLINICAL ASSESSMENT SHOULD BE DEVELOPED TO REIMBURSE BOARDING HOME OPERATORS A MINIMUM AMOUNT FOR EACH RESIDENT PLUS A PRO-RATED AMOUNT DEPENDING UPON THE AMOUNT OF CARE REQUIRED.

Rationale:

When reimbursement is tied to the number of beds, it is clearly the medical model of care. It discounts whether the beds are full or empty and the amount of care required by each resident. The focus of Boarding Homes should be based on the needs of each individual.

6.) THE STATUTES SHOULD CLEARLY EXPLAIN THE DIFFERENT KINDS OF BOARDING CARE (i.e., therapeutic, foster homes, 6 bed boardhomes, large boarding homes, adult foster homes, eating and lodging establishments, half-way houses, etc.).

Rationale:

There is ambiguity of purpose, causing confusion and difficulties for all involved.

7.) A CLEARER (PLANNING) DEFINITION OF THE STATE-WIDE GOALS AND OBJECTIVES FOR FUTURE BOARDING CARE, BEDS AND SERVICES, SHOULD BE SPELLED OUT FOR THE LEGISLATURE AND THE PUBLIC.

Rationale:

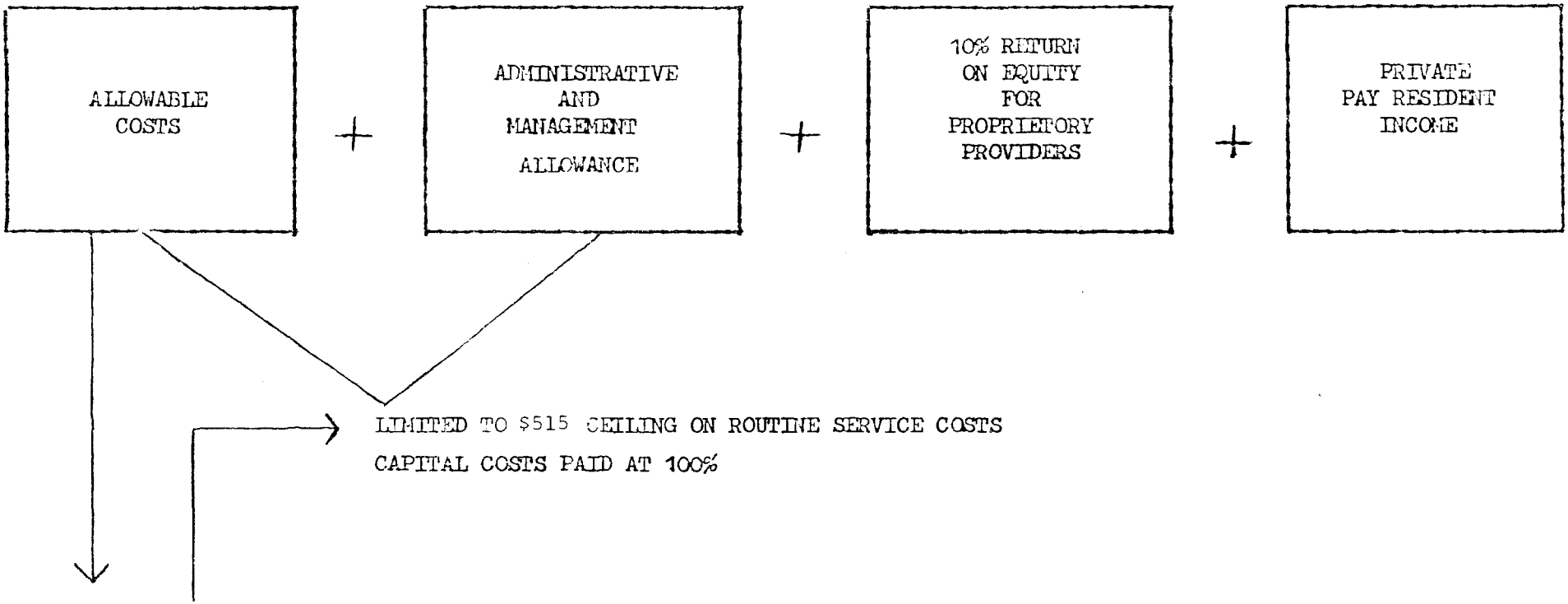
A recent moratorium was placed on Boarding Home Beds, yet it is impossible to find appropriate placements when an individual needs a boarding care bed.

OTHER PROBLEM AREAS:

1.) FOR THE RESIDENTS, WHO ARE FORTUNATE ENOUGH TO GO TO A DAY PROGRAM TO DEVELOP SKILLS TO PROMOTE INDEPENDENCE IN ADL'S, THEY ARE UNABLE TO PERFORM (PRACTICE) THESE ACTIVITIES WHEN THEY RETURN TO THE BOARDING HOME (I.E., HELP WITH DISHES, MEALS, LAUNDRY).

2.) DO THE NEW REGULATIONS ON TRANSFER OF ASSETS NEED TO BE EXPANDED TO INCLUDE BOARDING HOMES ?

3.) HOW DO WE DEAL WITH CHANGING A BOARDING HOME INTO AN EATING AND LODGING ESTABLISHMENT "TO GET AROUND REGULATIONS"? (SEE: DOYLE SOWERBY LETTER).



Submitted by Jim Getchell, Director, Division of Audit, Department of Human Services

Department of Human Services

Division of Audits Office

Date November 23, 1981

To Isabell Tighe, Bureau of Medical Services

From Jim Getchell, Director, Division of Audits

Subject Boarding Home Rate As Requested by the Legislative Task Force

Listed below broken up into catagories of bed size are the number of facilities operating on Cost Reimbursement showing the number of those facilities that are at or over the ceiling and the number of those facilities that are presently operating at less than the ceiling. We are also showing the number of facilities that have Special Circumstance Allowance and the percentage of facilities in these difference catagories of bed sizes with the percentages being calculated based on the number of facilities at or over the ceiling.

All of these figures listed below are based on the rate being paid to these facilities as of November 20, 1981.

	Total Number of Facilities	Number Of Facilities At or Over The $515 Ceiling	Number Of Facilities Below The Ceiling	Number Of Facilities With Special Circumstance Allowance	Percentage of Facilities Over The $515 Ceiling
3 to 6 Beds	48	13	35	15	27%
7 to 15 Beds	17	7	10	8	41.2%
16 to 30 Beds	41	13	28	3	31.7%
31 to 50 Beds	15	7	8	0	46.7%
Over 50 Beds	6	3	3	0	50%
	127	43	84	26	33.9%

(STATE OF MAINE)

PERSONAL CARE HOMES ASSOCIATION

December 12, 1981

To: Members, Boarding Home Study Committee
From: Maurice "Moe" Potvin, President, PCHA

For the past several months, myself and several Boarding Home operators, have been observing your committee at work and feel that you are getting well orientated on the inadequacies of the program as it now stands. I have brought back your observations and recommendations to the members of our association, and the following are some of the areas which they feel are most critical.

REIMBURSEMENT

A. Ceiling on Routine Cost should be done away with as this cost will fluctuate depending on the location of the home, age of the home, needs of its residents. Reimbursement should be on COST which are deemed reasonable and necessary for residant care.

B. If an Administrative Allowance has to be set, then it should be on Salary only and not encompass P/R taxes, workmen's comp benefits, Health Insurance premiums, and numerous other related cost. We also see no reason why this allowance has to be scaled down from that of the Nursing Home program. In many cases, there is more of a burden put on the shoulders of a Boarding Home administrator due to the lack of staffing and financing available. Also, there should be a built in cost of living provision, if an Administrative Allowance has to be.

C. Providers would welcome a system of reimbursement which would provide incentives to increase the quality and level of care given.

D. Complete revision of the Principles of Reimbursement.

STAFFING

A. Staff Boarding Homes according to the needs of its residents, not according to a universal blue print as currently set forth by DHS.

B. Provide reimbursement and/or training programs for staff and operators.

C. Be able to pay staff better than minimal wages and provide for some benefit programs.

RESIDENTS

A. Most operators prefer a mix of residents in the home, and feel that they would be tagged Mental Institute instead of Boarding Home and would in turn create friction within the community.

B. Individual Treatment Plans would be beneficial and for the most part could be done with input from the resident, operator, staff, and an aftercare worker from an appropriate agency. Professionals could be brought in as needed according to their availability. Realistic goals should be set in accordance with resources available. Family participation should be encouraged.

C. More training and programs should be made available for staff to aid residents in developing independent living skills and social skills. These could be developed as In-House programs, or community based programs, in lieu of Day Care Centers and Workshops.

D. Definite need for more aftercare services, especially with the Mentally Ill population.

OTHER AREAS

A. Six bed homes would prefer to stay Flat Rate, but at a much higher rate than $335.00. With all the problems they've heard about Cost Reimbursement - they're not interested. There doesn't seem to be any concensus on what a reasonable flat rate would be, but for the most part, they're looking at $450.00 -$500.00.

B. Need for better communication between State agencies, especially within the Department of Human Services.

C. Priorities should be given to upgrading homes already licensed before licensing new homes. Number of beds in a facility should not be such a big isuue, the issue should be the qualifications and capabilities of your owners/operators.

To sum it all up, the Personal Care Home Association is in agreement that with the proper REIMBURSEMENT mechanism, and properly trained and paid STAFF, a better standard of living will be inevitable for the RESIDENTS, which is our primary concern.

(STATE OF MAINE)

PERSONAL CARE HOMES ASSOCIATION

January 4, 1982

TO: Members, Boarding Home Study Committee

FROM: Maurice Potvin, President P.C.H.A.

At your last meeting I was requested to come up with a basis on which a reasonble Flat Rate could be established. The following is a composite of several homes who had figures which I could work with. Where there was such a difference in many cost factors, I averaged out a per deim rate within each cost area to arrive at the following.

	Annual Cost	Per Patient Day
LABOR This figure was arrived at by using the Minimal Salary allowed by the State Dept. of Labor ($175.00) less the maximum deductible for Room & Board ($50.00) for 52 weeks. To this I added $2,680.00 for relief help, this allows for 100 days at minimum wage, and $970.00 for self-employment tax and payroll taxes on relief help.	$10,150.00	4.63
SUPPLIES Used average.	1,095.00	.50
HOME OPERATION & MAINTENANCE This figure varied substancially as the type of heating diferred in just about every home and many of the homes did not have any Water & Sewer cost - which was substancial in those homes located within city limits. Used for Heating Cost: 2400 gals @ 1.25 Other Cost: Average of the homes.	5,150.00	2.35
FOOD Used average	5,000.00	2.25
GENERAL & ADMINISTRATIVE These cost include telephone, license, 50% Vehicle Expense and Depreciation, office, legal, and accounting expenses to name a few.	2,190.00	1.00
CAPITAL COST This includes an average of $2500.00 Mtg Interest, $2,000.00 Depreciation based on a $50,000 home depreciated over 25 yrs., and $900.00 RE Tax and Fire Insurance.	5,400.00	2.47
TOTAL ANNUAL COST AND COST PER BED DAY	$28,985.00	$13.24

Converted to Monthly Rate @ 100% Occupancy	$402.72
95% "	424.01
90% "	447.43
85% "	473.59
*80% "	503.09

*One empty bed for the entire year will bring down the occupancy rate to 80%

State Licensed:
Personal Care Boarding Homes
For The Aged, The Disabled And The Blind

It should be noted that for the most part six bed homes will run a very high occupancy rate, the average for the homes surveyed by me was 98%.

