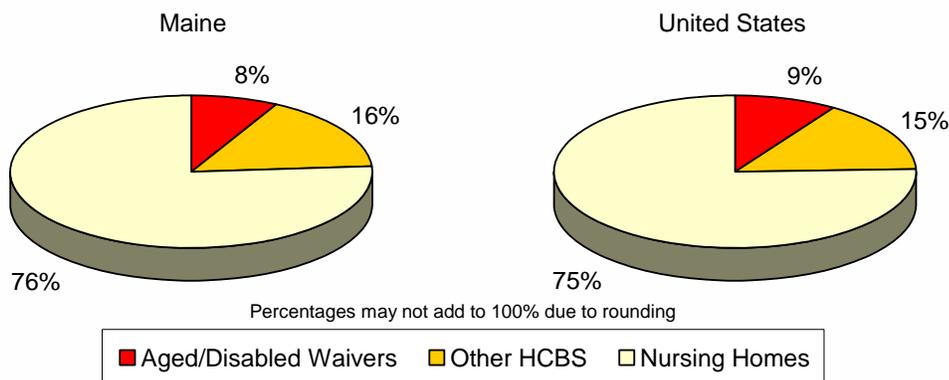


State Long-Term Care Reform in **MAINE**

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Maine and the U.S., 2006



Similar to the U.S. average, Maine allocates a greater percentage (76 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Maine spent 8 percent on waiver services and 16 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	3,184	9,557	+6,373	\$29	\$78	+\$48
Nursing Homes	9,236	9,116	-120	\$201	\$247	+\$46

Although Maine has not achieved a balanced Medicaid LTC system for older people and adults with disabilities, the state has made progress in recent years and has a sizeable state-funded program that is not included in the above data. The number of participants receiving home and community-based services (HCBS) tripled from 1999 to 2004, while the number of participants in nursing homes remained relatively constant (however, there was a significant decrease in the number of nursing home participants between 1995 and 1999).²

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

² Fralich, J., et al. (2007). *Assessment of Maine's Long-term Care Needs Baseline Report: Demographics and Use of Long Term Care Services in Maine*. Portland, ME: University of Southern Maine.

In addition, the state-funded Home and Community-Based Care program serves more than 4,100 older adults and people with disabilities. Services offered include adult day care, home-based care, congregate housing services, Alzheimer's respite, homemaker services, and pre-admission assessments of nursing home applicants.

Major Initiative

In 2000, the state created a cross-disability advisory task force, called the Work Group for Community-Based Living, to develop a "single coherent vision across departments for achieving community integration." The advisory group issued a report, "Roadmap for Change," in October 2003. Increasing housing options, improving quality care measurement, and developing practices to encourage recruitment and retention of direct-care workers are among the advisory group's priorities.

"Roadmap for Change"

Maine's Roadmap for Change, along with several federal grants, has resulted in Aging and Disability Resource Centers, quality measures for community-based services, and consumer-directed care.

Maine received several grants under the federal Systems Change grant program in 2001 and 2003 that have assisted the state in moving forward on the "Roadmap for Change" recommendations. To improve access to information about LTC eligibility and services, for example, the state used grant funds to help establish three Aging and Disability Resource Centers around the state, and to develop a website (www.AccessMaine.org) with the help of people with disabilities.

Another project that has evolved from this planning process is a Personal Assistance Services Policy Review to maximize consumer choice and control across state agencies and programs. To improve quality measurement, the state developed a set of core quality indicators for HCBS across program areas. State officials said the indicators provided a way for consumers and policy makers to systematically assess the overall performance of the HCBS system, and determine the outcomes and satisfaction of people served by the HCBS waiver programs.

Other Developments

Workforce. Two state resolves (Chapters 194 and 199) and an appropriations provision (Chapter 519EEEE) in 2006 provided the basis for a study by the Maine Department of Health and Human Services (DHHS) of the state's direct care workforce. Issued in March 2007, the report, "Study of Maine's Direct Care Workforce: Wages, Health Coverage, and a Worker Registry," concluded that the state lagged behind all other New England states in median wages for direct-care staff. In fact, median wages for these workers in Maine were just over the federal poverty level. The department estimated that it would cost \$3 million in state dollars to raise the median wage to \$8.50 an hour for all direct-care workers in MaineCare (the state's Medicaid program) and state-funded LTC programs, and \$6 million to raise those wages to \$10 an hour. The 2007 legislature enacted legislation to increase reimbursement rates with wage adjustments for the Homemaker Program.

Consumer Direction. One of the bills that provided for the direct worker study (Chapter 199) also specified a number of steps to expand availability of consumer-directed alternatives. The legislation directed DHHS to establish a new state plan program for personal assistance services for persons with physical disabilities, using the self-directed program model authorized in the Deficit Reduction Act of 2005. Chapter 199 requires the state to provide the legislature with a plan and a timetable for the expansion of consumer direction options in all LTC programs.