Office of Aging & Disability Services

LONG-TERM SERVICES AND SUPPORTS:

Older Adults and Adults with Physical Disabilities

In response to 22 M.R.S.A. §50

January 2021

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Abbreviations

AAA	Area Agency on Aging
ACL	Administration for Community Living
ACS	American Community Survey
ADRC	Aging & Disability Resource Center
CDC	Maine Center for Disease Control & Prevention
CIL	Center for Independent Living
CMS	Centers for Medicare & Medicaid Services
DHHS	Maine Department of Health and Human Services
DLC	Maine Division of Licensing and Certification
DOL	Maine Department of Labor
FPL	Federal Poverty Level
HCBS	Home and Community-Based Services
LSE	Legal Services for the Elderly
LTCOP	Long-term Care Ombudsman Program
LTSS	Long-term Services and Supports
OAA	Older Americans Act
OADS	Maine Office of Aging and Disability Services
OMS	Maine Office of MaineCare Services
PNMI	Private Non-Medical Institution
SHIP	State Health Insurance Assistance Program
SCSEP	Senior Community Service Employment Program

Executive Summary

This report describes the types of publicly-funded services that are currently available in Maine to meet the Long-Term Services and Support (LTSS) needs of older adults and adults with physical disabilities, often referred to as the continuum of care. This continuum represents Maine's publicly-funded LTSS service system, which offers an array of support, care, and service options that provide the right level of service at the right time, appropriate to a person's needs and preference. These include supports and services offered through community-based organizations; in-home programs that provide a range of personal care, nursing, home modification, and other needed supports; services provided to people living in their own apartments in congregate settings; as well as residential care and nursing facility services. While Medicaid, known in Maine as MaineCare, is the largest funder of LTSS services, other federal and state dollars also support this system of care. See **Maine's Continuum of Care**.

Based on current and projected demographic trends, the need for long-term services and supports will only increase over the next two decades. The proportion of Maine's population over age 65 is one of the highest in the nation, and it is growing faster than national trends. Both the need for LTSS and the likelihood of living in poverty increase with age. Close to one-third of older adults who have a disability have incomes below 150% of the 2020 federal poverty level (or below $19,140 for a single person). Nearly 5,500 Maine adults aged 85 and older (16%) have incomes below the Federal Poverty Level. A 2020 provider survey reports the median private pay costs of LTSS in Maine would easily exceed the resources of many people who potentially need them. This highlights the importance of Medicaid and publicly-funded services for people needing LTSS.

Much of Maine's population lives away from metropolitan centers, and facets of rural living can make meeting the need for LTSS challenging. While limited public transportation, unreliable broadband access, and a thinning workforce are not unique to rural areas, Maine's rural geography influences the capacity and design of the LTSS service system. Finally, changes in Maine's demographics, with continued decreases in the working-age population, have created a critical shortage of LTSS workers, resulting in some people relying even more on family members or others to help with LTSS needs.

Summary of Future Policy Directions

The Department of Health and Human Services (the Department) has identified a number of opportunities for improving Maine's current LTSS delivery system to better meet the increasing need for LTSS. Over the past two years, OADS has invited input from a broad range of stakeholders, including older adults, adults with disabilities, care partners, providers, and advocates. Through these efforts, OADS has heard that people need better access to information about available services options and how to access them; that many people need help coordinating their care and services; and that greater support is needed for those providing care. Many of the initiatives outlined in this report help address these concerns and rely on collaboration across all levels, from public (federal and state) entities to private agencies, individuals, and funders. The goal is to ensure Maine is a leader in innovative, successful practices for LTSS that result in better outcomes and improved experiences for the people served, and that promote the effective and efficient use of public resources.

Expanding access to home and community-based services

Investing in home and community-based services serves several complementary goals: it respects the preferences of individuals who choose to receive services in their home and communities; helps assure compliance with federal laws requiring that individuals with disabilities receive services in the most integrated setting appropriate to their needs; and helps states to reduce costs on more expensive avoidable institutional services. Recognizing the demographics and rurality of the State, Maine must consider ways of better connecting people to information and expanding services options so that people have access to information that leads to the right service options. Therefore, **the Department will leverage and strengthen partnerships and services delivered through community-based organizations to develop increased opportunities for accessible and trusted information.** This includes continued efforts to expand Maine's **"No Wrong Door"** approach where information, referral and other enrollment support is provided through a variety of agencies so that, regardless of how or where people seek LTSS services, they receive the information and support they need. The Department will also seek a higher federal match through the implementation of a new **Medicaid Community First Choice Program** to enhance LTSS benefits and make other improvements to the LTSS system.

Better coordination of LTSS with medical and behavioral health systems

Coordination across LTSS and medical and social service delivery systems can improve health outcomes, lower costs, and improve the experience of individuals receiving services. Oftentimes, the medical, behavioral, and LTSS service systems operate separately from one another. To address these challenges, **the Department plans to streamline the scope of care coordination services including LTSS programs** through a review of all case management and care coordination roles and responsibilities to ensure uniformity whenever possible. This will lead to more consistency and improved system efficiency for the Department and providers. Additionally, OADS plans to **provide transition support for individuals transitioning across settings** by extending Maine's federal Money Follows the Person demonstration. This has already proven to be a promising model that has resulted in system improvements and since 2012, has helped over 140 people move back to the community from nursing facilities.

Many older adults, as well as younger adults with disabilities, receive their medical and acute care through Medicare, a federal program administered separately from Medicaid. Lack of coordination across services increases the risk of poor outcomes for individuals who are eligible for both Medicare and Medicaid. Among other activities, the Department has already initiated changes in the required State contracting process with Medicare Advantage plans in Maine that serve dually-eligible beneficiaries to **strengthen coordination of LTSS and Medicare benefits for individuals who are eligible for both Medicare and Medicaid.**

Strengthening the capacity of the direct care workforce

The shortage of direct care worker staff is severely impacting recipients of LTSS across the care continuum and across the different populations of people relying on these supports. As part of Public Law 2019, chapter 343, part BBBBB, the Maine Legislature convened a Commission to Study Long-term Care Workforce Issues which issued a series of recommendations in January 2020. In addition to participating in these broader efforts, the Department is engaged in **improving reimbursement and workforce retention strategies.** The Department recently implemented a rate increase for home care providers of LTSS effective March 2020. OADS is also **exploring the development of career lattices and opportunities for direct care workers through the delivery of streamlined training.** In addition, OADS is amending program regulations to **create greater consistency across programs and to promote self-direction as an option for those who choose it.** This option allows individuals to hire and manage their own worker rather than receive personal care services through an agency.

Supporting family care partners

Family care partners (caregivers) provide the majority of care to older adults and adults with disabilities. Based on stakeholder input, OADS will move forward with implementing a comprehensive set of strategies **for improving the range of community supports available for care partners as part of the State Plan on Aging**. In addition, OADS is partnering with the Maine Center for Disease Control & Prevention and other community organizations to **implement the federal BOLD Act**, which is aimed at building, sustaining, and growing public health capacity to address Alzheimer's disease, dementia, cognitive health, and support care partners of people with dementia.

Partnering to strengthen the continuum of care for all adults in Maine

While the Department plays a critical role in developing policy and implementing programming for older adults, it cannot by itself meet the full need for LTSS for all Mainers. This means the Department must leverage its strong community relationships and partnerships to fill service gaps and create synergies in service delivery to ensure a broad array of services and supports are available. This includes exploring ways to **expand housing with services options** for older adults and adults with disabilities that support aging in community.

OADS is also leading the **creation and implementation of Maine's Age-Friendly State Plan.** In October 2019, Governor Mills designated Maine as an Age-friendly State, the sixth state in the nation to do so. This status will support partnerships at every level of community and government to support Mainers of all ages to live, work, and retire in the State. Following extensive stakeholder work, a comprehensive Age-Friendly State plan was released in January 2021. The Department will support the strategies and activities reflected in the plan and report out annually on the progress made across the different domains, with the ultimate goals of making Maine more livable for people of all ages.

Introduction

Long-term services and supports (LTSS) cover a broad array of services that help older people and adults with physical disabilities to remain as independent as possible. Maine's current and projected demographic trends indicate that the need for LTSS assistance will only increase with time. In many cases, family and friends are able to provide the help that is needed. When that is not possible, LTSS may be brought into the home. In other cases, an individual may need to move to a different setting, such as a residential care or nursing facility, to access the needed level of support.

The Department of Health and Human Services (the Department), through the Offiice of Aging and Disability Services (OADS) is responsible for administering a continuum of publicly-financed LTSS to meet the needs of Maine's older people and people with disabilities, with the goal of promoting the highest level of independence, health, and safety for the people it serves. To achieve this goal, OADS must ensure that the right level of care is provided at the right time through person-centered planning that tailors services to individual needs and preferences.

This report is submitted pursuant to 22 M.R.S.A. §50 which requires the Department of Health and Human Services (the Department) to prepare a report every four years addressing the current allocation of resources for long-term services and supports and the Department's goals and activities in meeting the needs of older adults and adults with physical disabilities requiring these services. This report provides more detail on the role of OADS in shaping the delivery system of LTSS, profiles the need for LTSS in Maine, describes the State's continuum of care, and provides an overview of the Department's plans for improving services.

