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**Final Report to the
Joint Standing Committee on Health and Human Services
On
Resolve 2011, Chapter 71 (LD 1461)**

Prepared by:

**Maine Department of Health and Human Services
March, 2012**

Maine Department of Health and Human Services
Final Report to Maine Legislature
Resolve 2011, Chapter 71 (LD 1461)

Resolve 2011, chapter 71 (LD 1461) directs the Department of Health and Human Services (DHHS) to adopt a plan related to a report prepared by DHHS for the 124th Legislature entitled “Services for Elders and Other Adults Who Need Long Term Home and Community Based Care” dated January 20, 2010 (known as the “Lean Implementation Plan”).

The specific initiatives as listed in the legislation that are incorporated into an action plan include, but are not limited to:

1. Consolidating two existing waivers for elders and adults with disabilities (Section 19 and Section 22, MaineCare Benefits Manual, Chapter II);

Implementation: July 1, 2013

2. Consolidating two MaineCare State Plan personal care programs (Section 12 and Section 96 of the MaineCare Benefits Manual, Chapter II);

Implementation: October 1, 2012

3. Consolidating two state-funded programs, one managed by the Office of Elder Services (OES) and the other self-directed program managed by the Office of Adults with Cognitive and Physical Disabilities (OACPDS) and including the state funded Independent Services and Supports (ISS/Homemaker) as part of that consolidation;

Implementation: July 1, 2013

4. Developing a long-term care services statewide plan that ensures access to care in the least restrictive environment;

Implementation: Ongoing

5. Maximizing federal opportunities available through the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services;

Implementation: Ongoing

6. Consolidating the 3 existing consumer-directed service models into a single uniform self-directed model;

Implementation: October 1, 2012

7. Maximizing individualization and flexibility of the plan of care to ensure appropriate and timely services are provided, including, but not limited to, allowing a care coordinator to make adjustments within a plan of care without requiring a new assessment as long as the net adjustment remains below the maximum value under the consumer's level of care;

Implementation: Ongoing

8. Improving value and respect for direct care workers through initiatives that include, but

are not limited to, creating strategy and standards for ensuring workforce training for all persons accountable to the long-term care system and exploring the feasibility of equalizing hourly reimbursement rates across the direct care worker continuum; and

Implementation: Ongoing, with implementation of a pilot training program April 2012

9. Designing and establishing an effective quality management strategy across funding streams and population groups to ensure a high-quality long-term care service system.

Implementation: Ongoing

This work is to be accomplished within the limits of available resources.

BACKGROUND

The work being done pursuant to this legislation is occurring at the same time as other significant changes in the overall delivery system for long term services. This includes the Department's need to review its current reimbursement of Private Non Medical Institutions (PNMIs) in response to questions raised by the Centers for Medicare and Medicaid (CMS). In addition, implementation of this bill needs to be considered in light of PL 11, Chapter 422 (LD 683), which, among other things, proposes that all long term care services provided directly or indirectly under the MaineCare program or other state-funded programs be combined into one program with a single set of rules, coordinated criteria for assessment and qualifications and a single budget. LD 683 is attached as an appendix to this report.

Implementation has been staged to provide the least disruption to members currently receiving services on these programs. DHHS will meet with stakeholders to review the implementation plan set forth in this report. It is possible that some of the implementation on the consolidation of programs will become part of larger implementation changes related to the review of PNMI reimbursement issues and the potential for changes in the eligibility criteria for institutional level of care.

These initiatives will be discussed in the order that they appear in the legislation.

INITIATIVES 1-3

Consolidating two existing waivers for elders and adults with disabilities (Section 19 and Section 22, MaineCare Benefits Manual, Chapter II).

Consolidating two MaineCare State Plan personal care programs (Section 12 and Section 96 of the MaineCare Benefits Manual, Chapter II).