Based on this fact, and taking inflation into consideration, and also the conservativeness of these figures, it would seem that TODAY's flat rate should be at $425.00 and not $335.00.

It was interesting to note that Food cost ranged from $1.57 per day, for the home gardiner, to $2.75, for the home that bought its groceries weekly at a local market.

These figures represent SIX BED FLAT RATE BEDS only, all homes serve the elderly and the owner/operator live in the facility. Facilities were contacted after I put my findings together, and all agreed that they felt they could survive with $425.00 today, but what about tomorrow?

For Senator Gill's benefit, I would like to emphasize that all figures were attained from Boarding Home personnel and the Department of Human Services was not contacted and therefore have no input on this report.

It is my hope that this will be of some help in giving you some direction in an area which seems so vague, yet encompasses the biggest percentage of homes rendering personal care.

Respectfully submitted by,

Maurice E. Potvin
President, P.C.H.A.

Position Paper on Boarding Home Financing

Prepared by Virginia Norman
Lon Walters
Marge Blood

Flat Rate Boarding Homes

There are 6 bed and under licensed boarding homes in Maine. A total of $ federal dollars and $ state dollars were spent in 1980 for care provided in 6 bed and under boarding homes.

The small boarding home gets a flat rate of $335 for each resident per month, or $4,020 per resident a year. This is used to provide food, housing, heat, utilities, supplies, activities, special services and supervisory care for the residents.

The majority of the 6 bed and under homes are operated by a family and are often referred to as "Mom and Pop" homes. The operators must be on the premises at all times or hire someone to supervise the residents. Common complaints from small boarding home operators include lack of sufficient funds, no time free for the operators, and lack of activities for the residents. Complaints from residents and resident advocates include no activities for residents, no special services for the residents with special needs, isolation due to rural location of homes, and lack of sufficient supervision.

How could some of these problems be addressed? While we are not recommending sweeping reforms, we do see that some of the major problems associated with small flat rate boarding homes could be addressed as follows:

1. Respite allowances - The Department of Human Services should establish a cumulative respite allowance available to boarding homes on a reimbursement basis to be paid upon billing. Such an allowance would allow boarding home operators some time away from the home and would assure supervision for the residents.

2. Activities grants - The Department of Human Services should seek requests for proposals from appropriate agencies to provide activities for boarding home residents by Department region on a contract basis. The RFP's could describe the types of activities needed in each boarding home by region and make a specific amount of money available to agencies who meet the criteria through a competitive application process.

Cost Reimbursement Boarding Homes

There are cost reimbursed boarding homes representing $ federal and $ state dollars. The cost reimbursed homes are funded retroactively based on the Department of Human Services' Principles of Reimbursement. These boarding homes have a reimbursement cap of $518 a month.

We suggest that the cap is only an artificial mechanism that serves to contain costs rather than recognizing actual funding problems. The ceiling in fact prevents the facility from offering any additional services. Therefore, we recommend that the cap be eliminated and the following steps be taken to address boarding home funding problems:

1. Cash flow - The Department of Human Services must reimburse in a timely fashion. Currently the payments to boarding homes are three to four months behind, which forces many homes to secure loans. The interest on the loans is not a reimbursable item currently, which it should be.

2. SSI - The boarding home may lose SSI payments because the SSI code changes are not made in a timely manner. That is, when a resident moves from one home to another, the billing code must be received by the new boarding home before the boarding home can bill the State. Delays in receipt of the code mean non-payment, although the resident is physically present in the boarding home. We recommend that the Department allow boarding homes a three month grace period to assure code changes and prompt payment to the boarding homes.

3. Funding mechanism available to purchase needed services - The Department of Human Services should create a funding mechanism available to boarding homes to purchase necessary services, including social work, transportation, dietary consultation, activities coordination, mental health services, and so forth, based on the needs of the resident. If the cap was eliminated, the boarding home would be reimbursed for the services purchased from local providers or offered by the boarding home through additional staffing. Due to the large amount of revenues necessary to accomplish this statewide, the Department could phase in such a change region by region or county by county over an extended period of time.

4. Fines and penalties - A system of fines and penalties should be implemented which would levy certain fines for deficiencies that must be paid by the boarding home until the deficiency is corrected.

Department of Human Services

The Department of Human Services should have a full time Boarding Home Coordinator. The boarding home program is a large responsibility and one individual should be available to monitor homes, keep track of policies, deal with service requirements, and pursue funding sources other than state dollars.

member of
national association for retarded citizens

Independence Association
for Retarded Citizens

P.O. BOX 642
BRUNSWICK, MAINE 04011

MEMBER BRUNSWICK AREA UNITED WAY

October 28, 1981

To: Representative Ed Kelle~~er~~her
Chairperson, Boarding Care Study Financial Sub-Committee

From: James Pierce, Committee Member

Attached are letters from several non-profit group home providers outlining areas of concern which they would like to have addressed.

JP/pag

Attachments

Member of
arc
Association for
Retarded Citizens/
United States

Kennebec Valley Council for Retarded Citizens
P.O. Box 26, Hallowell, Maine 04347
Business Office 623-1090

WINTHROP
Allison Group Home
Winthrop Activity Center
Winthrop Thrift Store

AUGUSTA
Augusta Thrift Store
Children's Services Unit

HALLOWELL
Hayden House
Sussman School
Hayden Activity Center

GARDINER
Gardiner Group Home
Gardiner Activity Center

September 30, 1981

James Pierce, Executive Director
Independance Association for Retarded Citizens
28 Turner St.
Brunswick, Maine 04011

RE: Group Home Reimbursement Issues

Dear Jim,

Please excuse my delay in responding to your request for information regarding issues of group home reimbursement. I hope that the delay will not result in this letter being of no use to you.

As we have discussed in the past, there are numerous problems with the principles and policies of Department of Human Services in reimbursement to agencies who operate a six-bed group home for mentally retarded persons. One of the major issues is the ceiling on routine services. The result of the ceiling is the failure of the Department to reimburse agencies for legitimate costs such as heat, utilities, etc. which increase yearly.

Additionally, allowed staffing is one person at minimum wage for forty hours per week and $2,500 annually for relief staff. This amount permits 54 hours weekly of single staff. Even when all residents of the home are in day programs five days per week, never ill, never requiring staff attention during the night, etc., the home requires staff for 86 hours weekly. The Department of Labor have already assessed this agency significant amounts for failure to reimburse group home staff in compliance with the Fair Labor Standards Act. The principles do not permit adequate wage payments. In addition, this minimum wage limitation does not permit recruitment and retention of quality staff for rather obvious reasons.

Another issue is the practice of deducting a percentage of the costs of the home when staff are residing in the facility. Since we are prohibited from a staffing pattern which allows for non-resident staff, we must require the house parent to live in the facility. One-seventh of the cost of the home is subsequently deducted by the Department because a staff member lives there. Again, Department of Labor allowed this agency a $25.[illegible] per week credit when determining the amount of back wages due to live-in staff, but Department of Human Services deducts more than that from its reimbursement to the home.

The 90% of occupancy rate is a frequent hardship for the six-bed [illegible]. If one bed is empty, the home is below 90% occupancy. Operating costs are not substantially reduced, however, hence another loss to the agency.

The failure to permit a return on equity to a non-profit home recover [illegible] revenue for such a home to operate without a deficit.

As you are well aware, a number of group homes have converted to ICF/MR status during the past year and a half. In many instances, the conversion was motivated by fiscal rather than programmatic considerations. The decision of the Department to cease the issuing of special circumstance allowances to group homes was apparently based on the premise that any home requiring one should be an ICF/MR. In terms of client need and level of care, however, this is simply not accurate. My agency currently operates three residential programs: an ICF/MR nursing facility, an ICF/MR group home, and a six bed group home. ICF/MR is an overly restrictive level of care for my group home, yet, the only way I can even have one staff member on duty all of the time that the clients are in the home is through the ICF/MR.

I hope that this information will be of benefit to the task force in its review of the group home reimbursement process. I would be more than happy to meet with you, provide more information, or be of assistance in any way I can. Please be in touch if I can help.

Best wishes,

Charlene Kinnelly

Charlene Kinnelly
Executive Director

THE GROUP HOME FOUNDATION
37-39 HIGH STREET BELFAST MAINE 04915
207-338-2080

September 1, 1981

Jim Pierce, Executive Director
Independence Association of Retarded Citizens
P. O. Box 642
Brunswick, Maine 04011

Jim,

Sorry to be so late with this information.

Several items within the Principles of Reimbursement for Boarding Care Facilities need to be modified:

1. The policy of the Department of Human Services not to reimburse for the pro-rated share of heat, lights and any other utilities which is attributable to the live-in staff person must be changed. This policy means that in our two six-bed homes 1/7 of these costs were not reimbursed to this agency. In the last two years this amounted to $1,633.

2. The department must reimburse the boarding care facilities for more than minimum wage payments to staff people. Staff salaries should be in the $8 - $10,000 range.

3. Currently, the department will not reimburse to the agency, the cost of food eaten by staff people. The U.S. Department of Labor would permit an employer to charge an employee for meals furnished but the Department of Human Services only provides minimum wage reimbursement. To pay staff people minimum wage and then charge them for meals adds insult to injury.

4. I understand that the Department of Human Services is considering eliminating the Special Allowance provision for additional staff in group homes.

Our two homes have one special allowance position. This position is used to increase the amount of time available to do one on one and small group training with the residents. The continuation of the position is essential to meet the program needs of our residents.

5. The current administrative allowance ceilings have been in effect since 1977 or '78. A non-profit home is required to pay for a full time staff person (salary and all fringe benefits) from the administrative allowance.

For a six-bed home the administrative allowance is $[illegible]. This means the staff person who is responsible for a 40 hour week, supervision of six residents, supervision of one relief staff person, [illegible], food purchasing and attending to all the detail of running a group home can only be paid $150 per week.

Since the total administrative allowance must be used for direct care staff, the boarding care program, within a multiple funded agency does not contribute to the administrative cost of operating the agency.

6. The current policy on penalizing six-bed homes which are unable to maintain an 80% occupancy rate should be reversed to reflect the original intent of this regulation.

The original intent was to reimburse a home which maintained an 80% occupancy rate for 100% of its allowable costs or up to the total reimbursement allowed under a ceiling. This policy was developed as a way to permit a small home to cover its fixed expenses which are not governed by the number of beds occupied on any given day. This is essential since it is impossible to maintain a 100% occupancy level since we are housing people not storing furniture.

The "80% rule" is currently interpreted to reduce the level of reimbursement if a six-bed home falls below an occupancy level of 80%.

7. The final cost report which must be filed with the department at the end of the fiscal year is a very confusing document and probably unnecessarily complicated.