Office of Aging and Disability Services (OADS)

MISSION

To promote the highest level of independence, health, and safety of older citizens, vulnerable adults, and adults with disabilities.

VISION

We promote individual dignity through respect, choice, and support for all adults.

A BRIEF OVERVIEW

COVID-19 and its Impact on LTSS

The COVID-19 pandemic has impacted every Mainer, with severe impacts on Maine's older adults and adults with disabilities, particularly those residing in long term care facilities. Mainers living at home have also experienced hardship as home care providers have become less available and some individuals have chosen to decline needed services due to exposure risk. COVID-19 has required family members to step in and fill service gaps and, in some cases, replace services that were previously provided through adult day or other programming. Those without family or informal supports have been particularly at risk.

The public health emergency spurred the immediate need for state agencies and offices to partner in ways that were unprecedented. Within the Department of Health and Human Services (the Department), close coordination and collaboration has been on-going across the Office of Aging and Disability Services, the Office of MaineCare Services, the Division of Licensing and Certification, the Maine Center for Disease Control and Prevention, and other external oversight agencies such as the Maine Long-term Care Ombudsman Program. The Department has also been working closely with the Maine Emergency Management Agency to promote a coordinated response to the pandemic.

The Department has worked closely with both facility and in-home providers of LTSS as well as other community-based organizations supporting the needs of adults in the community. While some areas of focus and support have shifted over the course of the pandemic, support with infection control remains a critical priority, especially for those individuals living and working in facility settings.

Many individuals rely on LTSS in their homes which are provided by registered nurses, certified nursing assistants, personal support specialists, homemakers, and others. To better support people receiving these services, the Department requested emergency authority from the Centers for Medicare & Medicaid (CMS) to make changes in its home and community-based waiver program as well as its other Medicaid in-home programs. These changes were approved by CMS in May 2020 and included actions such as:

- Transitioning to virtual assessments and person-centered planning meetings
- Extending assessments and re-evaluation dates
- Increasing service caps and limits

Since the start of the pandemic, the Department has hosted a wide variety of regularly scheduled stakeholder calls with different provider types. These virtual stakeholder meetings provide an opportunity to share COVID-19 related information and resources as well as provide an opportunity to ask questions, hear concerns, and share information among participants. The Department continues to actively work with providers experiencing outbreaks and issuing guidance and training on regulatory requirements and best practices.

Maine leveraged available federal funding to address immediate needs arising from the pandemic. Through the Families First Coronavirus Relief Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, additional federal funding was allocated to Older Americans Act programs and services. This funding helped Maine's five Area Agencies on Aging increase delivery of home delivered meals, provided mini-grants to community-based and volunteer organizations, and strengthened delivery of information, assistance and other supportive services assisting older adults, and their care partners. The Department has been monitoring the impacts of COVID-19 on service delivery and maintains a data dashboard that can be accessed at COVID-19 Impacts on DHHS Services | Department of Health and Human Services.

While vaccinating for COVID-19 has begun, the danger of the pandemic to all people in Maine remains high. Staff at the Department continue to focus on addressing the needs of the public, providers, and other community partners impacted by COVID-19. This includes participating in national, regional, and statewide calls and meetings; leading and facilitating regularly scheduled outreach to a wide array of providers and stakeholders; issuing guidance and policy modifications; and conducting web-based training on policy changes and practice recommendations. In partnership with the Long-term Care Ombudsman Program, the Department works directly with the staff of all facilities where COVID-19 outbreaks occur.

While COVID-19 has highlighted some weaknesses in the current systems of care, it also presents opportunities for improvements and innovations in service delivery. To date and by necessity, many of the efforts remain focused on short term needs brought on by the public health emergency. However, the Department has already begun collecting data and information that will inform future changes brought on by what has been learned through these unprecedented times.

Role of the Office of Aging and Disability Services

Under the leadership of the Commissioner of the Department of Health and Human Services (hereinafter, "the Department"), OADS establishes overall policy objectives for programs and activities supporting older Mainers and adults with physical disabilities. This includes directing public resources to ensure that services and programs are effective and efficient. In doing so, OADS works closely with many other parts of the Department, including the Office of MaineCare Services (OMS), the Division of Licensing and Certification (DLC), and the Maine Center for Disease Control & Prevention (Maine CDC). OADS partners with other state agencies on issues impacting older people and adults with disabilities, such as access to adequate housing, transportation and employment, which cross areas of responsibility. In addition to providing support for older adults and adults with physical disabilities, OADS also supports individuals with Intellectual Disabilities, Brain Injury, and Other Related Conditions. OADS is responsible for the management and oversight of Adult Protective Services including Public Guardianship and/or Conservatorship for incapacitated adults who have no family member or other private individual able or suitable to serve in those capacities.

OADS is designated as the State Unit on Aging under the Older Americans Act and, in that capacity, provides oversight to Maine's coalition of community organizations serving older adults that includes Maine's five Area Agencies on Aging, the Long-term Care Ombudsman Program, and Legal Services for the Elderly. OADS also works closely with Maine's Center for Independent Living (CIL). This interconnected structure of agencies helps with coordinated planning and provision of services that support older people and adults with disabilities to live comfortably in their homes and communities.

Area Agencies on Aging (AAA)
Offer a variety of community services to Maine's older adults. Maine has five AAAs, all of which are private, non-profit agencies. They are Aroostook Agency on Aging, Eastern Area Agency on Aging, SeniorsPlus, Spectrum Generations, and Southern Maine Agency on Aging. The agencies serve all regions of the state. Maine's five AAAs are also designated Aging & Disability Resource Centers (ADRCs), which serve as entry points for information and assistance about a wide range of services supporting older adults, adults with disabilities, and their care partners.

Long-term Care Ombudsman Program (LTCOP)
An advocacy organization with staff specially trained to investigate and resolve complaints made by, or on behalf, of individuals who are recipients of long term services and supports throughout the State. This program is required by federal law for nursing facilities and under Maine law, these services have been expanded to benefit recipients of other LTSS services, including residential care and home care services.

Legal Services for the Elderly (LSE)
A private non-profit agency designated by the State and mandated and funded under the Older Americans Act to provide free legal services statewide to individuals aged 60 and older. The agency also receives state funding as well as funding from other private and public organizations and individuals to support its activities.

Maine's Center for Independent Living (CIL)
A community-based organization that supports community living and independence for people with disabilities. Maine's CIL, Alpha One, provides an array of independent living services statewide. CILs are designed and managed by people with disabilities to help other people with disabilities live independently.

Stakeholder Engagement

OADS recognizes that meaningful change can be made when it has the trust of those delivering and receiving services, and the confidence of the Legislature and the public who provide the funding for services. To understand where change is needed, it is critical to hear directly from those with firsthand experience receiving or delivering services, including older adults, adults with disabilities, care partners, providers, and their advocates.

In the past two years, OADS has renewed its commitment to seeking out the stakeholder voice. Guided by recommendations of an advisory group, OADS organized statewide listening sessions, focus groups, and surveys to inform the development of the State Plan on Aging.[1] OADS also convened a broad stakeholder committee to develop the *Recommendations for Reform: Aging & Long-Term Services and Supports,* a report that serves as the basis for several of the initiatives outlined later in this report.[2] OADS has supported and participated in the Long-Term Care Workforce Commission and convened and facilitated an expansive stakeholder group to develop Maine's upcoming Age-Friendly State Plan, described more fully in the section titled: Partnering to strengthen the continuum of care for all adults in Maine.

1 The report summarizing the stakeholder findings can be accessed at: https://www maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2020-2024_Maine_State_Plan_on_Aging_Needs_Assessment_Report.pdf

2 This report can be accessed at: https://www maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Aging-LTSS-Reform-Report-2019.pdf

Maine's Profile of Need

As we age, many of us may need some level of help to remain as independent as possible. For some of us that may mean help with grocery shopping or household chores. For others of us that might mean needing hands-on care with bathing or dressing. Maine's current and projected demographic trends indicate that the need for programs providing these kinds of assistance, as well as other types of long-term services and supports, will only increase with time. This section profiles the current and projected need for LTSS, and identifies some of the challenges Maine faces in developing services to meet current and future needs.

Rural Geography

Maine is one of the two most rural states, with much of its population living in areas away from metropolitan centers.[3] Androscoggin, Cumberland, Sagadahoc and York counties comprise nearly fifty percent of Maine's population; Penobscot County which includes Bangor accounts for approximately ten percent of Maine's population. The other forty percent of Maine's 1.3 million citizens live outside these more metropolitan areas.

Many of Maine's rural residents experience a lack of public transportation, spotty access to broadband service, and a shrinking labor force. These facets of rural living can make meeting the need for LTSS difficult. Without robust public transportation, older adults and adults with disabilities can have increasing difficulty in getting to medical appointments or the grocery store. The lack of reliable broadband technology limits the availability of telehealth and other assistive technologies. As the more urban counties have grown in population over the past decade, rural counties have experienced decreases, stretching the rural labor force and impacting the number of family members and community volunteers able to provide support. While some of these challenges are not unique to rural or remote areas, the geography of the state influences the capacity and design of the LTSS service system.