Consolidating two state-funded programs, one managed by the Office of Elder Services (OES) and the other self-directed program managed by the Office of Adults with Cognitive and Physical Disabilities (OACPDS) and including the state funded Independent Services and Supports (ISS/Homemaker) as part of that consolidation.

Initiatives 1 through 3 of this bill address consolidation of several different programs providing long term care services and supports, some of which are managed through the Office of Elder

Services and others through the Office of Adults with Cognitive and Disabilities. A brief summary of these programs is attached as a separate document to this report.

Based on previous stakeholder group forums, the articulated goals of this consolidation are:

- Combining multiple existing programs into fewer programs to promote equity while facilitating portability among program choices and living arrangements and optimizing service use by the person in need of services.
- Creating greater equity across long-term home-based programs in terms of financial eligibility requirements, types and amounts of services available, rates of reimbursement and wages paid to direct care workers.
- Designing MaineCare-funded waiver and state plan programs and state-funded programs to include both agency-provided and self-directed services.
- Potentially identifying opportunities for inclusion of independent support services (i.e. homemaker/IADL activities) as a MaineCare-funded service.

The Department has reviewed the current rules to identify inconsistencies in financial eligibility, functional eligibility, covered services, non-covered services and limits, reimbursement and other program requirements. As part of that review, the more significant differences have been identified. In order to accomplish these consolidations within existing resources, generally the more restrictive provisions are being adopted unless cost neutrality can otherwise be addressed and maintained.

In order to facilitate this consolidation in the least disruptive manner to consumers and providers, the program consolidations will be staged, beginning with the State Plan Medicaid services (Section 96 and Section 12). In contrast to the waivers and the state funded programs, the State Plan Medicaid programs have fewer covered services and are not capped in terms of number of eligible members who may participate.

Section 96 includes personal care and nursing services for adults. The personal care component for adults under Section 96 will be separated from the nursing benefit and transferred to Section 12 (self-directed personal care). Section 12 will no longer be limited to self-direction. This results in a stand alone personal care benefit for Medicaid State Plan service. If a member receiving personal care under the consolidated Section 12 requires nursing services, those will be accessed through Section 96, as is done now.

Implementation Date: October 1, 2012 contingent upon ability to file State Plan Amendment with CMS.

The two home and community based waivers (Section 19 and Section 22) require that individuals meet nursing facility level of care. These waivers may be affected by changes being considered to address the PNMI reimbursement relating to potential changes in nursing facility eligibility.

The most significant challenge to merging Section 22 with Section 19 relates to the cost cap for the programs. As part of the federal cost neutrality provisions, Section 19 is based on the average monthly nursing facility care cost. Section 22 has a cost neutrality provision that is based on a blended cost of nursing facility and rehabilitation hospitalization. The current cap for Section 22

waiver is 86.25 hours per week of personal care services; the current cap for Section 19 waiver is \$4,341, which translates to a maximum of 64.5 hours of personal care services per week. Over 40% of members on Section 22 receive more than the current Section 19 cap. In order to maintain cost neutrality and merge these programs within existing resources, adoption of the more restrictive Section 19 cost cap will need to be considered.

As part of the work on this bill, the Department is exploring the different procedural options for combining programs, particularly the two home and community based waivers. Although Maine has combined two waivers in the past, those waivers were almost identical in terms of eligibility requirements, covered services and cost caps. Based on this history, a likely approach will be to absorb one waiver into the other, rather than create a new waiver.

Implementation Date: **July 1, 2013** contingent on approval by CMS.

There are three state funded programs required to be merged under this legislation: OES Home Based Care, OES ISS/Homemaker and OACPDS self-directed services. There are currently three different agencies administering these services under contract with DHHS: EIM (OES Home Based Care); Alpha One (OACPDS self-directed) and Catholic Charities of Maine (ISS/Homemaker). The funding accounts currently sit in two different DHHS offices (OES and OACPDS).