It is my opinion that a much simpler income and expense statement could be devised which would meet departmental/agency needs.

Related to this issue is the format of the audit report from the department. It is not made in a format which is comparable to the final cost report or any other financial statement of which I am aware. One of the purposes of an audit is to provide information permitting better financial management, the current departmental audit report does not meet this objective.

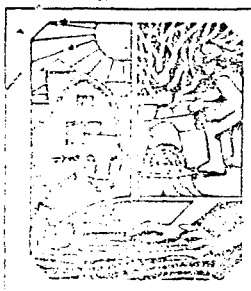
The audit report should follow the identical format used for the cost report with individual line item differences explained by specific departmental policy citations.

Thanks for the opportunity to provide these suggestions and opinions.

Sincerely,

Harold Siefken
Executive Director

HS/jt



SEBASTICOOK FARMS

BOX 65, ST. ALBANS, MAINE 04971

Lawrence Acres Farm
St. Albans, Maine
938-2590

Athens Farm
Athens, Maine
654-2629

Square Road Farm
St. Albans, Maine
938-2190

[illegible]
Lawrence Warren, Director
St. Albans, Maine 4973

September 28, 1981

Mr. Jim Pierce,
Executive Director
% Gregory House
P.O. Box 642
Brunswick, Maine 04011

Dear Jim:

Relative to your standing on the Boarding Home Study Committee I would like to bring to your attention some of the problems we face at the Lawrence Acres Group Home located in St. Albans, Maine. Specifically, this non-ICF/MR home is residence for six moderately retarded male adults. Staffing consists of a house manager, a live-in counselor and two part-time relief positions. To be able to maintain this level of minimal staffing we are forced to transfer all administrative allowance funds for staffing which, obviously, prevents us from using those funds to address unexpected, higher than budgeted costs which, as you know, can easily happen given the extremely tight routine service ceiling. We have been granted one special circumstance position but that was at minimum wage which has caused us great difficulty in maintaining any lasting staff continuity due to the dead end status of that position financially speaking. Overall, expecting to be able to pay a qualified individual minimum wage and the necessity to transfer administrative allowance funds to cover staffing costs has served to create a perpetual staffing problem at the facility.

I would also like to bring to your attention the practice whereby live-in staff work against the overall financial status of the home. Specifically, a percentage based on the number of live-in staff is backed out for food, electricity and fuel. Quite obviously, on a twelve-month basis this amounts to no small sum of money, In essence money is thrown out the window since it cannot be recovered or addressed because, as aforementioned, our administrative allowance is used for staffing costs.

If we could experience three changes in the policies which effect our six-bed group home it would be to: 1. raise the administrative allowance to a more equitable level especially to address inflation on a yearly basis; 2. to allow salaries to be paid to qualified staff above the current minimum wage level; 3. to eliminate the policy whereby live-in staff are used to penalize the group home on a financial basis.

If the three areas mentioned above could be addressed by the State the management of the Lawrence Acres Group Home would no longer be one of frustration due to deficits of between two and four thousand dollars. Ultimately, some flexibility will be necessary for the day will eventually come when the home will no longer be able to operate due to accumulated deficits. Given the current financial times and the loss of dollars, especially the local communities which usually address such deficits, I do believe such programs such as the Lawrence Acres Group Home are in serious jeopardy.

I appreciate the opportunity for being able to express some of these problems. I hope that the Boarding Home Study Committee is able to have some impact on the areas I have described. Good Luck.

Sincerely,

Lawrence Mentzel
Executive Director

LW/vi

GOODWILL
OF MAINE, INC. 353 CUMBERLAND AVENUE • PORTLAND, MAINE 04101 • (207) 774-6323
"Independence through Action"

September 21, 1981

James Pierce, Executive Director
Independence Associates
Post Office Box 642
Brunswick, Maine 04011

Dear Jim:

I want to thank you for the opportunity to share with you my comments in regard to the operation of Carleton House and Pride House in relation to the Cost Reimbursement system.

The concept of Cost Reimbursement I believe in, however, ceilings, allowable costs, and demands of other related State agencies' requirements result in confusion and problems. Please allow me to explain in detail.

A. Ceilings for routine costs. Not all physical plants are identical. Number of beds, efficiency of heating plants, maintenance, etc., can, and do, greatly vary. Here at Goodwill, Pride House, a five year old structure with twenty beds, has yet to come near the ceiling. Carleton House, a forty + year old home with fifteen beds is constantly at, or surpassed, the ceiling. This situation greatly influences decisions and living conditions of the residences, just for the necessities. The ceiling should reflect a more accurate comparison to the home capacity, structural/physical requirements and maintenance needs.

B. Allowable costs/other State agencies. There are provisions allowed to cover additional staff to meet resident needs. The Bureau of Mental Retardation and the Licensing Agency place requests/demands constantly on operators. To date, our agency has had success with obtaining special circumstances. However, I understand that the Department of Human Services wishes to abolish this practice. I can not stress enough the negative impact upon the residents should this happen. In our situation, the residents' needs could be better addressed with additional staff beyond current levels.

Again, in closing Jim, I feel the current concept is productive, however, could allow greater flexibility. I would hate to see the special circumstances allowance abolished due to the negative impact upon resident needs.

Yours truly,

Marvin A. Tanck
Director of Rehabilitation

MAT/kjl

INDEPENDENCE ASSOCIATION FOR RETARDED CITIZENS, INC.

Independence House Budget
(7/1/81 - 6/30/82)

	Reimbursable Costs	Non-Reimbursable Costs	Total
Staff:			
Executive Director (15%)		$2,916.00	$ 2,916.00
Secretary	$ 1,820.00		1,820.00
House Director	8,598.00	1,662.00	10,260.00
Weekend Manager	5,923.00	1,043.00	6,966.00
Aide - Special Circumstance	6,968.00	452.00	7,420.00
	23,309.00	6,073.00	29,382.00
FRINGE - 16.65%	3,881.00	1,011.00	4,892.00
	$27,190.00	$7,084.00	$34,274.00
Supplies:			
Food ($2.75 per person per day)	6,022.00	1,004.00	7,026.00
Hygiene	257.00	43.00	300.00
Housekeeping	420.00	80.00	500.00
Medical	108.00	17.00	125.00
Laundry	129.00	21.00	150.00
Office	322.00		322.00
Postage	169.00		169.00
	7,427.00	1,165.00	8,592.00
Utilities:			
Heating Oil (1,460 gal. x $1.50)	1,800.00	300.00	2,100.00
Electricity	857.00	143.00	1,000.00
Water & Sewer	643.00	107.00	750.00
Rubbish & Plowing	86.00	14.00	100.00
Telephone	750.00		750.00
	4,136.00	564.00	4,700.00
Other:			
Legal & Accounting	1,200.00		1,200.00
License	25.00		25.00
Building Maintenance	500.00		500.00
Equipment Maintenance	500.00		500.00
Recreation		200.00	200.00
Newspapers, subscriptions, dues	250.00		250.00
Client Travel	2,500.00		2,500.00
Staff Travel		100.00	100.00
Insurance	600.00		600.00
Interest	4,890.00		4,890.00
Principle		988.00	988.00
Depreciation	748.00		748.00
	11,213.00	1,288.00	12,501.00
GRAND TOTAL	$49,966.00	$10,101.00	$60,067.00

STATE OF MAINE

Inter-Departmental Memorandum

Date November 16, 1981

To Chris Holden, Legislative Staff, Boarding Home Study

Dept.

From Bob Foster

Dept. Bureau of Mental Retardation

Subject

Enclosed please find the information requested on boarding home needs of BMR clientele.

BF/b
Enc.

Bureau of Mental Retardation Boarding Home Analysis

Exclusive of the institutional population the Bureau of Mental Retardation caseload is approximately 2155*/of that number:

..127 (6%) live in independent or semi-independent living situations.
..788 (37%) live with family or relatives.
..190 (9%) live in foster homes.
..338 (16%) live in boarding homes six or under beds.
..60 (3%) live in boarding homes 7-15 beds.
..219 (10%) live in boarding homes over 15 beds.

(The total boarding home population is 617 or 29% of the total caseload.)

..12 (1%) live in food and lodging establishments.
..238 (11%) live in special intermediate care facilities for the mentally retarded (ICF/MR)
..123 (6%) live in general nursing homes.
..60 (3%) live in other residential treatment arrangements.

Next to family/relatives, boarding homes are the largest category of living arrangements for Bureau clients. Of the number (617) currently living in boarding homes, Bureau caseworkers and interdisciplinary teams estimate that:

..113 or 33% of the 338 persons living in boarding homes of 6 or under beds need other living arrangements.
..43 or 72% of the 60 persons living in boarding homes of 7-15 beds need other arrangements.
..94 or 43% of the 219 persons living in boarding homes over 15 beds need other arrangements.

In total this means that 250 or 41% of the total boarding home population need other living arrangements now or within the next two years. This is essentially the potential outmigration population.

The inmigration population, (persons living in other arrangements who need board and care, is as follows:

..261 persons need boarding homes of 3-6 beds.
.. 22 persons need boarding homes of 7-15 beds.
.. 0 persons need boarding homes over 15 beds.

Additionally, approximately 20 persons residing in Pineland need boarding home placements in the 3-6 category.

If total figures are added, total outmigration needs are 250, total inmigration, 303. This leaves a net new development need of 53 beds. However, analysis of the type of home needed shows:

..113 need to leave homes of 6 or under beds while 281 other persons need these beds. This means a net new development need of 168 beds.

* Based on April 1 unmet needs survey

..43 persons need to leave boarding homes of 7-15 while 22 persons need these beds. This means a net surplus of 21 beds.

..94 persons need to leave boarding homes of 15+ beds while 0 persons need these beds. This means a net surplus of 94.

In short, BMR Boarding Home Survey shows a need for marked increase (a 50% 168 bed increase in current inventory) in small homes (6 beds or under), while inventories of beds in larger homes can be decreased in a planned fashion, since the survey date, 15-20 beds in the 3-6 bed category have closed, exacerbating the shortage in this area.

Policy implications argue for a re-examination of the boarding home moratorium to consider:

..replacement of beds that are closing with beds in the 3-6 category.
..reimbursement and program incentives to develop 3-6 bed homes while maintaining adequate reimbursement and support larger homes providing quality services.

In view of the large in and out migration figures in the boarding home program the Departments of Mental Health and Mental Retardation and Human Services should examine this impact on other publicly funded residential programs to determine necessary financial and program needs. The Bureau of Mental Retardation is doing a final analysis of this type of data and will have detailed residential development needs compiled by December 1. For example, preliminary figures show that BMR clients living in the community will need additional independent living slots (150), foster homes (65) and ICF/MR (106) beds. Additional nursing home beds are not needed. In fact, there is a surplus (46), as there is in the larger boarding homes (115).

November 30, 1981

To: Legislative Study Committee on Boarding Homes

From: Bob Weingarten, Director, CSS Project

Subject: Why we need a Classification System to better define and categorize residential facilities currently known as Boarding Homes.