3 Vermont is the other most rural state according to U.S. Census Bureau, Rural America, retrieved January 25, 2021.

Age and Disability Rates

While an individual of any age may have a disability, the rate of disability increases with age. For example, according to the American Community Survey (ACS),[4] only sixteen percent of Maine adults aged thirty-five to sixty-four have a disability while that number increases to over forty percent for adults between the ages of seventy-five and eighty-four, and seventy-seven percent for adults aged 85 and older. Overall, an estimated 219,000 Maine adults aged 18 and older (20% of the adult population) had at least one type of disability in 2019.

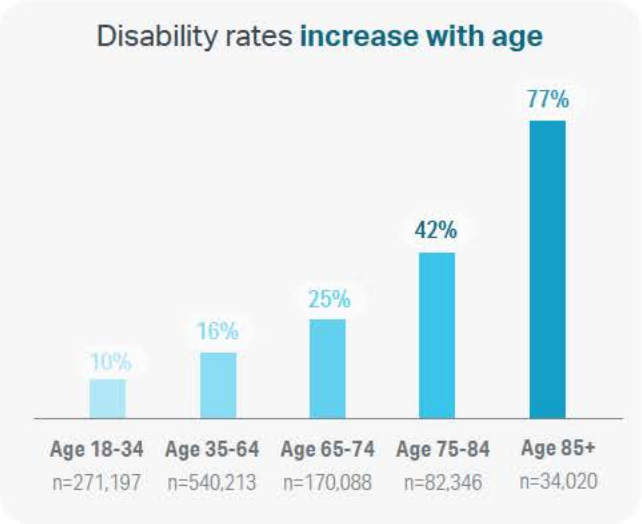

FIGURE 1
U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-year Estimates, Public Use Microdata Sample [CSV raw data extract]; retrieved from data.census.gov; < https://data.census.gov/mdat/ >; (19 December 2020).

While having a disability does not necessarily equate with LTSS service use, it can be an indicator of potential need. Different types of disability may also require more or less assistance from others, and the need for assistance may increase with age. Maine adults aged 75-84 and 85 and older have the highest rates of disability across all types of disability. Approximately half of adults aged 85 and older have ambulatory and/or independent living difficulties. Over one-quarter of this group has cognitive and/or self-care difficulties. These types of disabilities

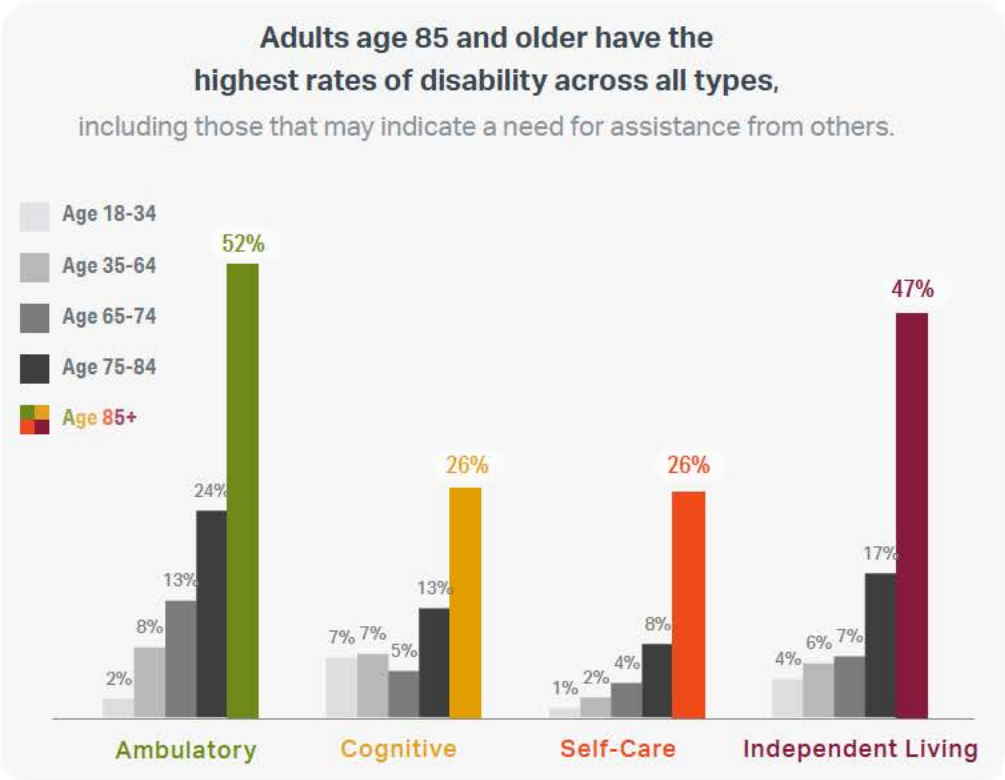

FIGURE 2
U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-year Estimates, Public Use Microdata Sample [CSV raw data extract]; retrieved from data.census.gov; < https://data.census.gov/mdat/ >; (19 December 2020).

4 https://www.census.gov/programs-surveys/acs retrieved February 5, 2021

likely indicate a need for assistance from others. Importantly, the ACS definitions of self-care and independent living disabilities are narrow and do not include having limitations in preparing meals or housekeeping. Therefore, the ACS data may under represent the number of people who need assistance with these important daily activities. For more information on ACS definitions, see Appendix A.

Currently, 22 percent of Maine's population is aged 65 and older, already higher than other New England states and the United States as a whole. By 2035, that rate will increase to 29 percent.The projected growth of Maine's older adults will be uneven, with Maine's "oldest" adults aged 75-84 and 85+ nearly doubling in the next fifteen years while adults aged 65-74 remaining relatively constant. With approximately half of adults aged 85+ having an ambulatory or independent living disability, and one-quarter having a self-care or cognitive disability, the projected growth in this group has implications for the LTSS service system.

Maine is projected to continue to have a higher percent of the population over age 65 compared to **New England** and the **United States**.

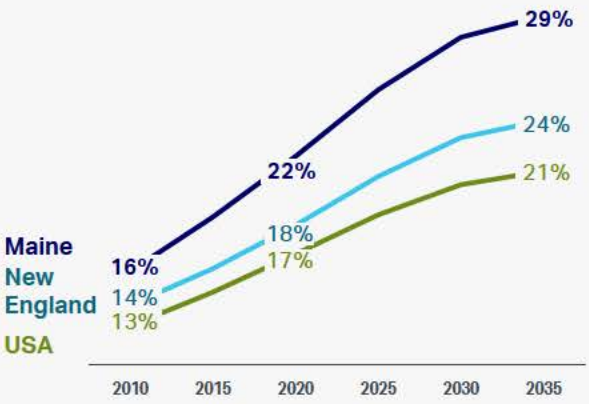

FIGURE 3
Source: Woods & Poole Economics, Inc., Washington, D.C., Copyright 2020. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

Maine's "oldest" adult population, age 75-84 and age 85+ **are expected to nearly double** over the next fifteen years.

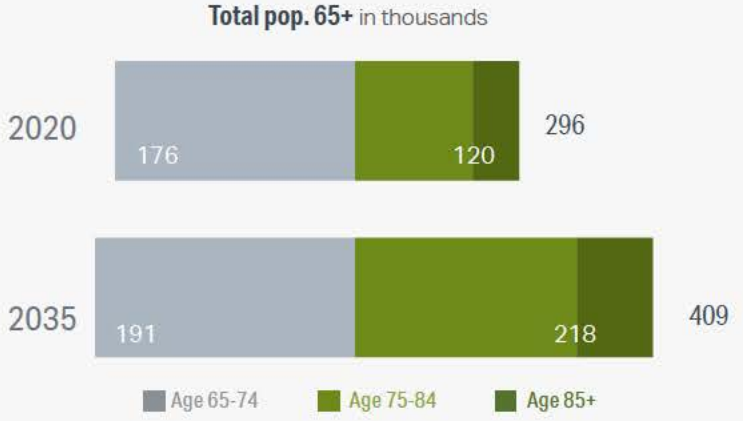

FIGURE 4
Source: Woods & Poole Economics, Inc., Washington, D.C., Copyright 2020. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

Poverty and Disability Rates

Poverty is another factor influencing disability and the potential need for LTSS. People in lower income groups have higher rates of disability. Forty-one percent of Maine adults with incomes between 50 and 99 percent of the Federal Poverty Level (FPL) and twenty-eight percent with incomes below 50 percent of the FPL reported having a disability compared to fourteen percent with incomes over 200 percent of the FPL.[5] Adults with disabilities and lower incomes have fewer resources to pay for care and are more likely to need the assistance of public programs.

Annual Income Amounts
by Percentage of the Federal Poverty Level

Percentage of the FPL	Single Person	2-Person Household
50% FPL	**$6,380**	**$8,620**
Federal Poverty Level	**$12,760**	**$17,240**
150% FPL	$19,140	$25,860
200% FPL	$25,520	$34,480
250% FPL	$31,900	$43,100
300% FPL	$38,280	$51,720

FIGURE 5
Source: U.S. Department of Health and Human Services, Offices of the Assistant Secretary for Planning and Evaluation. Retrieved from https://aspe.hhs.gov/2020-poverty-guidelines January 25, 2021.