Financial eligibility requirements will be added to the OACPDS self-directed program and co-pay requirements between the programs will be consistent. OES Section 63 co-payment calculation allows a \$15,000 deduction in calculating the co-payment amount whereas OACPDS Chapter 11 allows a \$30,000 deduction in co-payment calculation. In addition, levels of care will be added to the OACPDS self-directed program. Based on FY 2010 service plans it is expected that approximately 26% of participants on the OACPDS self-directed program would experience reductions in services.

The ISS/Homemaker program will be consolidated as a separate level of service delivery.

Implementation will be timed to correspond with the State fiscal year in order to accomplish consolidation of accounts, RFP processes and contract start dates.

Implementation Date: **July 1, 2013**

INITIATIVE 4-5

Developing a long-term care services statewide plan that ensures access to care in the least restrictive environment.

Maximizing federal opportunities available through the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Initiative 4 directs DHHS to develop a plan to ensure access to care in the least restrictive environment and maximize federal funding. Much of this work is being encompassed within the current discussions that are ongoing regarding Maine's Private Non-Medical Institutions (PNMIs) and other fiscal considerations.

DHHS has pursued and obtained federal grant funding to implement Money Follows the Person (known in Maine as Homeward Bound). This is a rebalancing grant aimed at transitioning MaineCare eligible residents from nursing homes back into the community. This grant is expected to run through 2016. In December 2011, Maine was awarded supplemental funds to complement the transition work under Money Follows the Person program through the Aging and Disability Resource Centers and other community partners.

INITIATIVE 6

Consolidating the 3 existing consumer-directed service models into a single uniform self-directed model.

This initiative is also relevant to LD 683 and changes if any are likely to be developed as part of that process.

Some of the programs included in this initiative are exclusively for people who choose to self-direct their personal care services (Section 12, Section 22 and OACPDS Chapter 11). An individual must have cognitive capacity in order to be eligible for these programs. These programs currently have Alpha One as the available service coordination agency. The other programs involved in this initiative offer a choice of either traditional agency or self direction, referred to as the Family Provider Services Option (FPSO). These programs currently have EIM as the available service coordination agency.

The intent of designing one model of self-direction includes:

- Creating a single model of self-direction based on best practices to be incorporated into all home- and community-based services.
- Developing a single skills training curriculum for people participating in self-direction.
- Including and consistently defining surrogacy in all self-directed programs.
- Recognizing and maximizing elements of self-direction even for people who choose to have an agency deliver services.

Rules will be adopted adding the use of a representative to Section 12, Section 22 and OACPDS Chapter 11, which will allow an individual other than the member to direct and manage personal care services. Requirements around background checks, employment prohibitions and other processes will be made consistent across programs.

Implementation Date: **October 1, 2012**

INITIATIVE 7

Maximizing individualization and flexibility of plan of care to ensure that appropriate and timely services are provided, including, but not limited to, allowing a care coordinator to make adjustments within a plan of care without requiring a new assessment as long as the net adjustment remains below the maximum value under the consumer's level of care.

This initiative is also relevant to LD 683 and changes if any are likely to be developed as part of that process.

In addition, under some of the current program rules a care coordinator has the authority to adjust the frequency of services in the plan of care in the event a participant experiences a change in the need for services. In the event a member experiences an emergency or acute episode, the care coordinator may increase the plan of care up to fifteen percent of the authorized care plan amount, provided it does not exceed the monthly program cap. If the need extends beyond two weeks, a referral is made for another assessment to authorize the service for ongoing need. This type of flexibility would be made available under the merged programs developed under Initiatives 1-3.

INITIATIVE 8

Improving value and respect for direct care workers through initiatives that include, but are not limited to, creating strategy and standards for ensuring workforce training for all persons accountable to the long-term care system and exploring the feasibility of equalizing hourly reimbursement rates across the direct care worker continuum.