Problem: Defining and Categorizing Boarding Home Care

Currently the boarding home classification is a "catch-all" for many different kinds of facilities. Residents, for the most part, are not matched with an appropriate facility in part due to the absence of a precise nomenclature for community residential facilities. The licensing system is too all-inclusive and does not differentiate among the many different kinds of facilities. Also, licensing standards vary region by region, according to the way they are applied by regional personnel. Licensing regulations define a boarding care facility as:

Boarding Care Facility - to qualify for licensure as a boarding home, a boarding care facility shall:

A.1. be primarily engaged in providing to three (3) or more persons

a. personal care, supervision and social services for defectives, dependents, delinquents, aged blind or other persons 16 years of age or over who are ambulatory and who do not have such an illness, disease, injury or other conditions as to require the degree of care and treatment which a hospital or skilled nursing facility or intermediate care facility is designed to provide:

b. such care and services under the supervision of sufficient personnel to provide adequate care for its residents during all hours of each day and all days of each week, as outlined in Chapter 9.

The lack of a classification system certainly hampers the placement of a person in an appropriate residential setting according to that individual's assessed needs. Even if we were to effectively develop a process whereby individual case planning was established, it would still be difficult to assume that individuals were placed in the proper living situations under the current general description of a boarding home.

Although there are some glaring exceptions (e.g. Jefferson Manor), generally it is not a question of good vs. bad homes but rather a mis-match of person and home (square peg in round hole).

The absence of precise boarding home categories leads to conflicting expectations on the part of state officials, operators, residents and their advocates, and the general public. For facilities attempting to serve special populations and/or provide more than the basics of personal care, supervision and social services, it means continuous frustration with a set of licensing regulations and reimbursement policies irrelevant, and often counterproductive, to the facility's stated goals and purposes.

In considering a workable classification system, the study committee should keep in mind the ultimate purpose of matching the needs of the resident with the objectives and outlook of the operator/owner. The Committee should also consider maximizing the total amount of funding potentially available to support a community residential program. This includes taking full advantage of all HUD and Farmers Home programs and much greater utilization of the Medicaid program.

Some of the variables which the Committee might want to consider in designing the classification system are as follows:

A. Size (Big vs. smaller vs. smallest): This is obviously the most readily available method of sub-categorizing boarding homes. Question: How sensitive is the size variable in meeting client needs and maximizing quality of life?

B. Transitional vs. Long-Term: Entirely missing from current usage of boarding homes is the concept of transistional living. Should there not be some reimburseable residential facilities whose purpose is to move people along to more independent living arrangements? Do plans of care ever address a boarding home placement as temporary, even for those on SSI due to permanent disability?

C. Level of Supervision: Different people require differing levels of supervision. It is totally absurd for a boarding home with a minimal staff complement to be expected to care for formerly institutionalized persons when these same persons may have been supervised on a 2:1 ratio at the institution. Concommittantly, boarding home regulations often mandate a greater level of control over the functioning of individuals than can possibly be achieved in a home-like, normalized environment. Unfortunately, the result of minimal staff on the one hand, and the requirement of exercising control on the other hand, has led to the practice of overmedication in some cases.

What I am asking for is clarifying the degree of supervision expected by category of home, thereby facilitating the placement and growth of residents.

D. Type of Client to be Served: (By disability group, by age, etc.)

E. Level of Programming to be Offered: In the home vs. outside the home; Intensive vs. minimal; Psycho-social oriented vs. medical; Rehabilitative vs. maintenance (custodial).

Summary of Recommendations:

In essence, I am recommending the abolishment of the general "boarding home" category in Maine statutes, and, a fundamental change by the creation of new categories of residential facilities, each with a separate set of regulations, reimbursement policies, purposes, goals and expectations (although a "common core" of policies and standards may carry through each). I would further propose that these regulations and policies be initially drafted by individuals, organizations, and departments familiar with the purposes, expectations and needs of residents in a particular category of residential service.

The Governor's Long-Term Care Task Force has proposed such a classification system. The Committee may want to examine the Task Force's recommendation as a

basis for its own proposal. The Task Force, on page 97, described three new categories, to wit:

1. Unsupervised Group Living Facilities
2. Supportive Group Living Facilities
3. ICF-Boarding Care

Before concluding, I would like to offer one final comment: while specialized living facilities in some cases may be appropriate for persons with severe mental illness, in no way should this proposal be construed to imply a general segregation of facilities for the mentally ill or any other disability group. Oftentimes persons with chronic mental illness may benefit from a "mixed" living situation as will others in the home as well as the community. We must be forever viligant of any attempt to increase the problem of stigma associated with mental illness, even if it arises from a well intentioned boarding home classification system.

Maine Department of

Mental Health and
Mental Retardation

JOSEPH E. BRENNAN
Governor

KEVIN W. CONCANNON
Commissioner

Rm. 411, State Office Building
Augusta, Maine 04333
(207) 289-3161

January 5, 1982

To: Members of the Boarding Home Study Committee

From: Bob Weingarten, Director, Community Support Systems Project BW

Subject: Qualifications of Owners/Operators of Boarding Homes

I am sending this communication directly to each member of the Committee due to the time limitations before our next meeting on January 8th. I hope at that time we can discuss the subject of qualifications of operators of boarding homes.

In reviewing the list of recommendations for ranking in priority order, it has come to my attention that the qualifications of operators is not included in our list of recommendations. I think this is a major oversight and one which the Committee should correct as soon as possible. One of the most important factors in the operation of a boarding home is the qualifications of its owner or operator. This information was brought to my attention in testimony and deliberations of the Governor's Long-Term Care Task Force last year. It has been further reinforced by current discussions with boarding home operators and members of the mental health community who deal with such boarding homes.

It is encouraging to note that the recommendations presented by Moe Potvin of the Personal Care Home Association, which represents many of the boarding homes in this State, includes a suggestion to upgrade the qualifications and capabilities of operators. It is also noteworthy that in the new draft licensing standards, presented by Isabelle Tighe of the Department of Human Services, for six-bed and under boarding homes, there exists a set of expanded qualifications for owners of these facilities. I believe that the Committee should endorse expanded and upgraded qualifications in as much specificity as possible. This is a priority that must be addressed if we are going to be able to upgrade care and supervision in these facilities.

The current qualifications for an operator of a boarding home are as follows:

> "The operator must be over age 21; capable of making mature judgements; have no physical, mental, or personality disturbances which interfere with carrying out responsibilities; and not be addicted to drugs or alcohol."

I believe that most members of the Committee will agree that these are insufficient, unmeasurable, and unenforceable, for the responsibility which we place on owners/operators of boarding home facilities. It seems remarkable taht the State has detailed qualifications for everything from soil tester to barber, but is comparatively lax in terms of qualifications of those to whom we give the care and supervision of some of the most vulnerable individuals within our society, including the frail elderly and the disabled.

Following are some of my ideas of how we may be able to upgrade the existing qualifications. I am sure that the members of the Committee can think of far better ways to accomplish this goal:

1. Before allowing any individual to own or operate a boarding home, they should be given an extensive interview by an appropriate official of the Licensing Unit within the Department of Human Services to ascertain their suitability for this responsibility. Part of this interview process should be the administration of a questionnaire or interview guide to assess some specific characteristics which would either be detrimental or favorable regarding the person's ability and commitment to the operation of a boarding home. If the boarding home is to house mentally ill, mentally retarded, frail elderly, physically disabled, or other vulnerable populations, it should be the practice of the Licensing Unit to include an appropriate representative of these respective fields in the interview process.

2. The candidate for ownership of a boarding home should present documentation of their expertise and suitability for managing or owning a boarding home. There should be community references as well as documentation of some level of experience in this field.

3. The perspective candidates should be required to spend a minimum of one week working in another boarding home before being given the license for their own home.

4. The individual should be placed on a probationary status for at least six months, at the end of which time licensing staff, along with any other members of the interview team, would review the experience of the six-month period to determine whether a permanent license should be granted.

5. The owner/operator should be required, as a mandatory condition of receiving a license, to take a number of educational courses, unless the individual can present documentation that such courses, or the equivalent, have already been taken. These courses would deal with some of the basic issues and problems which confront the typical boarding home owner during the course of the administration of the boarding home.

The above suggestions and others which the Committee may deem appropriate, should not be construed to suggest that an individual must have a credentialed background in order to be qualified as a boarding home operator. I believe that we should avoid the situation where educational background becomes the primary determinant of whether someone is fit to manage a boarding home. I believe that in too many fields we have put an over-reliance on educational background which has caused numerous problems in those fields. In the case of boarding home operators, we want to ascertain the commitment, interest, and dedication as well as experience, of the potential candidate rather than rely on educational attainment.

BW/js

STATE OF MAINE
ONE HUNDRED AND TENTH LEGISLATURE
COMMITTEE ON HEALTH & INSTITUTIONAL SERVICES

November 9, 1981

Dear Boarding Home Operator,

At the end of the last legislative session, the Health and Institutional Services Committee chose as a topic for further study the Boarding Home Program in Maine. A Committee was formed, consisting of representatives from Health and Institutional Services, the Departments of Mental Health and Mental Retardation, and of Human Services, the Maine Medical Association, the Maine Committee on Aging, operators of flat-rate and cost-reimbursement boarding homes, and spokespersons for the providers.

The Boarding Home Committee has been asking questions of various people, and now we are particularly anxious to hear from the operators. We would greatly appreciate it if you would take the time to study the enclosed questionnaire, contact our staff person, Christine Holden (289-2486) if you have any questions, and then fill out and return it in the enclosed postage-paid envelope. It should be sent to:

Christine Holden, Legislative Assistant
Room 421, Station 13
State House
Augusta, Maine 04333

Please return by NOVEMBER 21.

We want to stress that this information is for our needs in evaluating the program: none of it will be used in a way which would identify you, and you can specify that you don't want any of your responses to be used at all. Remember, you don't have to answer any question you feel uncomfortable about.

We will be grateful for the assistance you can give us; all information will be used to improve the program of boarding home care for the operators and the residents, and therefore, for all the people of Maine. We will of course share our major conclusions with you.

Thank you very much for your cooperation.

Sincerely,

Barbara A. Gill (CH)
Barbara A. Gill
Senate Chair

Sandra K. Prescott (CH)
Sandra K. Prescott
House Chair

BOARDING HOME QUESTIONNAIRE
FROM
HEALTH & INSTITUTIONAL SERVICES COMMITTEE

NOTE: Your answers to these questions are voluntary, and you will not be identified. Please answer the questions as of November 1, 1981.

Please print (or type) your answers.

I. GENERAL

1. Location of Boarding Home: County_____

(Check one)

City_____

Small Town_____

Rural_____

2. What factors led you to decide to become a boarding home operator?

a._____

b._____

c._____

3. For how many years have you been operating a boarding home?

Current home_____

Previous home(s)_____

4. Do you think it is desirable or necessary for a person to have training to run a boarding home?

Desirable: Yes_____No_____

Necessary: Yes_____No_____

Should the state provide opportunities for such training? Yes_____No_____ The boarding home association? Yes_____No_____

II. DESCRIPTION

5. How many licensed beds are there in your home?

_____

6. How many are occupied:

Now_____November 1_____

7. Do you have an assistant operator?_____

8. How many of the following support personnel do you have on duty in your home? (Briefly explain what aspects of care they provide).