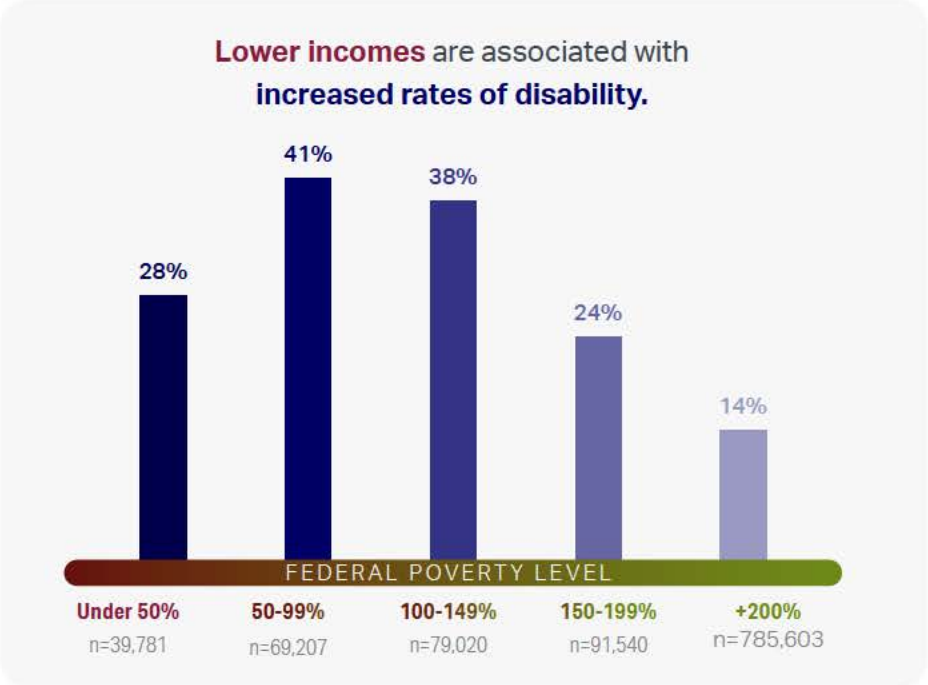

FIGURE 6
U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-year Estimates, Table B18131; generated by the Muskie School at USM; using data.census.gov; < https://data.census.gov/cedsci/ >; (19 November 2020).

5 The FPL in 2019 was $12,060 for a single adult and $16,240 for a household of two.

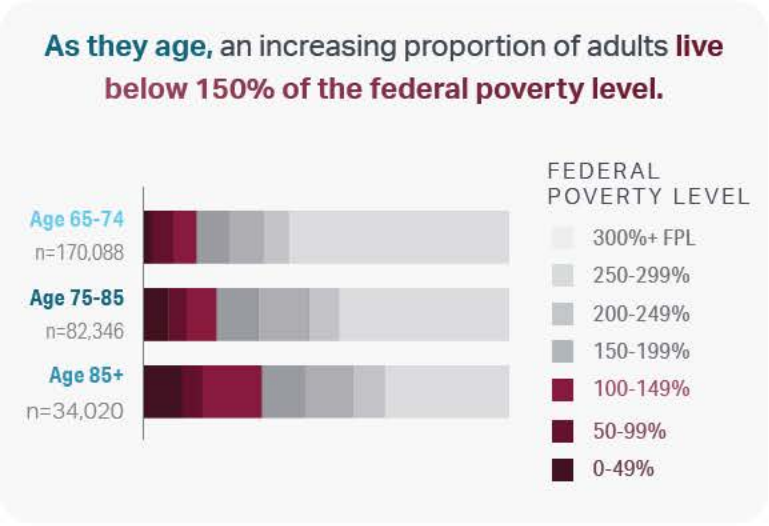

FIGURE 7

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-year Estimates, Public Use Microdata Sample [CSV raw data extract]; retrieved from data.census.gov; < https://data.census.gov/mdat/ >; (19 December 2020).

FIGURE 8

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-year Estimates, Public Use Microdata Sample [CSV raw data extract]; retrieved from data.census.gov; < https://data.census.gov/mdat/ >; (19 December 2020).

The connection between poverty and disability is compounded by age. Nearly one-third of adults aged 65 and up who have a disability have incomes below 150 percent of the 2020 FPL (or, below $19,140 for a single person). Paying privately for needed LTSS can be challenging. In 2019, half of Maine households of any age had annual incomes below $57,918.[6] A 2020 provider survey reports the median private pay costs of LTSS in Maine would easily exceed the resources of many people who potentially need them (see table).[7] This highlights the importance of Medicaid and publicly-funded services for people needing LTSS.

Median Annual Private Pay Costs of Care in Maine, 2020

Service	Duration/Type	Cost
Homemaker Services	44 hours/week	$64,064
Homemaker Health Aide	44 hours/week	$65,483
Adult Day Health Care	4 days/week	$41,600
Assisted Living Facility	12 months	$71,298
Nursing Facility	Semi-private room	$115,705
Nursing Facility	Private room	$127,385

6 U.S. Census Bureau; American Community Survey 5-Year Estimates, retrieved from https://www.census.gov/quickfacts/fact/table/ME/HSG010219 January 25, 2021.

7 Genworth Financial, Inc., Costs of Care Survey, 2020, retrieved from https://www.genworth.com/aging-and-you/finances/cost-of-care html December 31, 2020.

Workforce

While Maine's demographics indicate the need for LTSS will continue to increase over time, the workforce available to meet those needs is shrinking. Maine is already experiencing a workforce shortage and this is very apparent in the current lack of direct care workers available to provide LTSS. The number of working age persons (aged 18 to 64) for every person aged 65 and older has decreased from 4 in 2010 to 2.7 in 2020; this ratio is projected to decrease to fewer than 2 by 2035. While many older adults increasingly work past age 65 and experience good health, the decreasing availability of younger workers has implications for those who require care and services.

Not only will there be fewer workers to provide assistance, but they will be older as well. Maine's median age of 45 is the highest in the nation, meaning half of Maine's population is 45 years or older and half are younger. In contrast, Utah has the youngest median age at 31 years. By 2035, Maine's projected median age will be 48. This has implications for the capacity of the workforce providing LTSS and those needing services.

Maine is not unique in facing critical shortages in direct care workers. Other key factors influencing the lack of workers include tight labor markets, reimbursement levels, lack of benefits, and limited opportunities for career advancement impact recruitment and retention. The severe shortage of direct care workers has affected providers across the care continuum, with some facilities closing wings or keeping beds empty to maintain mandatory staffing levels. A recent study indicated over half of nursing facilities in Franklin, Hancock, Knox, Lincoln, and Waldo counties and between thirty-five and fifty percent of nursing facilities in Aroostook, Kennebec, and Oxford counties reported

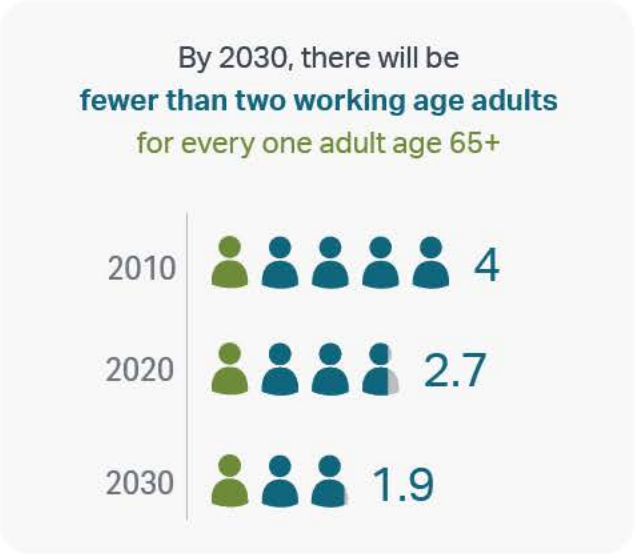

FIGURE 9

Source: Woods & Poole Economics, Inc., Washington, D.C., Copyright 2020. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

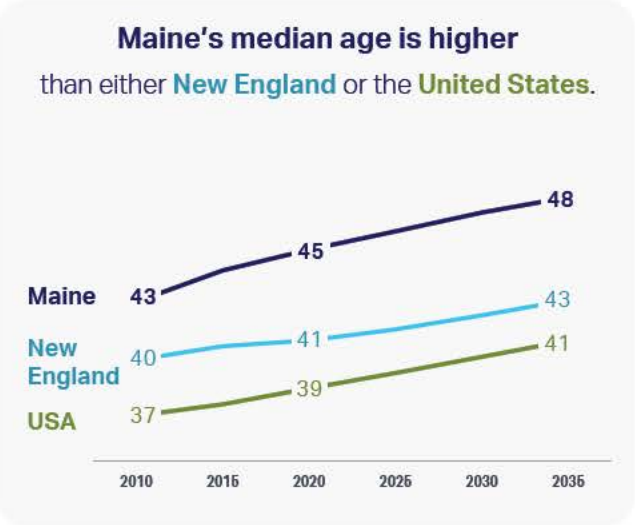

FIGURE10

Source: Woods & Poole Economics, Inc., Washington, D.C., Copyright 2020. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

having staffing shortages.[8]

Shortages in home and community-based workers have resulted in some adults with approved service plans not receiving services or receiving only some of their approved services. Based on data from one of the two statewide care coordination agencies for publicly-funded in-home services, twelve percent of service plans were unstaffed and twenty-two percent were partially staffed across the State as of November 30, 2020. Maine's Independent Support Services program, also referred to as Homemaker Services, is also experiencing staffing shortages statewide, with nine percent of service plans unstaffed.