Maine was one of six states awarded a grant through the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to develop and implement a competency-based curriculum and coordinated training and credentialing system for direct care workers. This grant is known as the Maine Direct Service Worker Training Grant. The demonstration is to develop and pilot core curriculum for three entry level direct care worker positions: Personal Support Specialists; Direct Support Professionals; and Mental Health Rehabilitations Technicians I. The pilot training of the new competency-based core curriculum and the PSS specialty module is scheduled to begin in April 2012. The pilot will offer face-to-face training at 6 locations across the state. The goal of this grant is to establish a sustainable delivery system that creates improved career ladders or lattices for direct care workers. The effort is intended to establish a framework for a comprehensive training system responsive to the changing needs of the population of individuals needing long term services and supports.

DHHS has also recently launched a website aimed at providing information to direct care workers and employers. The website provides information on qualifications and training for different types of direct care workers, current training programs and other workforce issues. It can be accessed at: www.maine.gov/dhhs/mainedirectserviceworker.

Ongoing with Pilot Training Implementation Date: **April 2012**

INITIATIVE 9

Designing and establishing an effective quality management strategy across funding streams and population groups to ensure a high-quality long-term care service system.

Some of this work is encompassed within DHHS's current initiatives around establishing performance based contracting. In addition, LD 1625 proposes changes in 22 M.R.S.A. §5107-I,

which establishes a Quality Review Committee (QRC) to evaluate the delivery of home and community based services. The proposed change would transfer oversight of the QRC from the home care coordination agency to DHHS and allow one centralized quality review committee. This is appropriate because as of September 1, 2010, the system changed to allow for choice in service coordination agencies. Previously, the Office of Elder Services contracted with a sole statewide agency for care coordination services. That provider agency oversaw the QRC process. Currently, any qualified provider may enroll as a service coordination agency, thus possibly leading to multiple QRC's and duplication of effort and resources. A draft of LD 1625 is attached.

Summary of Programs

Program	Fund Source	Age Limit	Income/ assets	Assessing Agency	Medical Criteria	Services	Care Coordination, Authorization & Monitoring	Program cost Cap	Copay/ cost sharing
MaineCare State Plan Services									
Private Duty Nursing/ Personal Care Services Section 96 (Relevant Levels)	State/ Federal	18+	100% FPL, Assets: 2,000/1, 3,000/2	Assessing Services Agency	Level I: limited assistance and 1 person physical support in 2 of 7ADLs or cueing in 4 ADLs or limited assist & 1person physical support in 1ADL & physical assistance w/ 2 IADLS or a nursing need once a month Level II: Monthly nursing need + limited assistance and 1 person physical support in 2 ADLs or cueing in 4 ADLs Level III: Monthly nursing need and limited assistance and 1 person physical support in two of bed mobility, transfer, locomtion, eating, toileting Level VIII: Nursing services only for MR, Phy Dis, CDAS, Assisted Living & Adult Family Care Homes	Personal Care, Nursing, Care Coordination FPSO includes Supports Brokerage, FMS and Skills Training	EIM	Level I= \$750 Level II=\$950 Level III=\$1,550 Level VIII=\$750	\$5/month
Consumer directed PA Section 12			\$8,000/1 \$12,000/2 <i>Allowed savings exclusions > than asset limit above</i>		Level I- Limited assistance and 1 person physical support in 2 ADLs and cognitively capable to self direct Level II- Limited assistance and 1 person physical support in 3 of 5 late loss ADLs & cognitively capable to self direct Level III- Extensive assistance & one person physical assist in 2 of 5 late loss ADLs & limited assist in 2 of 7ADLs & cognitively capable to self direct	Personal Attendant Supports Brokerage FMS and Skills Training	Alpha One	Level I-12 hrs /wk Level II-18 hrs /wk Level III-28 hrs/wk	
MaineCare Benefits (HCB Waivers)									
Physically Disabled Section 22	State/ Federal	18 +	225% FPL Assets \$2,000/1 3,000/2	Assessing Services Agency	NF eligible and cognitively capable to self direct	Personal Attendant, ERS Supports Brokerage FMS and Skills Training	Alpha One	100% NF aggregate Limit of 86.25 hr/week	Countable income greater than 125% of poverty
Elderly & Adults with Disabilities Section 19	State/ Federal	18+	\$8,000/1 \$12,000/2 <i>allowed savings excl> than asset limit above</i>	Assessing Services Agency	NF eligible	Personal Care, Nursing, Respite, ERS, Home Mods, Nonmedical Transport, Adult Day, Care Coordination FPSO includes Supports Brokerage, FMS and Skills Training	EIM	100% NF (\$4341)	Countable income greater than 125% of poverty