Number		Type of care
_____	RN (Registered Nurse)	_____
_____	Medical Assistants	_____
_____	LPN (Licensed Practical Nurse)	_____
_____	Activities Director	_____
_____	Dietician	_____
_____	Nurses' Aide	_____
_____	Other (Specify)	_____

9. What medical services are available to your residents? (e.g., emergency, physicians)

_____

Do you have a physician available on call?_____

_____

10. What are your arrangements for after-hours coverage?

	Operator can be reached at home	Someone else covers	None
Weekends	_____	_____	_____
Evenings	_____	_____	_____
Vacations	_____	_____	_____

11. Do you provide assistance to residents in:

a. Cleaning room Yes_____No_____

b. Shopping for personal needs Yes____No_____

c. Transportation Yes_____No_____

d. Other_____

III. RESIDENTS

12. Age range: Youngest_____Oldest_____

Estimated average age_____

13. How many new residents do you usually accept each year?_____

14. Do you have a waiting list for new residents at the moment? Yes_____No_____
If yes, how many are on it?_____

15. Do you receive the residents' records prior to admitting them: Yes_____No_____

Comments:_____

_____

_____

16. How much advance notice do you need before you will accept a new resident? (Explain)

_____

_____

17. Do you have a procedure which outlines residents' rights?

Yes_____No_____If yes, please explain_____

_____

18. Do you have a procedure to handle residents' complaints? Yes_____No_____
If yes, please explain_____

_____

IV. RELATIONSHIPS WITH OTHER AGENCIES

19. If you ever have had contact with the nursing home ombudsman, who made the contact?

Operator_____Resident_____Other_____

Comments_____

_____

20. What are the sources of your referrals? (Mental Hospitals, Mental Health Centers, Churches, Friends, Family)

_____

_____

_____

21. Do you routinely refer your residents to agencies or social workers for social service help?

Yes_____No_____

If yes, is this for

a. Help with financial problems?_____

b. Counseling?_____

c. Other(please list)_____

_____

V. FINANCIAL MATTERS

22. How many of your residents are private pay?_____

How many are State pay?_____

23. Are you on a flat rate system? Yes_____No_____

Are you on a cost-reimbursement system? Yes_____No____

24. What amount of reimbursement do you receive per resident per month?

State_____

Private Pay_____

25. How is the personal needs money handled at your home?

By resident_____By the home_____

Other _____Comments_____

_____

_____

26. Please explain what your financial needs are and what you feel is an adequate reimbursement.

_____

_____

_____

VI. SUPPLEMENTARY INFORMATION

27. What (other than money) do you feel are your most important concerns as a Boarding Home Operator?

_____

_____

_____

28. Are there areas in which you would like more assistance from the Department of Human Services? Please comment:

_____

_____

_____

29. Other comments: _____

_____

_____

_____

_____

_____

IF YOU WISH, YOU MAY SIGN YOUR NAME, AND THE NAME & LOCATION OF YOUR BOARDING HOME.

30. Name of operator _____
(Please print)

31. Name & address of boarding home

_____

_____

THANK YOU! PLEASE MAIL BY NOVEMBER 21 IN THE ENCLOSED ENVELOPE.

STATE OF MAINE

Inter-Departmental Memorandum Date December 16, 1981

To Members, Boarding Home Study Committee Dept.

From Christine Holden Dept. Legislative Staff

Subject Survey of Boarding Home Operators

A survey was developed, based largely on questions supplied by Representative Prescott, and sent to all operators of boarding homes on a list of licensees supplied by the Department of Human Services. There were 309 on the list; some questionnaires were returned because the homes were now licensed as ICF-MRS, others because the home was no longer in operation.

A total of 129 responses were received; 7 more have come in since the survey was analyzed. The numbers replying by type, were 58 Flat-Rate homes (FR), 22 6-bed or under Cost Reimbursement Homes (CR), and 49 over 6-bed cost Reimbursement Homes (6+CR).

It was necessary to combine some of the subjective responses, in order to have a manageable number of categories. For the most part, there did not seem to be much ambiguity in the responses, though most people did not differentiate among family, friends and professional staff or specify particular concerns in the "other than money" section.

The quantifiable responses are listed below. The numbers do not always add to the total number of respondents.

1. Factors which led to their desiring to become boarding home operators:

FR:	Previous experience	4
	Wanted own business	12
	Concern	44
CFR:	Need for services	2
	Concern	14
6+CR:	Previous experience	2
	Concern	32
	Wanted own business	9
	Financial incentive	1
	To separate levels of care	1

2. Years of experience in operating current home:

FR:	8.14 years
6CR:	6.53 years
6+CR:	7.4 years

Several had also operated previous places.

3. The desirability or necessity of a person being trained to run a boarding home:

	Desirable	Necessary
FR:	45	13
6CF:	14	10
6+CR:	35	32

4. Who should deliver the training:

	State	Boarding Home Associations
FR:	25	20
6CR:	11	5
6+CR:	37	25

5. The number of beds licensed in those facilities responding to the survey:

	Licensed	Filled	% Occupancy
FR:	1220	1200	98%
6CR:	122	120	98%
6+CR:	324	269	83%

Some respondents combined the number of beds in two or more homes that they operate, so the information here may be inaccurate.

6. Presence of an assistant operator:

	Yes	No	No Response
FR:	23	33	
6CR:	10	10	
6+CR:	20	20	3

7. The number and type of support personnel (see survey for explanation of initials):

	RN	MA	CPN	AD	DIET	NA	OTHER	NONE
FR:	3		4			6	9	30
6CR:	2						113	6
6+CR:	12	5	7	35	19	30	35	35

Many of the above are on a contracted basis, or are part-time. In the "other" category are maintenance, administrators, and other personnel, and other employees at the home, who might have been incorrectly identified (e.g., calling a cook a dietician.)

8. Medical services available, and/or physician on call:

	Yes	No
FR:	54	2
6CR:	20	-
6+CR:	43	-

9. After hours coverage available:

	Yes	No
FR:	53	3
6CR:	20	-
6+CR:	43	-

10. Assistance, such as cleaning rooms or shopping for personal needs:

	Yes	No
FR:	56	-
6CR:	20	-
6+CR:	43	-

11. Age range:

FR:	18-100 (Elderly)
6CR:	17-71 (Younger residents than FR)
6+CR:	20-101 (Similar to FR)

No average age can be determined from the information provided, though it is clear that some houses have a very narrow range of ages.

12. The number of homes accepting new residents each year:

FR:	37
6CR:	8
6+CR:	37

Range of number of new residents accepted each year:

FR:	1-6
6CR:	1-3
6+CR:	1-25

13. Waiting lists for new residents:

	Yes	No
FR:	6	14
6CR:	16	40
6+CR:	27	17

Number of residents on waiting list (range):

FR:	2-17
6CR:	2-8
6+CR:	1-100

14. Residents' records received prior to admission:

	Yes	No
FR:	33	23
6CR:	12	8
6+CR:	28	16

Many respondents complained about this problem, and would have liked fuller information.

15. Number of homes requiring advance notice before accepting new residents and amount of notice:

	Yes	No
FR:	23 (1 day to 3 months)	33
6CR:	10 (1 day to 4 weeks)	10
6+CR:	30 (1 day to 4 weeks)	14

16. Procedure in place outlining residents' rights:

	Yes	No
FR:	47	7
6CR:	19	1
6+CR:	43	1

17. Procedure in place for handling residents' complaints:

	Yes	No
FR:	39	17
6CR:	17	3
6+CR:	41	3

In both cases, many operators said they both read procedures to residents, and posted them on a bulletin board. Many specifically referred to the Department's policies.

18. Person making contact with nursing home ombudsman:

	Operator	Resident	Other	None
FR:	8	4	4	40
6CR:	1			19
6+CR:	14	1	2	27

This question seemed confusing to some, and may account for the large non-response.

19. Sources of referrals (Mental Hospitals, Mental Health Centers, Churches, Friends, Family):

	ALL	MH	BMR	CHURCH	VA
FR:	47	2	1	2	4
6CR:		1	17		
6+CR:	38	2	4		

20. Routinely refers residents to agencies or social workers for social service help:

	Yes	No
FR:	30	26
6CR:	14	6
6+CR:	28	16

21. Number of residents who were:

	Private Pay	State Pay
FR:	107	220
6CR:	2	119
6+CR:	312	1067

22. Number of respondents who were:

Flat Rate	Cost Reimbursement
56	63

23. Personal needs money handled by:

	Resident	Home	Other
FR:	50	12	14 (family)
6CR:	10	10	5 (BMR)
6+CR:	37	25	16 (family/guardian)

24. Average amount of reimbursement received per resident per month:

	State	Private Pay
FR:	$335	
6CR:	550.28 (range $85-$2100)	$578.53 (range $560-$595)
6+CR:	$545.85 (range $395-$1698)	$603.25 (range $425-$840)

25. Financial needs (summarized from comments):

FR: Respondents indicated a strong desire for increases in rates to cover cost of living increases, utilities increases, and vacation pay for operators; some also wanted an increase in the basic pay rate.

6CR: Areas of need included increased administrative allowances to compensate for administrative time used for direct care, increased transportation cost reimbursement, additional reimbursement to retain staff who receive low wages, educational allowances, meal allowances for employees, and simplified cost reporting.

6+CR: Few financial needs were specifically mentioned other than staff fringe benefits, increased administrative allowances, and abolishment of the 90% occupancy requirement, as it does not take into consideration the fixed costs associated with boarding home operation.

26. Other concerns:

FR: More disclosure of residents' problems at admittance, increased allowance for operating costs, and changing the life-safety codes for 6-8 bed facilities.

6CR: Concerns included deduction in per diem because of live-in staff, as it does not recognize fixed costs, concern that the medical model is being forced on boarding homes as is evidenced by the licensing standards, lack of training for operators, and fear that the Special Circumstance Allowance might be eliminated.

6+CR: Workshops on such topics as geriatric counseling, behavior management, medication, MR eligibility requirements and screening process, human rights, sexuality, legal issues, activity programs and dietary, public education regarding boarding homes, reevaluation of staffing needs tied to reimbursement principles, after care services, goals and objectives for the boarding care program and psychiatric evaluation for MR residents.

27. Areas where operators would like assistance from the Department of Human Services:

FR: Obtaining more complete medical histories on admittance, assistance in designing programs and obtaining social services for resident care, eye and dental care for residents, and someone qualified to recommend when counseling is necessary.

6CR: Reorganization of the BH program such that a central contact person is available to make decisions and interpret policy.

6+CR: Redirecting licensure toward quality of care issues, simplifying the Principles of Reimbursement, and arranging consultant services.

28. Five private pay facilities responded to the survey but they did not provide too much detailed information. The age range of their residents was 30-96 years. No cost data was revealed. Residents were generally responsible for their own personal needs money. None of the private pay facilities completed the supplementary information section.