Shortages in the paid workforce mean that family members, friends and other informal supports must play an even greater role in providing care and support. According to data reported by AARP in 2017, there were 181,000 family members providing care in Maine, providing 152 million hours of care, with an economic value of over two billion dollars.[9] The Centers for Disease Control and Prevention reports that over half of family members providing care (care partners) are women, nearly a quarter are 65 years or older, and one third are caring for a parent or parent-in-law. Nearly eighty percent manage household tasks and almost fifty percent assist with personal care.[10]

8 McGarry, B., Grabowski, D., and Barnett, M. (2020) Severe staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic. Health Affairs 39(10) 1812-1821. doi: 10.1377/hlthaff.2020.01269

9 https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf retrieved December 30, 2020.

10 https://www.cdc.gov/aging/data/infographic/2015/maine-caregiving html retrieved December 30, 2020.

Maine's Continuum of Care

This section describes the types of publicly-funded services that are currently available in Maine to meet the LTSS needs of older adults and adults with physical disabilities, often referred to as the "continuum of care." A key goal of the LTSS continuum is to offer an array of support, care, and service options that provide the right level of service at the right time, appropriate to a person's needs and preference.

While the continuum of care implies a linear progression of need, this is not always the case. When individuals have a chronic or degenerative condition that steadily gets worse over time (e.g. Alzheimer's disease), care and supportive needs often increase over time. For others, however, health episodes (e.g. stroke) or sudden declines in health can cause an abrupt need for care at a point on the continuum that offers a higher level of support. Individual preference may also play a role such as when a person prefers to receive services at a facility rather than at home. There is no "one way" to provide LTSS because people of any age can experience changes in health or social circumstances that require an initial need for care or supportive services and then subsequent adjustments in services or a complete change in living circumstances.

At its broadest, the continuum of care encompasses services and supports funded and provided by both the public and private sectors. The continuum described in this report represents Maine's publicly-funded service system. In Maine, the Medicaid program is known as MaineCare, and while MaineCare is the largest funding source, it is not the only funder of LTSS. The following describes the funding, primary programs, and key services that are included in Maine's publicly-funded LTSS system. These include supports and services offered through community-based organizations; in-home programs that provide a range of personal care, nursing, home modification, and other needed supports; services provided to people living in their own apartments in congregate settings; as well as residential care and nursing facility services.

How Does Maine Pay for LTSS?

Maine's combination of publicly-funded LTSS programs uses different funding streams to target those most in need, based on functional, medical, and financial need. Maine's current system of publicly-funded LTSS relies primarily on the following:

Federal Funding including the Older Americans Act (OAA)	As the State Unit on Aging, OADS administers federal funding under the OAA that includes a range of LTSS primarily delivered through Maine's Area Agencies on Aging. Services funded through the federal Older Americans Act serve individuals age 60 and older and their care partners regardless of income, though services are targeted to those at highest social and economic need. In some cases, services provided under the OAA are supplemented with other federal, state and community dollars to expand eligibility and service delivery. As an example, Maine has dedicated a portion of Social Services Block grant funds to support home delivered meals.
Medicaid State Plan	Federal regulations specify the range of services that may be funded under the Medicaid state plan, some of which are required Medicaid services and others which may be offered at the option of the State. The State receives federal matching dollars for these services. Federal match is based on a formula set by federal regulations: Maine receives one of the higher federal match rates (64%) for most services. Eligibility for these services is based on financial criteria and functional need.
Medicaid 1915 Home and Community-based Services Waiver	To provide states more options for serving people with disabilities in home and community-based settings, the federal government allows states to request a "waiver" of Medicaid state plan requirements. Authorized under §1915(c) of the Social Security Act, the waiver targets home and community-based services to persons who would otherwise need nursing facility services and offers a broad array of covered benefits. The State receives federal matching dollars for these services. Waiver programs have federal limitations on the cost of delivering services and have limits on the number of eligible people who can receive services.
State Funds (Non-Medicaid)	Maine uses all state dollars to provide a range of services, including but not limited to in-home personal care, nursing, therapies, homemaker, adult day, respite and some supported living services. The State does not receive federal matching dollars for these services as it does for Medicaid State Plan and Medicaid Waiver services. Individuals must meet financial and functional eligibility criteria for these services which are primarily intended for those individuals who cannot meet more stringent financial eligibility criteria required for Medicaid services.

Community Support Services

Community Support Services are provided by a variety of community-based organizations. While a broad array of supports fall into this category, this report focuses on those organizations whose primary mission is to serve older adults or adults with disabilities living in the communities of their choice. Examples of services that may be provided through these organizations include in-home supports, chore services, transportation, home modifications, and peer services provided through Maine's Area Agencies on Aging (AAAs) or Maine's Center for Independent Living (CIL). For some services funded through the OAA, such as nutrition, other federal and state dollars allow for expanded eligibility and service delivery.

Funding through the OAA also supports ombudsman services that provide advocacy and support to people needing or receiving LTSS and the delivery of legal services to adults age 60 and older. Other federal dollars through the U.S. Department of Labor support the Senior Community Service Employment Program (SCSEP) which provides work-training opportunities for low income persons aged 55 or older with a goal of transitioning to unsubsidized employment. Additional community LTSS services are described below.

	Program	Key Covered Services	People Served	Total Expenditures
			FFY2019	
Federal Funding including the Older Americans Act (OAA)	**Outreach and Referral Services** OADS Policy Manual §67	Outreach, intake, and information services for linking older adults and their families to needed services	*69,695 calls*	$1,684,838
	Nutrition Services OADS Policy Manual §65	Home delivered meals and meals provided in congregate meal sites	13,597 *(860,597 meals)*	$4,727,660
	Family Caregiver Support Program OADS Policy Manual §68	Information and assistance to family care partners, counseling, support groups, training for care partners	3,545	$778,428
	State Health Insurance Assistance Program (SHIP)* Federal regulations with oversight by OADS	Provides free, independent, one-on-one health insurance counseling and assistance to Medicare beneficiaries, their families, and care partners. This service also assists people with limited income to apply for Medicaid and other programs which help pay for or reduce healthcare costs	11,417	$340,889
State Funds	**Respite Care Services for Adults with Alzheimer's Disease or Related Dementia** OADS Policy Manual §68	Respite services provided in the home, adult day program, or an institutional setting	203	$564,000

* Budget period is 04/01/2018 to 03/31/2019

Source: *Office of Aging and Disability Services*

In-Home Supports and Services

In-home care includes a variety of in-home supports, depending on an individual's needs. These programs typically provide personal care assistance, in-home nursing, and care coordination in varying levels of intensity, with some programs providing other benefits such as home modifications, assistive technology, home delivered meals, transportation, and other assistance. All in-home programs provide an option for the service recipient - and in some cases, a family member or representative - to hire, train, and manage their own staff for personal care services. For individuals not choosing this option, personal care services are delivered through a registered or licensed agency.

	Program	Key Covered Services	Average Number Served/Month	Total Expenditures	Average Monthly Cost/ Person
			SFY2019		
Medicaid State Plan	**Consumer Directed Attendant Services** MaineCare Benefits Manual §12	Personal care services, care coordination, skills training and financial management services	387	$5,044,148	$1,086
Medicaid State Plan	**Private Duty Nursing and Personal Care Services** MaineCare Benefits Manual §96	Personal care services, nursing, care coordination	2,198	$24,882,436*	$1,630
Medicaid State Plan	**Adult Day Services** Medicaid §26	Center-based services that include supervision and activities, and health monitoring and nursing in some cases	61	$513,359	$699
Medicaid Waiver	**Home and Community Benefits for the Elderly and Adults with Disabilities** MaineCare Benefits Manual §19	Personal care services, nursing, therapies, home modifications, assistive technology, home delivered meals, care coordination	1,456	$51,278,655	$2,935
State Funds	**In-Home and Community Support Services** OADS Policy Manual §63	Personal care services, nursing, therapies, home modifications, assistive technology, care coordination	985	$10,167,350	$860
State Funds	**Consumer Directed Personal Assistance Services** OADS Policy Manual Chapter 11	Personal care services, care coordination, skills training and financial management services	132	$932,907	$589
State Funds	**Independent Support Services (Homemaker)** OADS Policy Manual §69	Routine housekeeping, laundry, grocery shopping and other related tasks	1,919	$4,180,932	$182
State Funds	**Adult Day Services** State Funded §61	Center-based services that include supervision and activities	50	$254,713	$425

* PDN users and expenditures exclude Level IV services which are for children and Level IX services which are provided in Assisted Living Facilities.