Program	Fund Source	Age Limit	Income/ assets	Assessing Agency	Medical Criteria	Services	Care Coordination, Authorization & Monitoring	Program cost Cap	Copay/ cost sharing
State Funded Long Term Care									
Consumer directed OACPDS Chapter 11	State	18+	no upper limit	Assessing Services agency	Limited assistance and 1 person physical support in 2 of 7ADLs and cognitively capable of self direction	Personal Attendant Supports Brokerage FMS and Skills Training	Alpha One	Up to 40 hours per week	4% of monthly income + 3% of assets >\$ 30,000
Elderly and Other Adults OES Policy Section 63	State	18+	Assets less <\$50,000 for 1, <\$75,000 for 2	Assessing Services Agency	Minimum threshold: Total of 3 - w/min of 1 ADL (ADL, IADLs, nursing service) or cueing in 4 ADLs	Personal Care, Nursing, Respite, ERS, Home Mods, Nonmedical Transport, Adult Day, Care Coordination FPSO includes Supports Brokerage, FMS and Skills Training	EIM	Level I= \$900 Level II=\$ 1,100 Level III=\$ 1,675 Level IV=80% NF (\$3473)	4% of monthly income + 3% of assets > \$15,000
OES Independent Support Services OES Policy Section 69	State	18+	Assets less <\$50,000 for 1, <\$75,000 for 2	ISS Provider	Needs assistance, done with help in 3 IADLs: main meal prep, routine cleaning, grocery shopping or laundry or limited assistance and one person physical support in 1 ADL & 1 IADL from above	Homemaking, chore, grocery shopping, laundry, incidental personal care, transportation	Catholic Charities Maine	Maximum eight hours per month	20% of cost of services

ATTACHMENTS

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

LD 1461

Resolve, To Implement the Recommendations of the Report on Services for Elders and Other Adults Who Need Long-term Home-based and Community-based Care

Preamble. Whereas, as a result of legislation in the 124th Legislature, the Department of Health and Human Services engaged over 30 interested parties in a so-called "lean thinking" process that examined Maine's system of long-term services and supports; and

Whereas, this process resulted in a report to the Legislature that included recommendations and a specific Lean Implementation Plan; and

Whereas, the Lean Implementation Plan contains important changes and modifications that improve the efficiency, cost-effectiveness and quality of services delivered to consumers of long-term services; and

Whereas, it is the intent of the 125th Legislature to promote equity and optimize consumer use by streamlining the long-term care system into one structure that meets all long-term care needs within existing resources; now, therefore, be it

Sec. 1 Plan adoption. Resolved: That the Commissioner of Health and Human Services shall adopt the Lean Implementation Plan and make its action items a work priority. For the purposes of this resolve, "Lean Implementation Plan" means the plan developed as part of the report prepared for the 124th Legislature by the Department of Health and Human Services entitled "Services for Elders and Other Adults Who Need Long-Term Home- and Community-Based Care," dated January 20, 2010; and be it further

Sec. 2 Elements. Resolved: That the specific action items under section 1 include, but are not limited to:

1. Consolidating the 2 existing waivers for adult and elderly community-based services, currently codified under MaineCare rule as Chapter II, Section 19 and Section 22 and taking any appropriate action with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to achieve the consolidation;