A Report on the Survey of Boarding Home Residents

December, 1981

Isabella Tighe
Assistant Director,
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Background

During the past three months, the Department of Human Services, Bureaus of Maine's Elderly, Medical Services and Health Planning and Development and the Department of Mental Health and Mental Retardation, Bureau of Mental Health and Community Support Project have been participating in a cooperative effort to survey residents of boarding care facilities in Maine. As a foundation for program development and planning, our goal was to learn the characteristics and needs of people residing in Maine's boarding homes.

As a first step in this project, the Bureaus of Maine's Elderly, Medical Services and Mental Health and the Community Support Project developed a survey form to administer to boarding home residents (a copy of the form is attached). The Department of Human Services expanded the survey tool currently used by the Bureau of Maine's Elderly and Area Agencies on Aging across the state and the Department of Mental Health added several questions about mental health status. The revised survey form was field tested and each of the 12 interviewers participated in a training session to assure consistency in its use. The form was designed to collect information regarding:

- general characteristics (age, sex, marital status, income, etc.) of residents;
- the degree to which residents are capable of performing activities of daily living and home care tasks;
- the degree to which residents express satisfaction with living in a boarding home;
- the degree to which residents participate in social and recreational activities; and
- the emotional and mental health status of residents.

The second step of the project involved identifying boarding home residents to be interviewed. The Bureau of Health Planning identified a random sample of 170 residents drawn from the following boarding home groups:

Group	Boarding Home "bed" size	Boarding Home profit status
1	6 beds or less	profit or non-profit
2	7-59 beds	profit
3	7-59 beds	non-profit
4	60 beds or more	profit
5	60 beds or less	non-profit

Boarding homes licensed exclusively for mentally retarded persons were excluded from this study. It is estimated that of the total boarding home resident population of 2,860, mentally retarded persons represent 592 residents.

(A more detailed description of the survey procedure is attached.)

Following the identification of boarding homes which were selected for the study, the Bureau of Medical Services contacted the operators of selected homes and arranged for interviewing to be conducted. Interviews with 179 residents were then conducted by staff of the Bureau of Maine's Elderly, the Maine Committee on Aging and the Community Support Project.

Statistical analysis of the survey data was then performed by the Bureau of Health Planning.

This report, prepared by the Bureaus of Medical Services and Maine's Elderly presents data obtained by the survey and includes information regarding:

- general characteristics of residents;
- background information on residents;
- the degree to which residents are capable of performing activities of daily living;
- the degree to which residents are capable of performing home care tasks;
- the mental health status of residents; and
- the extent to which residents exhibit behavioral problems.

Survey Results

A. General Characteristics of Residents

Sex

Female	Male
61%	38%

Age

20-44	4%	
45-59	14%	
60-69	17%	60+ 80%
70-79	29%	
80+	35%	

Marital Status

Married	4%
Widowed	48%
Divorced	4%
Separated	5%
Never Married	38%

Marital Status - by Resident Category

	Married	Widowed	Divorced	Separated	Never Married
Previously institutionalized[1] elderly (#40)[2]	--	25%	2%	9%	64%
Other elderly (#90)	6%	72%	4%	2%	16%
Previously institutionalized non-elderly #(25)	--	7%	11%	11%	71%
Other non-elderly	17%	--	--	--	83%

Percentage of Residents Previously Hospitalized in a Mental Health Institution

39%

Residents' Previous Living Situation

Single Family Home	32%
Mental Health Institute	17%
Apartment	16%
Boarding Home	16%
Mental Retardation Institute	10%
Nursing Home	7%
Other	5%
Elderly Housing	3%
Psychiatric Halfway House	1%

Number of Years Resident Has Been Living in Boarding Home

Less than 1 year	19%
1 year	23%
2 years	15%
3 years	10%
4 years	4%
5 years	4%
6 years	5%
6+ years	17%

1. For purposes of this report "previously institutionalized" means that the resident was previously hospitalized in a mental health institute.

2. Numbers contained in parentheses represent the number of residents interviewed in a particular resident category.

Reasons Residents Moved From Previous Living Situations

Couldn't live alone (mental health reasons - 4% physical health reasons - 15%)	29%
Deinstitutionalized	13%
Change in family/friend support system	10%
Recommended by professional (physician, social worker, other)	8%
Nursing home reclassification	7%
Change in housing situation	7%
Boarding home closing	7%
Recommended by family member	3%

Reasons Residents Moved - By Resident Category

	Previously Institutionalized Elderly (#32)	Other Elderly (#84)	Previously Institutionalized non-elderly (#23)	Other non-elderly (#5)
Couldn't live alone	17%	41%	8%	----
a. mental health reasons	----	4%	8%	----
b. physical health reasons	8%	23%	----	----
Deinstitutionalized	36%	1%	32%	----
Change in family/friend support system	3%	13%	----	33%
Recommended by professional (physician, social worker other)	11%	3%	20%	16%
Nursing home reclassification	----	9%	----	16%
Change in housing situation	5%	14%	12%	16%
Boarding home closing	16%	5%	4%	----
Recommended by family member	----	3%	----	17%

B. Residents Ability to Perform Activities of Daily Living

Walking	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	87%	13%	----
Previously Institutionalized Elderly (40)	98%	2%	----
Other Elderly (90)	78%	22%	----
Previoulsy Institutionalized Non-elderly (25)	100%	----	----
Other Non-elderly (5)	83%	17%	----

Bathing	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	63%	34%	2%
Previously Institutionalized Elderly (40)	71%	25%	4%
Other Elderly (88)	52%	47%	1%
Previously Institutionalized Non-elderly (25)	100%	----	----
Other Non-elderly (5)	50%	50%	----

Dressing	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	91%	9%	----
Previously Instutionalized Elderly (40)	98%	2%	----
Other Elderly (89)	86%	14%	----
Previously Institutionalized Non-elderly (25)	100%	----	----
Other Non-elderly (5)	100%	----	----

Grooming	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	90%	8%	1%
Previously Institutionalized Elderly (26)	79%	17%	3%
Other Elderly (53)	94%	5%	----
Previoulsy Institutionalized Non-elderly (13)	100%	----	----
Other Non-elderly (3)	100%	----	----

Feeding	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	97%	3%	----
Previously Institutionalized Elderly (27)	97%	3%	----
Other Elderly (55)	97%	3%	----
Previously Institutionalized Non-elderly	100%	----	----
Other Non-elderly (3)	100%	----	----

Taking Medication	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	39%	48%	12%
Previously Institutionalized Elderly (37)	12%	58%	27%
Other Elderly (80)	60%	33%	4%
Previously Institutionalized Non-elderly (24)	15%	82%	4%
Other Non-elderly (5)	33%	67%	----

Toileting	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	95%	4%	1%
Previously Institutionalized Elderly (40)	98%	----	2%
Other Elderly (90)	94%	6%	----
Previously Institutionalized Non-elderly (24)	100%	----	----
Other Non-elderly (5)	100%	----	----

Handling Money	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	50%	29%	19%
Previously Institutionalized Elderly (40)	41%	32%	27%
Other Elderly (90)	64%	21%	14%
Previously Institutionalized Non-elderly (25)	21%	57%	22%
Other Non-elderly (5)	50%	33%	17%

Note: 15% of all residents stated that they were able/would be able to perform all activities of daily living with no help. 11% of previously institutionalized elderly and 19% of other elderly stated they needed no help.

C. Residents' Ability to Perform Home Care Tasks

Housework	Able to do Without help	Needs some help	Unable/Does to do/not do
(all residents)	28%	45%	26%
Previously Institutionalized Elderly (27)	20%	43%	37%
Other Elderly (71)	29%	50%	21%
Previously Institutionalized Non-elderly (15)	47%	30%	23%
Other Non-elderly (5)	33%	17%	50%

Shopping	Able to do Without help	Needs some help	Unable/Does to do /not do
(all residents)	42%	39%	20%
Previously Institutionalized Elderly (27)	40%	27%	33%
Other Elderly (72)	44%	43%	14%
Previously Institutionalized Non-elderly (15)	41%	41%	18%
Other Non-elderly (5)	34%	50%	17%

Meal Preparation	Able to do Without help	Needs some help	Unable/Does to do/not do
(all residents)	42%	26%	32%
Previously Institutionalized Elderly (27)	33%	16%	50%
Other Elderly (71)	42%	34%	24%
Previously Institutionalized Non-elderly (15)	59%	12%	30%
Other Non-elderly (5)	33%	17%	50%

Note: 15% of all residents stated that they were able/would be able to perform all home care tasks with no help. 9% of previously institutionalized elderly and 17% of other elderly stated they needed no help.

D. Residents' Mental Health Status

Mentally Alert	Yes	Sometimes	No
(all residents)	76%	14%	10%
Previously Institutionalized Elderly (23)	58%	30%	11%
Other Elderly (53)	94%	4%	2%
Previously Institutionalized Non-elderly (15)	51%	26%	22%
Other Non-elderly (3)	67%	----	34%

Depressed & Tearful	Yes	Sometimes	No
(all residents)	4%	19%	77%
Previously Institutionalized Elderly (39)	7%	19%	74%
Other Elderly (89)	5%	19%	76%
Previously Institutionalized Non-elderly (24)	----	19%	82%
Other Non-elderly (5)	----	----	100%
Withdrawn	**Yes**	**Sometimes**	**No**
(all residents)	3%	14%	83%
Previously Institutionalized Elderly (39)	5%	17%	79%
Other Elderly (88)	2%	11%	87%
Previously Institutionalized Non-elderly (24)	4%	11%	85%
Other Non-elderly (5)	----	17%	83%
Fearful, Anxious, Very Tense	**Yes**	**Sometimes**	**No**
(all residents)	2%	11%	87%
Previously Institutionalized Elderly (39)	2%	20%	77%
Other Elderly (89)	1%	8%	91%
Previously Institutionalized Non-elderly (24)	8%	7%	85%
Other Non-elderly	----	----	100%
Suspicious/Hostile	**Yes**	**Sometimes**	**No**
(all residents)	1%	6%	94%
Previously Institutionalized Elderly (39)	----	9%	91%
Other Elderly (89)	1	5%	94%
Previously Institutionalized Non-elderly (24)	----	----	100%
Other Non-elderly (5)	----	17%	83%

Confused/Disoriented	Yes	Sometimes	No
(all residents)	4%	16%	80%
Previously Institutionalized Elderly (39)	5%	35%	61%
Other Elderly (89)	2%	6%	92%
Previously Institutionalized Non-elderly (24)	----	15%	85%
Other Non-elderly (5)	----	----	100%
Under Influence of Drugs and Alcohol	**Yes**	**Sometimes**	**No**
(all residents)	1%	2%	97%
Previously Institutionalized Elderly (39)	5%	2%	93%
Other Elderly (89)	----	1%	99%
Previously Institutionalized Non-elderly (24)	----	8%	93%
Other Non-elderly (5)	____	----	100%
Lonely/Isolated	**Yes**	**Sometimes**	**No**
(all residents)	9%	21%	70%
Previously Institutionalized Elderly (89)	17%	28%	55%
Other Elderly (24)	7%	15%	78%
Previously Institutionalized Non-elderly (5)	7%	26%	66%
Other Non-elderly (3)	----	33%	67%
Flat Affect	**Yes**	**Sometimes**	**No**
(all residents)	8%	11%	80%
Previously Institutionalized Elderly (39)	16%	12%	72%
Other Elderly (89)	4%	8%	88%
Previously Institutionalized Non-elderly (24)	8%	15%	78%
Other Non-elderly (5)	----	16%	84%

Residents Display of Behavioral Problems

Note: Prior to interviewing residents, interviewers met with boarding home operators and/or staff and asked if any of the residents to be interviewed disp yed any of the following behaviors:

1. Disorientation - defined as - "an inability to remember dates or time, identify familiar locations or people, recall important aspects of recent events or make straight-forward judgements of such degree that the individual is impaired nearly every day in performance of basic actitivies of daily living, mobility, and self-care".
2. Disruptive behaviors - "such as screaming; being physically abusive to self or to others; stealing; getting lost or wandering into unacceptable places; inability to avoid simple dangers".
3. Depression, anxiety, fearfulness or worried to such a degree that "he/she is distressed or restricted in functioning, nearly every day".