Source: *Office of Aging and Disability Services and Office of MaineCare Services*

Independent Housing and Assisted Living Services

Independent Housing and Assisted Living services include supportive services managed through OADS that are provided in six congregate living settings and seven assisted living facilities in Maine. These programs are state funded and provide on-site services to individuals living in private apartments. Eligibility for housing is separate from eligibility for services. Some individuals in their own apartments may also be eligible for and receiving additional in-home services through other In-Home Supports and Services.

State Funds

Program	Key Covered Services	Total People Served	Total Expenditures	Average Monthly Cost/ Person
		SFY2019		
Independent Housing with Services Program OADS Policy Manual §62	Personal care, meals, care coordination homemaker services, emergency response system, transportation, room and board	92	$540,933	$490
Affordable Assisted Living Program DHHS contract	Personal care, meals, service coordination, medication administration, homemaker and chore services, room and board	164	$2,315,546	$1,177

Source: *Office of Aging and Disability Services*

Medicaid Residential Care Services

For purposes of this report, residential care services are defined as services provided in a facility setting where residents may have a private or shared bedroom, with common dining and living spaces. In Maine, residential care facilities that serve MaineCare members are licensed as Private Non-Medical Institutions (PNMIs). There are several categories of PNMIs in Maine - those serving older adults and adults with physical disabilities are sometimes referred to as Appendix C facilities based on the MaineCare regulations. There are currently 128 facilities in Maine that accept MaineCare, with a total of 4,510 beds. In general, MaineCare pays for services for approximately two-thirds of the residents of these facilities.

Adult Family Care Homes are licensed residential-style homes for eight or fewer residents that serve MaineCare members. There are currently sixty Adult Family Care Homes in Maine, with a total of 420 beds. MaineCare typically covers services for approximately two-thirds of residents in these homes.

Federal regulations do not allow room and board costs in these residential care settings to be paid for by Medicaid. These costs are covered using other funding sources, including resident funds and state general funds. Room and board costs are included in the total expenditures, below. These expenditures reflect program costs after resident cost-sharing has been accounted for.

Medicaid State Plan

Program	Key Covered Services	Average Number Served/Month	Total Expenditures
		SFY2019	
Private Non-Medical Institutions, Appendix C MaineCare Benefits Manual §97	Personal care, nursing, room and board, diversional and motivational activities, and other services	2,923	$98,193,381
Adult Family Care Homes MaineCare Benefits Manual §2	Personal care, nursing, room and board, diversional and motivational activities, and other services	275	$7,575,444

Source: *MED Assessment Occupancy Reports and Office of MaineCare Services*

Nursing Facility Services

Nursing facility services cover room and board, nursing, therapies, personal care and other services provided to individuals living in licensed nursing facilities. There are currently ninety-two nursing facilities in Maine, with a total of 6,506 beds, over half of which are reimbursed through MaineCare.

These expenditures reflect long term stays reimbursed by MaineCare. They do not include short term skilled or rehabilitation stays that are covered by Medicare or other residents who are paying privately for their care. These expenditures reflect the actual cost to the MaineCare program after resident cost-sharing has been accounted for.

	Program	Key Covered Services	Average Number Served/Month	Total Expenditures	Average Monthly Cost/Person
			SFY2019		
Medicaid State Plan	**Nursing Facility Services** MaineCare Benefits Manual §67	Room and board, nursing, therapies, personal care and other services provided to individuals living in licensed nursing facilities	3,916	$326,490,997	$6,948

Source: *MaineCare Data Management Reports MDS for Nursing Facilities and Office of MaineCare Services*

Quality & Compliance Oversight Structure

Facility and home and community-based service providers must meet federal and state requirements defining the standard of care that assures the safety of those served and promotes their quality of life. Responsibility for quality oversight and compliance activities is distributed across a number of oversight and advocacy agencies, depending on the type of service provided and, in some cases, the funding source.

The Federal Centers for Medicare & Medicaid Services (CMS) sets standards for nursing facility services as well as other long term services and supports reimbursed by Medicaid. Federal law requires nursing facilities that are Medicare or Medicaid certified to be inspected by state surveyors who represent CMS. CMS also requires states to assure that home and community-based services meet certain quality standards, by developing and monitoring performance measures and promoting system improvement.

The Office of Aging and Disability Services (OADS) ensures compliance with the federal rules, regulations, and state plan on aging assurances for OAA-funded programs and services. OADS oversees the administration of Medicaid and State-funded program rules for Maine's facility and in-home LTSS system, including oversight of federally required quality assurances for waiver services. Activities include data and compliance reviews, site visits, and health and welfare monitoring. OADS convenes the Quality Assurance Committee required by 22 M.R.S.A. 5107-I to evaluate the quality of care coordination services for LTSS. Membership on that committee includes providers, advocates, and service recipients. OADS also administers the Adult Protective Services program, which receives and investigates reports of suspected abuse, neglect, or exploitation of incapacitated or dependent adults.

The Office of MaineCare Services (OMS) is responsible for Medicaid policy and rule development. OMS ensures that providers meet qualifications for enrolling and participating in the MaineCare program. OMS also has responsibility for program integrity activities, including provider reviews and audits to protect against fraud, waste and abuse that impact quality of care.

The Maine Division of Licensing and Certification (DLC) oversees compliance with licensing standards, conducts and centralizes criminal background information on certain categories of direct care workers; and investigates allegations of unsafe practices or events in licensed facilities and providers. State law requires surveys of licensed assisted living and residential care facilities, including Maine's PNMIs and adult family care homes.

The Maine Long-term Care Ombudsman Program (LTCOP) has oversight responsibility and acts as an intermediary between long-term care facilities and residents, helping to resolve problems related to the health, safety, welfare, and rights of residents. This position is federally mandated for nursing facility services, and in Maine, LTCOP's oversight authority extends to assisted living, residential care, and in-home LTSS services.

Future Policy Directions

Shortly after the inauguration of Governor Mills in 2019, the Department convened stakeholder meetings and forums to hear from recipients of services, family members, providers, and advocates about perceived strengths and weaknesses in the current system of LTSS services. In listening to these voices, we heard repeatedly through surveys, focus groups, listening sessions, and other forms of stakeholder engagement, that while there are strengths to the system, improvements have not kept pace with Maine's continued and increasing need for LTSS and the needs and preferences of older adults and adults with disabilities.

This section describes both an overall approach to LTSS improvements and reforms that are in conceptual or planning stages and initiatives currently underway. The LTSS improvement and reform initiatives highlighted in this section are designed to strengthen aspects of service access and service delivery for LTSS recipients across the continuum of care. They reflect the people-focused values that guide Maine's LTSS policy work: respect for choice, autonomy, privacy, and self-determination; service delivery in the most integrated, least restrictive setting; a commitment to person-centered planning and care; and leveraging community partnerships and collaborations to achieve optimal outcomes for individuals. The Department is committed to inclusive planning efforts, with intentional efforts to include hard-to-reach populations (e.g., the oldest-old, people experiencing cultural, social, or geographic isolation, those with significant health challenges, or individuals not engaged in services).

While COVID-19 has highlighted some of the weaknesses in the current system, it also presents opportunities for improvement. Despite the broader fiscal challenges brought on by the pandemic, the Department is committed to strengthening Maine's current continuum of care serving older adults and adults with physical disabilities.

Expanding Access to Home and Community-Based Services

Why This is Important

Over the past several decades, states have focused on developing a broad range of home and community-based services to offer alternatives to institutional services. Investing in home and community-based services serves several complementary goals: it respects the preferences of individuals who choose to receive services in their home and communities, helps assure compliance with the community integration mandate established by the United States Supreme Court's 1999 *Olmstead* decision, and helps states to reduce costs on more expensive avoidable institutional services.

Strengths and Challenges in the Current System

Maine has implemented a system of Medicaid and state-funded programs, along with a statewide centralized functional assessment process, that supports timely access to multiple LTSS programs. Although the system is designed to maximize the use of federal funding, it uses state dollars to ensure that people who need services still have access to them if they are not eligible for MaineCare. State dollars are also used to fund low-cost in-home or community supports (e.g., homemaker services) that play an important role in delaying or eliminating the need for higher cost services.

Successfully reducing the avoidable use of high-cost services depends on making sure people receive the right services at the right time appropriate to their needs and preferences. Despite past efforts, stakeholders continue to report challenges in understanding where to get information about available resources and how to access them. The Department is engaged in several strategies for improving LTSS services by improving access to information and referral services and maximizing federal funding opportunities for home and community-based services.