2. Consolidating the 2 personal care assistant programs currently codified under MaineCare rule as Chapter II, Section 12 and Section 96, exploring the feasibility of providing homemaker services under the consolidated programs and taking any appropriate action with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to achieve the consolidation;

3. Consolidating the 2 state-funded in-home care and community support services programs for elderly and other adults, currently codified under Chapter 65, Section 63 of the Office of Elder Services manual and Chapter 11 of the Office of Cognitive and Physical Disabilities Services manual;

4. Developing a long-term care services statewide plan that ensures access to care in the least restrictive environment;

5. Maximizing federal opportunities available through the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services;

6. Consolidating the 3 existing consumer-directed service models into a single uniform self-directed model;

7. Maximizing individualization and flexibility of plan of care to ensure that appropriate and timely services are provided, including, but not limited to, allowing a care coordinator to make adjustments within a plan of care without requiring a new assessment as long as the net adjustment remains below the maximum value under the consumer's level of care;

8. Improving value and respect for direct care workers through initiatives that include, but are not limited to, creating strategy and standards for ensuring workforce training for all persons accountable to the long-term care system and exploring the feasibility of equalizing hourly reimbursement rates across the direct care worker continuum; and

9. Designing and establishing effective quality management strategy across funding streams and population groups to ensure a high-quality long-term care service system; and be it further

Sec. 3 Report. Resolved: That the Commissioner of Health and Human Services shall report to the Joint Standing Committee on Health and Human Services on the progress of the Department of Health and Human Services, in completing the Lean Implementation Plan action items under section 2 by January 5, 2012.

SUMMARY

This resolve directs the Commissioner of Health and Human Services to implement the recommendations included in the report submitted to the 124th Legislature entitled "Services for Elders and Other Adults Who Need Long-Term Home- and Community-Based Care" to make systemic changes to Maine's long-term home-based and community-based care.

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LD 1461 as amended:

Amend the resolve in section 1 in the 2nd line (page 1, line 14 in L.D.) by striking out the following: "shall adopt the Lean Implementation Plan" and inserting the following: ', within the limits of existing resources, shall adopt the Lean Implementation Plan effective July 1, 2012'

Amend the resolve in section 3 in the 4th line (page 2, line 19 in L.D.) by striking out the following: "section" and inserting the following: 'sections 1 and'

SUMMARY

This amendment adds to the resolve by requiring the Department of Health and Human Services to adopt the Lean Implementation Plan effective July 1, 2012, within the limits of existing resources. It corrects a reference to the section of the resolve that requires adoption of the Lean Implementation Plan.

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LD 683

An Act To Enhance Long-term Care Services for Maine Citizens

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

Sec. 1. 22 MRSA c. 1622-A is enacted to read:

CHAPTER 1622-A

CONSOLIDATION OF LONG-TERM CARE SERVICES

§ 7316. Consolidation of long-term care services

Beginning January 1, 2012, all long-term care services provided directly or indirectly under the MaineCare program or other state-funded programs by the department under this Title must be combined into one program, referred to in this chapter as "the program," with a single set of rules, coordinated criteria for assessment and qualifications and a single budget.

§ 7317. In-home and community support services; nursing facility services

In-home and community support services and nursing facility services must be provided under the program, giving priority to expenditures that serve first those consumers with the greatest needs and the lowest service costs in accordance with the provisions of this section.

1. Intake and eligibility assessment. The department shall develop for the program a single system for intake and eligibility determination for all consumers, regardless of diagnosis, type of disability or age or other demographic factors, using the multidisciplinary teams designated by the commissioner pursuant to section 7323. The intake process, application and forms must be standardized despite differences in the criteria for eligibility for services under different provisions of the MaineCare program state plan or federally approved waiver under Medicaid or under state-funded services.