Disorientation

14% of the total resident population was identified as disoriented.

Previously Institutionalized Elderly	52%
Other Elderly	26%
Previously Institutionalized Non-elderly	4%
Other Non-elderly	4%
Unknown age	14%

Disruptive

19% of the total resident population was identified as disruptive.

Previously Institutionalized Elderly	34%
Other Elderly	31%
Previously Institutionalized Non-elderly	26%
Other Non-elderly	6%
Age Unknown	3%

Depressed, anxious, fearful or worried

8% of the total resident population was identified as depressed, anxious, fearful or worried.

Previously Institutionalized Elderly	80%
Other Elderly	7%
Previously Institutionalized Non-elderly	13%
Other Non-elderly	----

SURVEY OF BOARDING HOME RESIDENTS*

January 1982

*This report is to be used in conjunction with the December 1981 report, entitled "A Report on the Survey of Boarding Home Residents"

At the last Study Committee meeting, you were provided with selected results of the Boarding Home Resident Home Survey. They were intended to give the Committee an idea of the general characteristics of a sample of Boarding Home residents, and their functional and behavioral characteristics. The results can be used to make assumptions about the entire Boarding Home population, excepting residents of homes exclusively serving the developmentally disabled, to within ± 10%.

We chose four (4) resident categories by which results were analyzed. These were: chronically mentally ill elderly, other elderly, chronically mentally ill non-elderly, and other non-elderly. Surveyors were given a specific definition of chronic mental illness, and the responses were obtained from the Boarding Home operator. The definition was prepared by the Department of Mental Health, Community Support Services:

1. Previous institutionalization in a mental hospital.
2. Two or more admissions to a mental hospital within the last 12 months.
3. A single previous episode of hospitalization within the last five years, of at least six months duration.
4. Maintenance with psychotropic medications for at least one year.
5. Enrollment in day treatment services or alternative residential living for the prior six-month period.
6. Four or more episodes requiring mental health emergency services during the last 12 months.

At your request, the Department has completed cross tabulation of the remaining survey questions that provide information on the boarding home environment, frequency of fire drills, social/recreational participation and resident income. It was felt characteristics of the boarding home could not be analyzed properly by cross tabulating the answers by resident category, so only the raw results for these responses have been included. Responses to some questions concerning ability to take own medications, limitations on participation, etc., should be viewed cautiously. In some instances, responses may reflect the policies of the home rather than the limitations of the resident.

The Bureau of Health Planning and Development has researched the possibility of cross tabulating survey results according to the bed size of the Boarding Home. As noted above, cross tabulation by resident category affords a ± 10% variation rate. The survey sample size was drawn with this figure in mind. Each bed size grouping would have to be reviewed as a sample in and of itself, and the following error rates have been calculated:

Group	Boarding Home Bed Size	Variation Rate
1	6 beds or less, profit and non-profit	19.0%
2	7-59 beds, profit	13.4%
3	7-59 beds, non-profit	32.2%
4	60 beds and over, profit	48.8%
5	60 beds and over, non-profit	45.9%

We do have a cross tabulation of all survey responses according to bed size, which is available for your review. The error rates are so high, however, we found we were not able to make any meaningful conclusions. The only cross tabulations we have included in this report analyze fire drill participation as the regulations differ by bed size. Keep in mind the results can only be used to indicate the nature of participation in the Homes included in the survey , and do not reflect that of Boarding Homes statewide.

A. Previous institutionalization of resident in Mental Hospital (by age group)

	20-24 (1)	25-34 (2)	35-44 (5)	45-54 (14)	55-59 (9)	60-64 (11)
Yes	100%	100%	100%	87.4%	60.2%	83.5%

	65-69 (18)	70-74 (18)	75-79 (30)	80-84 (23)	85+ (34)	All Residents (164)
Yes	50.3%	40.1%	32.7%	19.8%	2.7%	40%

B. Length of Time in present boarding home

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
<1 year	8.8%	26%	3.5%	33%	18.5%
1 year	15.6%	28.7%	14.3%	16.7%	22.6%
2 years	11.2%	13.1%	21.5%	16.7%	14.8%
3 years	8.8%	13.6%	3.6%	0%	9.9%
4 years	2.2%	2.9%	10.8%	0%	3.7%
5 years	6.4%	1.9%	7.2%	16.7%	4.1%
6 years	4.4%	5.9%	10.8%	0%	5.8%
>6 years	33.6%	4%	17.8%	16.7%	16.2%

C. Residents' previous living situation

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Single Family Home	15.7%	40.5%	17.9%	50.2%	31.6%
Apartment	2.2%	27.8%	7.1%	0%	16.3%
Elderly Housing	4.2%	3.9%	0%	0%	3.0%
Other	6.6%	3.1%	3.6%	32.9%	4.8%
Mental Health Inst	40.3%	0%	49.9%	0%	17.0%
Mental Retard Inst	0%	0%	3.6%	0%	.5%
Psych Half-Way	0%	0%	7.2%	0%	1.1%
Nursing Home	0%	10.9%	0%	16.8%	7.3%
Boarding Home	31%	12.9%	10.8%	0%	16.3%

D. Who living with in previous living situation

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Alone	15.4%	40.5%	7.1%	0%	26.7%
With Spouse	0%	15.8%	3.6%	0%	8.9%
With Children	2.2%	9.9%	0%	16.7%	6.9%
With Parents	0%	1%	7.2%	16.7%	2.1%
Other Relative	6.7%	5%	3.5%	16.7%	6.3%
With Friends	0%	2%	0%	0%	1.1%
Other	13.2%	3%	14.1%	32.9%	7.9%
DK/NA	13%	24%	24.9%	16.7%	20.1%

E. Length of time in previous living situation

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
<1 year	8.8%	4.0%	10.7%	33%	6.9%
1 year	8.8%	7.7%	14.3%	0%	9.3%
2 years	8.8%	6.0%	14.3%	0%	7.4%
3 years	4.4%	8.1%	3.6%	0%	5.9%
4 years	2.2%	5.0%	0%	0%	3.2%
5 years	4.5%	7.0%	7.2%	16.7%	6.4%
6 years	2.2%	1.0%	0%	0%	1.1%
7 years	2.2%	4.9%	3.6%	0%	3.6%
8 years	0%	1.0%	0%	0%	0.5%
9 years	4.5%	2.9%	3.5%	0%	3.1%
10 years	6.4%	7.9%	3.6%	0%	6.8%
11 years	0%	2.9%	0%	0%	1.5%
12 years	0%	3.9%	0%	0%	2.1%
14 years	0%	0%	3.6%	0%	.5%
15 years	2.2%	3.9%	3.5%	0%	3.1%
>15 years	24.4%	19.5%	10.8%	33.5%	20.1%

F. Why moved to present boarding home

	Previously Institution-alized Elderly (#31)	Other Elderly (#85)	Previously Institution-alized Non-Elderly (#21)	Other Non-Elderly (#5)	All Residents
Recommended by Physician	0%	2.1%	8.6%	0%	2.4%
By Social Worker	8.7%	2.1%	4.4%	16.2%	4.3%
By Other Professional	2.8%	6.3%	17.5%	16.8%	7.3%
By Family Member	5.8%	18.8%	8.7%	16.7%	14.6%
Deinstitutionalized	40.1%	0%	39.1%	0%	14.1%
NH Reclassification	0%	4.2%	0%	0%	2.4%
Spouse Died	0%	1.0%	0%	0%	0.6%
Couldn't live alone					
Mental Health	0%	2.1%	4.2%	0%	1.8%
Physical Health	11.6%	7.4%	4.4%	0%	7.4%
Other	5.8%	2.1%	0%	0%	2.5%
Change in Support System	0%	1.0%	0%	0%	.6%
Change in Housing	0%	1.0%	0%	0%	.6%
Closer to Family	0%	12.7%	0%	16.7%	8%
Family can't House	0%	1.1%	0%	0%	.6%
BH Closing/Rejection	2.9%	3.1%	0%	0%	2.4%
Home for Fraternity Order	0%	14.9%	0%	0%	9.8%
Less Expensive	0%	0%	0%	0%	3.6%
No Other Alternative	0%	4.1%	4.4%	16.7%	14.5%

G. Takes Medication

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Yes	91%	86.2%	96.4%	83.3%	88.4%
No	9%	13.8%	3.6%	16.7%	11.6%

H. Able to take own medication

	Previously Institution-alized Elderly (#37)	Other Elderly (#80)	Previously Institution-alized Non-Elderly (#24)	Other Non-Elderly (#5)	All Residents
Without Help	12.3%	60.6%	14.7%	32.9%	38.8%
With Help	58.4%	32.6%	81%	67.1%	48.3%
Unable to Do	26.9%	6.8%	3.6%	0%	12.4%

I. Find Physical Condition Restricts Activities

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Not at all	62.1%	33.7%	82.3%	49.7%	50.1%
In some ways	31.2%	51.6%	3.5%	50.3%	37.8%
In many ways	4.5%	11.7%	3.6%	0%	7.8%

J. Gets to places outside the Boarding Home

Note: There were 158 missing observations, preventing us from tabulating a statistically valid response.