Plans for Improvement (2021-2025)

Creating a new Medicaid Community First Choice (CFC) Program under Section 1915(k) of the Social Security Act

Maine currently operates a home and community-based waiver program for older adults and adults with physical disabilities under Section 1915(c) of the Social Security Act. Since the time this option was created in 1981, waiver programs have become permanent offerings in every state, and relatively new federal Medicaid options now allow states to offer similar benefits not as a waiver but as a Medicaid State Plan option. Based on stakeholder input, the Department is planning to submit an application for a 1915(k) Community First Choice Program to CMS, which is a Medicaid State Plan benefit. Similar to the 1915(c) waiver, the 1915(k) must have the same level of care as the state's institutional (nursing facility) level of care but, importantly, the 1915(k) provides for an additional six percent increase in federal match. This higher federal match frees up state dollars to enhance covered benefits or to make other access improvements in Maine's LTSS system. The number of participants may not be capped under 1915(k) but retaining the existing level of care makes the target group predictable as it will be nearly identical to the target group served under the existing 1915(c) waiver. The Department anticipates submitting this application to CMS in the fall of 2021.

Strengthening Maine's entry point for access to information and referral support

An effective LTSS system makes sure that individuals have timely access to information that leads to the right service option, whether it be to a nursing or residential care facility, or to home and community-based services. Limited information about care choices can lead to limited access and a greater likelihood of poor outcomes for that individual. Like most states, Maine's system of access relies on a "No Wrong Door" approach where information, referral, and other enrollment support is provided through a variety of agencies and organizations so that, regardless of how or where people seek services, they receive the information and support they need to connect to services they need. The goal is to enable people to make informed decisions based on the full range of available services. To be effective, the No Wrong Door requires coordination between the Medicaid service system and the aging network and the capacity to connect people with local, regional, and state level resources.

Maine's Aging & Disability Resource Centers (ADRCs), which are housed within the AAAs, serve as the primary entry points to Maine's No Wrong Door system. The Department is exploring availability of federal funding to support and enhance the ability of ADRCs and other community organizations to connect people with available services. This includes strengthening partnerships with 211 Maine, health systems, municipalities, and age-friendly communities to expand opportunities for creating accessible and trusted sources of information and referral services. In order to streamline service access, the Department is also exploring the feasibility of creating a single comprehensive electronic application for services to better connect people to a range of needed services.

Supporting and leveraging partnerships and services delivered through community-based organizations

Programs funded under the Older Americans Act (OAA) have historically been administered separately from Medicaid long term services and supports, in part due to separate funding sources and requirements. There is now increased federal and state recognition that these programs are part of the same care continuum and require greater integration and collaboration. Maine recently received federal approval of its State Plan on Aging 2020-2024.[11] This plan, required under the OAA, renews emphasis on providing key services that support older adults in their homes and communities. Historically, in-home services, such as homemaker and personal care, have been largely funded using Medicaid and state general funds. Efforts are underway to develop and expand traditional in-home services such as personal care, homemaker, chore, and adult day using OAA funds in coordination with other state programs.

Better Coordinating LTSS with Medical and Behavioral Health Systems

Why This is Important

Coordination between long-term services and supports, medical, and social service delivery systems can improve health outcomes, lower costs and improve the experience of individuals receiving services. For individuals most at risk – including those with the most complex needs or the fewest resources—the relationship among the long term services and supports, medical and social service delivery systems can be fragmented. Coordination of care is particularly important as people transition across different care settings; for example, when moving from hospital to home.

A primary source of fragmentation of care is the different payment systems of Medicare and Medicaid. Many older adults, as well as younger adults with disabilities, receive their medical and acute care through Medicare, a federal program administered separately from Medicaid. In general, Medicare does not pay for LTSS. Medicaid, the joint federal and state program for people with low incomes, covers LTSS as well as certain behavioral health services not covered by Medicare. Because the two insurance programs cover different types of services, this has historically led to a siloed system of Medicare providers and Medicaid providers with few incentives or mechanisms to communicate and coordinate one plan of care. Individuals who are dually eligible are at particular risk of poor outcomes from uncoordinated, fragmented care.

11 This report can be accessed at 2020-2024 OAA Maine State Plan on Aging

Strengths and Challenges in the Current System

Often people need help coordinating their care, whether because their needs are complex, or they are not able to navigate the delivery system on their own, or both. While many LTSS programs provide care coordination, this service typically does not involve identifying other needs outside the LTSS delivery system. The Department continues to explore value-based strategies that support greater coordination and alignment across programs and payment sources. Maine continues to build on lessons learned through Homeward Bound, Maine's Money Follows the Person program. This federal demonstration allows the State to offer more flexible services to support individuals moving from nursing facilities back to the community.

Plans for Improvement (2021-2025)

Enhance the scope of care coordination services across LTSS programs

The Department is engaged in a preliminary review of all case management and care coordination definitions and payment rates across LTSS programs to ensure consistency whenever possible. Doing so will lead to a more consistently positive experience for participants and improve system efficiency for both the Department and providers.

The Department has already revised its method of reimbursement for this service, transitioning from a 15-minute billing increment covering a narrow set of tasks to a bundled rate that allows for greater flexibility to meet the needs of service recipients. This change has long been requested by the care coordination agencies providing this service. Maine also participated in the CMS Medicaid Innovation Accelerator Program to assist in developing a value-based payment method for care coordination.

Provide transition support for individuals transitioning across settings

Providing support to individuals as they transition across care settings—for example, from hospital to home—is critical for improving outcomes and avoiding unnecessary hospital, emergency room, or institutional use. A transition coordinator can make sure that needed medical and social supports are in place for a successful transition or diversion from a nursing home. Since 2012, Maine has provided transition services to residents of nursing facilities through the Money Follows the Person demonstration. This demonstration allows Maine to draw down additional federal matching dollars to reinvest in system improvements. Since 2012, 142 individuals have moved from nursing facilities back to the community as part of this program. In addition to embedding best practices into the LTSS delivery system, Maine plans to continue this program through December 2023, pending federal approval.

Strengthen coordination for individuals eligible for both Medicare and Medicaid

States and the federal government have increasingly focused efforts on improving outcomes and reducing costs by better integrating care to individuals who are dually eligible for

Medicare and Medicaid. These strategies are designed to better coordinate care and align financial incentives, including financial incentives for states. Typically, states do not have a financial incentive to coordinate Medicaid and Medicare programs because the primary savings from decreased unnecessary hospitalizations and emergency room use will accrue to Medicare. Because the complexity of integrating care across two major insurance coverages requires careful analysis and planning, the Department is evaluating how best to strengthen data integration and analysis and the data sharing infrastructure required for implementing integrated care programming. The Department has already initiated changes in the required State contracting process with Medicare Advantage plans in Maine that serve dually eligible beneficiaries to strengthen coordination of LTSS and Medicare benefits.

Strengthening the Capacity of the Direct Care Workforce

Why This is Important

Direct care workers are the primary providers of paid hands-on care and support for individuals needing LTSS. In Maine, direct care workers are employed by agencies while others are employed directly by an individual receiving services (or the individual's family member or representative), a service delivery model referred to as participant-directed services.

Without an adequate and qualified workforce, critical needs go unmet and create significant risk to the health and welfare of those who rely on these services. While assistive technology and other innovative strategies can help mitigate negative impacts, these options cannot replace the hands-on services and care provided by the direct care worker.

Strengths and Challenges in the Current System

There is no single strategy for improving workforce capacity and solutions require collaborative partnerships across state agencies, public universities, as well as private and public sector businesses and providers. As part of Public Law 2019, chapter 343, part BBBBB, the Maine Legislature convened a Commission to Study Long-term Care Workforce Issues which issued a series of recommendations in January 2020.[12] The Commission focused on strategies for reimbursement, workforce retention and recruitment, workforce development and training, and ways to strengthen existing support systems. This included approaches to facilitate the ability of people to self-direct their own services (also known as participant direction), including the hiring of family members to provide care.

The shortage of direct care worker staff is severely impacting recipients of LTSS across the

12 This report can be accessed at: https://legislature.maine.gov/doc/3852

care continuum and across the different populations of people relying on these supports. During regional listening sessions in 2019, stakeholders described first-hand the impact of the workforce shortage on individuals receiving services as well as on family caregivers. Across the state, participants expressed worry and frustration over the lack of paid caregivers both in facilities and in-home settings. Participants described the shortage as "critical" and "severe" resulting in unstaffed hours of care. Many participants said that the work of caregivers is undervalued and felt that greater recognition is needed to encourage people to work in the field. Lack of capacity in the direct care workforce has been even more exacerbated by COVID-19, which has placed particular strain on direct care workers.

Plans for Improvement (2021-2025)

Improving reimbursement and workforce retention strategies

OADS will continue to work with the Office of MaineCare Services and others to advance reforms and improvements related to reimbursement rates, workforce recruitment and retention, and other workforce development initiatives as appropriate. The Department implemented a rate increase for home care providers of LTSS effective March 2020. While this rate increase was intended to be effective July 1, 2020, implementation was accelerated due to COVID-19 in recognition of the importance to support this workforce. LTSS programs are also part of the Department's broader rate study being conducted by MaineCare to develop a plan for the creation of a comprehensive, streamlined, and coherent system that will support MaineCare members' access to high value-services.