2. Needs assessment. The department shall assess a consumer for benefits determination periodically, as appropriate to the consumer, based on assessments of functional, health care and financial needs performed by an agency that is available to the consumer for case management services but that does not directly or indirectly provide in-home and community support services or nursing facility services. The assessment of the consumer's functional, health care and financial needs for in-home and community support services and nursing facility services must include a medical evaluation conducted by the consumer's primary care provider or health care specialist, as appropriate, and an evaluation by the department of the requirements for personal care assistant services and the hours of service necessary to maintain the consumer in a home-based or community-based setting.

3. Benefits determination; service delivery model selection. Once the needs assessment under subsection 2 has been completed for a consumer, the department shall determine the benefits that are available for the consumer and the consumer may choose which services to purchase. The consumer may select service delivery through the following models:

the model in which the consumer directs the consumer's care and employs the persons who provide care, with or without a surrogate or unpaid representative to assist the consumer; the agency model in which an agency directs the consumer's care and employs the persons who provide care; and the residential care model or nursing facility care model. If a consumer does not indicate a preference of service delivery model, the department shall assign the consumer to a self-directed model of in-home and community support services unless self-direction is determined to be inappropriate for the consumer.

4. Plan of care. The department shall develop and authorize a plan of care for each consumer determined to be eligible under this chapter or Title 34-B, chapter 5, subchapter 3, article 2. The plan of care must be based on the needs assessment under subsection 2 and must be designed to meet the needs of the consumer identified in the assessment, giving consideration to the consumer's living arrangement and informal supports and, to avoid duplication of services, services provided by other private and public funding sources.

5. Transitional facilities and services. The program must provide a consumer with transitional facilities and services to assist with changing functional needs and health care status.

6. Nursing facility diversion. The program must include a nursing facility diversion component to encourage the use of facilities and services consistent with the consumer's needs assessment under subsection 2 and as chosen by the consumer under subsection 3.

7. Reimbursement. The program must provide reimbursement for skilled nursing care and in-home and community support services based on a uniform rate-setting process that is consistent across types of care and services, that reduces administrative costs and that is realistic regarding access to care and services. The process must set aside a fixed percentage of the rate for wages and benefits of the direct-care workers.

8. Implementation. In implementing the program the department shall:

- A. Establish best practices training standards in a common module-based format with standard designations for direct-care workers;
- B. Create structures for service delivery that apply to all types of payors;
- C. Promote the use of assistive technology;
- D. Integrate the delivery of skilled nursing care and personal care and services;
- E. Establish a system to designate qualified providers who must:

(1) Provide the full range of services in the self-directed and agency models under subsection 3;

(2) Have the organizational and administrative capacity to administer and monitor a complete range of in-home and community support services, including, but not limited to, serving as a resource regarding service options, coordinating and implementing consumer services, ensuring the services are delivered, providing skills training, responding to questions and problems, performing administrative services, ensuring compliance with policies and performing utilization review functions; and

(3) Submit proposals for coordinated in-home and community support services in response to a solicitation for proposals to qualified provider agencies from the department, in the form and manner required by the department as specified in rules. Rules adopted pursuant to this subparagraph are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A;

F. Promote consumer choice by investing in needed care and services that consumers choose; and

G. Develop expanded financing options to encourage private investment in residential care and nursing facilities.

Sec. 2. Integrate accounts. The Department of Health and Human Services shall combine long-term care accounts to implement the consolidation of long-term care services under the Maine Revised Statutes, Title 22, chapter 1622-A for fiscal years 2011-12 and 2012-13. The accounts that must be integrated into a single budget include the Office of Elder Services - Central Office account, the Long-term Care - Human Services account, the Nursing Facilities account and the Independent Housing with Services account.

Sec. 3. Report on progress. By November 1, 2012, the Department of Health and Human Services shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the progress in implementing consolidation of long-term care services under the Maine Revised Statutes, Title 22, chapter 1622-A.