K. Number of people resident shares bedroom with

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
One	17.7%	55.9%	3.5%	50.3%	37.5%
Two	35.3%	27.1%	46.3%	16.2%	31.7%
Three	29.2%	8.0%	36.0%	16.7%	17.6%
Four	13.3%	6.0%	7.2%	16.7%	9.0%

L. Convenience for visiting with friends

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Very	57.6%	65.2%	35.5%	83.8%	57.2%
Fairly	17.8%	17.9%	43.0%	16.2%	22.7%
Not Convenient	6.6%	4.0%	7.2%	0%	4.8%

M. Satisfaction with privacy

	Previously Institution-alized Elderly (#36)	Other Elderly (#85)	Previously Institution-alized Non-Elderly (#20)	Other Non-Elderly (#5)	All Residents
Very	70%	69.4%	45%	67%	66.6%
Fairly	12.5%	19.1%	36.6%	33%	19.8%
Not Very	15%	11.5%	18.3%	0%	13.1%

N. Satisfaction with other residents

	Previously Institution-alized Elderly (#38)	Other Elderly (#85)	Previously Institution-alized Non-Elderly (#23)	Other Non-Elderly (#5)	All Residents
Very	57.5%	74.9%	43.9%	67%	66%
Fairly	37.8%	24%	48.2%	33%	33.1%
Nor Very	4.7%	1.1%	3.9%	0%	2.3%

O. Satisfaction with Boarding Home as a place to live

	Previously Institution-alized Elderly (#38)	Other Elderly (#83)	Previously Institution-alized Non-Elderly (#23)	Other Non-Elderly (#5)	All Residents
Very	38.4%	59%	40.1%	83.8%	52.3%
Fairly	42.9%	22.7%	32%	16.2%	28.6%
Not Very	18.7%	18.3%	27.9%	0%	19.1%

P. How could the home be improved

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Remove Other Residents	0%	1%	3.6%	0%	1.6%
More Privacy	2.2%	2%	3.6%	0%	2.1%
Physical Improvement	0%	4.9%	7.1%	0%	3.6%
Activities Inside	2.2%	2%	0%	0%	1.6%
Activities Outside	0%	0%	0%	0%	0%
Better Meals	4.5%	7.0%	3.6%	0%	5.3%
Get out more	0%	1%	0%	0%	.5%
Other	8.8%	13.4%	3.6%	16.2%	10.3%
Operator Picks on Residents	2.2%	2.0%	0%	16.7%	2.1%
French Speaking	0%	0%	0%	0%	0%
Would not say	0%	0%	0%	0%	0%
Got Newspaper	0%	0%	0%	0%	0%
Wants to go Home	0%	0%	3.6%	0%	.5%

Q. When resident last participated in a fire drill

	Previously Institution-alized Elderly (#32)	Other Elderly (#73)	Previously Institution-alized Non-Elderly (#14)	Other Non-Elderly (#5)	All Residents
1-4 weeks	30.6%	43.4%	24.6%	59.7%	38.9%
1-2 months	2.8%	1.2%	25.2%	20.1%	5.1%
2-4 months	11.3%	1.2%	31.5%	0%	7.3%
4+ months	14.1%	1.2%	6.1%	0%	5.1%
DK/NA	10.7%	1.2%	0%	0%	3.5%
Never	30.6%	51.7%	12.6%	20.2%	40.2%

R. Frequency of fire drills

	Previously Institution-alized Elderly (#32)	Other Elderly (#70)	Previously Institution-alized Non-Elderly (#12)	Other Non-Elderly (#5)	All Residents
Monthly	39%	41.8%	30.4%	59.7%	41%
4-6 times yearly	11.3%	2.5%	23.4%	20.1%	7.6%
Yearly	11.3%	2.6%	30.9%	0%	7.6%
DK/NA	13.4%	50.4%	0%	0%	5.2%
Never	25.1%	2.6%	15.3%	20.2%	38.6%

S. Relatives of Friends close by

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Yes	73.2%	87.1%	78.4%	83.8%	80.4%
No	24.5%	10.9%	21.6%	16.2%	15.9%

T. Frequency of visits

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Weekly	13.1%	41%	10.7%	67.1%	30.1%
2-3 times a month	8.9%	17.6%	17.5%	16.7%	14.6%
Monthly	17.7%	10%	14.4%	16.2%	12.7%
3-6 times a year	6.7%	12.8%	21.5%	0%	11.6%
Yearly or less	37.8%	10.8%	14.4%	0%	16.9%
DK/NA	2.2%	0%	0%	0%	.5%

U. Sees relatives/friends as often as wants to

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
As often as wants to	26.5%	51.8%	32%	67%	41.2%
Somewhat unhappy	49%	39.3%	50.1%	16.2%	42%
DK/NA	4.4%	0%	0%	16.8%	1.6%

V. People in the home resident enjoys doing things with

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Yes	71.1%	69.3%	71.3%	67.1%	67.4%
No	15.4%	21.7%	18%	32.9%	21%

W. Resident belongs to the following:

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Church	51.1%	62.7%	50.1%	67.1%	56%
Fraternal Org.	6.4%	21.9%	0%	0%	14.1%
Grange	0%	2.9%	0%	0%	1.5%
Senior Citizens	4.4%	11.7%	3.6%	0%	7.8%
Other	11.1%	8.9%	21.3%	16.7%	11.1%
None	40%	19.9%	25.1%	32.9%	26.9%

X. Residents have regular contact with the following:

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Church	35.5%	51.9%	32.3%	67.1%	42.9%
Fraternal Org.	4.2%	20%	0%	0%	12.6%
Grange	0%	1%	0%	0%	.5%
Senior Citizens	2.2%	7.9%	0%	0%	4.7%
Other	6.6%	6.0%	17.7%	16.7%	7.9%

Y. Wants more participation with the above

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Wants more	33.3%	18.8%	17.7%	16.2%	21.6%
Satisfied Now	51%	66.4%	53.8%	83.8%	60%

Z. Resident has hobbies

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Knitting/crochet	13.4%	21.7%	10.7%	16.8%	16.8%
Cards	13.4%	18.7%	17.7%	16.7%	16.3%
Sewing, etc.	4.4%	5%	3.6%	0%	4.2%
Reading	8.6%	12.9%	7.2%	0%	10%
Printing, etc	0%	1%	0%	0%	.5%
Music	0%	6.9%	10.8%	16.7%	5.8%
Crafts	2.2%	4.1%	14.3%	0%	4.8%
Puzzles	0%	2.9%	3.6%	0%	2.1%
Games	4.5%	1.0%	3.6%	0%	2.1%
Other	13.3%	2.0%	14.3%	0%	7.9%
					(70.5%)

AA. Wants more hobbies

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Yes	26.9%	15.9%	25.1%	50.3%	20.2%
No	59.7%	75.2%	50%	49.7%	66.1%

BB. Does resident get out as much as likes to

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Yes	35.5%	21.8%	32.1%	32.9%	26.4%
No	53.2%	68.3%	53.6%	67.1%	61%

CC. Reasons for not getting out more

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Transportation	15.4%	9.8%	10.7%	0%	10.5%
Money	0%	0%	7.1%	0%	1.1%
Condition	4.5%	4%	0%	0%	3.2%
Need Companion	4.5%	1%	0%	0%	1.6%
No Place to go	4.5%	0%	3.6%	0%	1.6%
No Family/Friends	0%	3.9%	0%	0%	2.1%
Other	4.4%	1%	0%	0%	2.1%

DD. Activities participated in within last week

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
TV	86.5%	84.1%	92.8%	100%	85.7%
Read	33.1%	63.1%	60.7%	16.7%	52.9%
Radio	62.2%	59.3%	64.3%	83.3%	61.5%
Chores	35.2%	44.7%	35.5%	0%	38.8%
Walked Outside	73.3%	66.5%	96.4%	83.2%	72.8%
Hobby	39.9%	41.8%	53.5%	16.8%	40.1%
Visited	42%	64.4%	49.9%	50.2%	55.2%
Other Acitvities	8.8%	15.9%	39.2%	16.7%	16.9%

EE. Yearly income of resident

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Under $2976	24.5%	11.9%	17.7%	16.8%	15.3%
$2977-$5000	29.1%	33.8%	32.1%	32.9%	30.7%
$5001-$7020	2.2%	5%	0%	0%	3.7%
$7021-$10,000	0%	2%	0%	0%	1.1%
DK/NA	21.8%	14%	3.6%	16.7%	14.2%

FF. Does money remaining after paying for staying in home take care of needs

	Previously Institution-alized Elderly (#40)	Other Elderly (#90)	Previously Institution-alized Non-Elderly (#25)	Other Non-Elderly (#5)	All Residents
Very Well	24.5%	39.4%	42.8%	50.3%	36.2%
Fairly Well	48.8%	36.6%	32.4%	33.5%	36.9%
Poorly	15.6%	16.9%	14.1%	16.2%	15.8%
DK/NA	4.3%	1%	0%	0%	1.6%

GG. Places within walking distance (¼ mile) of home

Shopping area (110)	65%
Public Transportation (97)	56.9%
Church (126)	74.3%
Post Office (94)	55.4%
Bank (119)	70%
Senior Citizens (96)	56.7%
Health Clinic (51)	29.9%

HH. Is there a place to set outside

Yes (151)	89.1%
No (16)	9.3%

II. Common dining and activity area bright and comfortably furnished

Yes (127)	74.8%
No (38)	22.5%

JJ. Last Participation in a fire drill

	< 7 beds (#41)[1]	7-59 Profit (#59)	7-59 Non-Profit (#10)	> 59 Profit (#6)	> 59 Non-Profit (#8)
1-4 week	34%	43.1%	0%	14.3%	100%
1-2 months	2.1%	9.2%	0%	0%	0%
2-4 months	0%	15.4%	0%	0%	0%
4+ months	2.1%	7.7%	0%	14.3%	0%
DK/NA	4.3%	0%	16.7%	14.3%	0%
Never	57.4%	24.6%	83.3%	57.1%	0%

KK. Frequency of fire drills

	< 7 beds (#38)[1]	7-59 Profit (#56)	7-59 Non-Profit (#10)	> 59 Profit (#6)	> 59 Non-Profit (#8)
Monthly	30.2%	50%	0%	14.3%	100%
4-6/year	4.7%	12.9%	0%	0%	0%
Yearly	2.3%	12.9%	0%	14.3%	0%
Never	55.8%	24.2%	83.3%	42.9%	0%
DK/NA	7%	0%	16.7%	28.6%	0%

[1]Indicates total number of responses in each bed size grouping

LIST OF MATERIAL REVIEWED BY THE COMMITTEE

Long Term Care Dilemmas: Perceptions and Recommendations
Final Report of the Governor's Task Force on Long Term Care for Adults (October, 1980)

Maine Licensed Boarding Homes Directory
Department of Human Services, Bureau of Medical Services, Division of Licensing and Certification (July, 1981)

Principles of Reimbursement for Boarding Care Facilities
Department of Human Services (July, 1978)

Regulations Governing the Licensing and Functioning of Boarding Care Facilities
Department of Human Services (December, 1974, with amendments)

Memo from James H. Lewis, Director, Bureau of Medical Services, on boarding homes to be surveyed for licensure (October, 1981)

Statement of Deficiencies and Plan of Correction for Jefferson Manor, Bangor (April, 1981)

Memo from Michael J. DeSisto, Director, Bureau of Mental Health, to the Boarding Home Committee, on Mental Health Services to Boarding Home Clients (November, 1981)

Sample Residential Services Agreement, Bureau of Mental Retardation, between the Bureau and the operator of a home.

Informational material on Community Mental Health Centers from Lawrence Bois, Executive Director, Maine Council of Community Mental Health Centers (November, 1981)

Memo from Committee staff on mentally retarded residents of boarding homes, taken from the July, 1981 report of Lincoln Clark, Special Master for the Pineland Consent Decree.

Boarding Home Resident Assessment Form, used by Departments of Human Services, and Mental Health and Mental Retardation in the residents' survey (November, 1981)

Draft of proposed Regulations for Boarding Care Facilities from Department of Human Services (February, 1982)