Developing career lattices and opportunities for direct care workers through the delivery of streamlined training

Because Medicaid is the primary funder for many LTSS services, the Department has a strong interest in establishing training requirements and ensuring the competency of the direct care workforce. Historically, these training requirements have developed separately for different programs, leading to a variety of job titles and creating barriers for providers and redundant training requirements for individuals wanting to work across populations. While the Department piloted a training program that supported cross training across populations, it was never adopted. Based on this past work, the Department is actively engaged in planning activities that will lead to the adoption of a common curriculum and certification process for direct care workers that serve older adults and adults with physical and intellectual disabilities, along with specialty training modules that address topic areas such Alzheimer's disease or related dementias and behavioral health. In addition to creating efficiencies and the ability for workers to expand professional development and career advancement, it provides an opportunity to explore reimbursement strategies that provide incentives and recognize tiered levels of competencies. OADS is leading this initiative in partnership with Licensing & Certification, the Office of MaineCare Services and the Commissioner's Office.

Supporting participant-directed services

Maine currently has several similar, but distinct, models of participant (or self) direction for in-home personal care services. With some exceptions, program participants may hire family members or friends to provide care. As of November 30, 2020, just over 1,000 people in the State were directing their own personal care through participant direction. Maine's ISS (homemaker) program has a similar option that allows program recipients to hire their own worker; approximately 30 percent of Independent Support Services program recipients use this option.

Currently, the design of participant-directed services is not consistent across programs. For example, some programs require that the individual receiving services have the capacity to participant-direct. Others allow a family member or another representative to direct services on behalf of a service recipient. To promote efficiencies and allow for great transferability across programs, OADS is actively engaged in amending program regulations to create greater consistency across programs and to promote participant-direction as an option for those who choose it.

Supporting Family Care Partners

Why This is Important

Family care partners, often referred to as caregivers, serve as the backbone of the LTSS system, providing care and support that includes everything from companionship to check-in calls to helping with tasks that would otherwise be performed by a nurse. Estimates vary but the contributions and savings to the LTSS system are significant and invaluable. While there are many positive aspects to being a care partner, people in this role may need to miss work or leave the workforce because of their responsibilities and report higher levels of stress due to the emotional and physical strain of caregiving. It can be especially stressful for those caring for individuals with dementia, including Alzheimer's disease. Family care partners continue to face significant challenges during the COVID-19 public health emergency, as many adult day centers temporarily closed, in-home staffing declined, and the opportunities to visit and connect in person with others significantly decreased.

Strengths and Challenges in the Current System

As with the paid workforce, creating programs and supports for family caregivers requires policy approaches that cross public and private sectors. OADS administers federal funding under the Older Americans Act that supports services to caregivers, many of which are provided in the community through the AAAs. Examples of these supports include information services, assistance, counseling, respite care, and supplemental services. Maine offers respite and adult day services under several state-funded and Medicaid programs,

though these services sometimes have limitations due to provider availability and funding. During statewide listening sessions, many care partners described the importance of these services in preventing or delaying the need for facility care but also expressed the need for expanded access and availability of these services throughout the state.

Plans for Improvement (2021-2025)

Promoting community supports for care partners

OADS has identified a comprehensive set of strategies for supporting care partners funded as part of the Older Americans Act that includes enhancing information and referral systems, providing evidence-based training, and offering support groups, respite, and adult day services. This includes efforts to enhance services and programs for older relative caregivers providing care to a minor grandchild or family member (sometimes referred to as kinship care). Specific strategies are described in Maine's State Plan on Aging 2020-2024, including increasing the number of care partners who participate in an evidence-based and/or evidence-informed caregiver education program through Maine's Area Agencies on Aging.

Implementing BOLD Act initiative

The Maine CDC was among the first 15 public health entities nationally to be awarded federal funding to expand support services for people with dementia and Alzheimer's disease under the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act. Awarded in 2020, the BOLD Infrastructure for Alzheimer's Act is aimed at building, sustaining, and growing public health capacity to address Alzheimer's, dementia, cognitive health, and dementia caregiving. The Maine CDC is partnering with OADS and community-based organizations in development of this initiative which runs through 2023. This work will include collaborative stakeholder efforts to update the State Plan for Alzheimer's Disease and Related Dementias in Maine, developed in 2012.

ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

Alzheimer's disease and other dementias are chronic conditions with heavy health, social, and economic burden on populations affected, their care partners, and to society in general. 5.8 million Americans are living with Alzheimer's, and more than 16 million Americans provide unpaid care for them. In Maine, using 2019 estimates from the Alzheimer's Association, the projected number of Mainers aged 65+with Alzheimer's Disease will grow from 28,000 to 35,000 in 2025, a growth rate of twenty-five percent (25%).

Partnering to Strengthen the Continuum of Care for All Adults in Maine

Why This is Important

The continuum of care in Maine is a combination of publicly and privately funded and delivered services. While this report has focused on public services and supports, in recent years there has been concerted effort to align and partner with community agencies to broaden the reach of LTSS information and services. The Department is exploring ways to better bridge the publicly and privately funded elements of the continuum of care and partner with age-friendly communities, municipalities, and others.

Strengths and Challenges in the Current System

Over the last several years, Maine communities have been at the vanguard of establishing age-friendly community initiatives. There is increasing recognition that livable communities meet the needs of everyone - much like universal design - and that communities derive their strengths from being inclusive and diverse. While the Department plays a critical role in developing policy and implementing programming for older adults, it cannot by itself meet the full need, and it must leverage its strong community relationships and partnerships to fill service gaps and create synergies in service delivery. The Department also recognizes people have a strong preference for remaining in their communities in a setting that respects their independence and autonomy.

Plans for Improvement

Expanding options for providing housing with services

In 2020, the Maine Health Access Foundation (MeHAF) convened a group of stakeholders including the Department to begin creating a vision for a re-imagined approach to housing and care in residential settings for older people and adults with physical disabilities in Maine. This work provides an initial vision for residential care that includes the following attributes: autonomy for individuals and safety for all, person-centered supports based on individual needs and preferences, home-like environments with private and shared spaces, actual and virtual connections to the community, inclusion of persons with diverse backgrounds and cultures, quality measures that reflect what is important to residents, and continuity and stability as a result of staff retention. While current efforts to address COVID-19 are focused on mitigating the immediate impacts of the pandemic, longer term planning is essential to evaluate and assess its impact on our current systems of care, especially for those living in congregate settings.

Creating and implementing Maine's Age-Friendly State Plan

In October 2019, Governor Mills designated Maine as an Age-friendly State, the sixth state in the nation to do so. Maine joins cities and communities across the globe who are part of the AARP Network of Age-Friendly States and Communities and in the World Health Organization's Global Network for Age-Friendly Cities and Communities. This status will support partnerships at every level of community and government to support Mainers of all ages to live, work, and retire in the State. Joining the AARP Network is the first step in a multi-year process. Work focuses on seven age-friendly domains:

- Respect, Equity & Social Engagement
- Accessible Communication & Information
- Employment & Financial Security
- Health Coverage, Health Care, Healthy Aging & Supportive Services
- Housing
- Natural Resource Management, Outdoor Spaces & Recreation
- Transportation

"Creating age-friendly, livable communities with walkable streets, safe and affordable housing, transportation and access to services will ensure that Maine people of all ages contribute to our state while living with dignity and comfort in the homes and communities they love. With this designation, Maine now has access to critical data, technical advice, best practices and organizing tools to help us plan for the future in a thoughtful way and learn from a global network of partners to better serve older Mainers."

GOVERNOR JANET T. MILLS

While the planning process has been led by OADS, it has drawn input from over 50 organizations and individuals statewide, including residents, churches, schools, government, and businesses. In addition to the Department of Health and Human Services, the Maine Department of Transportation, the Department of Labor, Maine Housing Authority and the Department of Agriculture and Conservation have actively participated. This work has culminated in a comprehensive Age-Friendly State plan that was released in January 2021.[13] This guides State agencies as they develop policy and programs. It also articulates statewide priorities to encourage and guide communities, businesses, land owners, foundations, civic groups, universities and other organizations in their age-friendly efforts. The Department will support the strategies and activities reflected in the plan and report out annually on the progress made across the different domains, with the ultimate goals of making Maine more livable for people of all ages.

13 This plan can be accessed at: https://www maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Age-Friendly-State-Plan.pdf

Appendix

Appendix A: American Community Survey Six Disability Types

AMERICAN COMMUNITY SURVEY

Six Disability Types

Statistics about Maine adults with disabilities come from the American Community Survey (ACS). The ACS covers the following six disability types, reflecting how different conditions may impact basic functioning.

Hearing difficulty
Deaf or having serious difficulty hearing

Vision difficulty
Blind or having serious difficulty seeing, even when wearing glasses

Cognitive difficulty
Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions

Ambulatory difficulty
Having serious difficulty walking or climbing stairs

Self-care difficulty
Having difficulty bathing or dressing

Independent living difficulty
Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping

A person saying they have any one of the above disability types is considered to have a disability. Note that the ACS self-care and independent living disability definitions are more limited than those used in determining program eligibility for services in Maine because they do not include meal preparation and housekeeping limitations. While the ACS does not provide details on the level of disability or the service needs of the population, it provides a picture of how many Maine adults may have LTSS needs.

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