Sec. 4. Report regarding inclusion of services for persons with mental health needs and intellectual disabilities needs. By January 1, 2012, the Department of Health and Human Services shall report to the Joint Standing Committee on Health and Human Services regarding the inclusion of services for persons with mental health needs and intellectual disabilities needs in the consolidation of long-term care services under the Maine Revised Statutes, Title 22, chapter 1622-A in fiscal years 2013-14 and 2014-15.

SUMMARY

This bill reorganizes the provision of long-term care services for Maine citizens. It consolidates long-term care services and provides a framework for consolidated in-home and community support services and nursing facility services with combined funding and integrated service delivery. It requires the Department of Health and Human Services to administer long-term care accounts as one account with one budget. By November 1, 2012, the Department of Health and Human Services is required to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the progress in implementing consolidation of long-term care services. The bill requires a report by January 1, 2012 from the Department of Health and Human Services to the same joint standing committee regarding the inclusion of services for persons with mental health needs and intellectual disabilities needs in the consolidation of long-term care services in fiscal years 2013-14 and 2014-15.

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LD 683 as amended

Amend the bill in section 1 in §7316 in the first paragraph in the first line (page 1, line 6 in L.D.) by striking out the following: "January" and inserting the following: 'July'

Amend the bill in section 3 in the first line (page 3, line 17 in L.D.) by inserting after the following: "By" the following: 'January 5, 2012 and by'

Amend the bill in section 4 in the first line (page 3, line 22 in L.D.) by inserting after the following: "regarding" the following: 'feasibility of'

Amend the bill in section 4 in the 2nd line (page 3, line 23 in L.D.) by striking out the following: "January 1" and inserting the following: 'January 5'

Amend the bill in section 4 in the 4th line (page 3, line 25 in L.D.) by inserting after the following: "regarding the" the following: 'feasibility of the'

SUMMARY

This amendment changes the implementation date of the consolidation of state-funded long-term care services in the bill from January 1, 2012 to July 1, 2012. It requires an interim report on progress by January 5, 2012 as well as by November 1, 2012, which is in the bill. Instead of requiring a report by January 1, 2012 on the inclusion of services for persons with mental health needs and intellectual disabilities needs, it requires a report by January 5, 2012 on the feasibility of the inclusion of those services.

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LD 1625

An Act To Amend the Organization of the Quality Assurance Review Committee

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

Sec. 1. 22 MRSA §5107-I, first ¶, as enacted by PL 2001, c. 362, §1, is amended to read:

~~An agency that contracts to provide home care coordination for the~~The department shall establish a quality assurance review committee, referred to in this section as the "committee," to review the provision of home care coordination services for long-term services and supports for elders and adults with disabilities. The committee membership must include consumers of home care services; representatives of consumers; consumer advocates, including the long-term care ombudsman program; health care and service providers; representatives from each area agency on aging; and staff of ~~the~~each agency that ~~contracts to provide~~provides home care coordination services. The joint standing committee of the Legislature having jurisdiction over health and human services matters may make recommendations to the ~~contracting agency~~department regarding committee membership.

Sec. 2. 22 MRSA §5107-I, sub-§4, as enacted by PL 2001, c. 362, §1, is amended to read:

4. Annual report. By January 1st each year, the committee shall report to ~~the department, the Long-term Care Implementation Committee established pursuant to Public Law 1999, chapter 731, Part BBBB, section 15 and~~ the joint standing committee of the Legislature having jurisdiction over health and human services matters concerning the committee's work during the year, any specific findings or recommendations regarding the duties imposed in subsection 2 and the actions taken to resolve problems.

SUMMARY

This bill gives the Department of Health and Human Services the duty to establish a statewide quality assurance review committee to review the provision of home care coordination services for long-term services and supports for elders and adults with disabilities. Previously, an agency that contracted to provide home care coordination services for the department was required to establish the committee. This bill also eliminates the requirement that the committee annually report to the department, and eliminates a reference to the Long-term Care Implementation Committee, which was repealed in 2003.