

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

MAINE

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Maine's 60+ population was 279,707 in 2008 (21.2% of the state's total population), with 8.5% below the federal poverty level.¹
- The 60+ population is projected to be 443,694 in 2025 (31.4% of the state's total population).²
- About 25.3% of all households in 2007 had one or more persons age 65 years and older and 42.6% of persons age 65 years and older had a disability.³
- Of the 307,279 Medicaid beneficiaries in the state in 2003, 17.8% were aged, 17.4% were blind and disabled, 31.5% were Dual Eligible, and 1.8% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 48.6% of total long-term-care expenditures, compared to 51.4% for HCBS in fiscal year 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over* (R1104) and *Percent of people 65 years and over with a disability* (R1803).

⁵ Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Office of Elder Services, Maine Department of Health and Human Services.
www.maine.gov/dhhs/oes
- **State Medicaid Agency:** Office of MaineCare Services, Maine DHHS.
www.maine.gov/dhhs/bms
- Maine has a consolidated agency for long-term-care programs. The following agencies are consolidated and handle long-term care: Department of Human Services and Departments of Behavioral Services were merged to become the Department of Health and Human Services (DHHS). Several offices and divisions within Maine DHHS administer various aspects of long-term-care programs, such as the Office of Elder Services (SUA), Office of MaineCare Services, Division of Licensing and Certification Office of Integrated Access and Support, and the Office of Adults with Cognitive and Physical Disabilities Services.
- The director of Maine's SUA reports to the deputy director, Integrated Services, Commissioner's Office. The deputy director reports to the commissioner of the Department of Health and Human Services, who reports to the Governor.
- Maine has five Area Agencies on Aging. These are not directly involved in providing HCBS. Three of the five perform ADRC functions.

Single Point of Entry (SPE)/Aging and Disabilities Resource Center (ADRC)

- Maine has an SPE to perform level-of-care determination for publicly funded programs.
- All SPE sites have a physical (bricks and mortar) infrastructure; no SPE operates under a virtual model.
- In addition to serving older adults, Maine's SPEs serve those who are physically disabled, cognitively impaired, including those with Alzheimer's and related disorders, and veterans.

- Maine no longer has funding for ADRCs, though three of the five AAAs are maintaining an ADRC function as an information portal for referrals and services. The five AAAs collectively cover the entire state.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission and to determine eligibility for HCBS, Maine requires an in-person assessment by someone other than nursing home or home care staff. The assessment is conducted by Goold Health Systems under contract with the Office of Elder Services, Maine Department of Health and Human Services.

Non-Medicaid

- For non-Medicaid applicants in Maine, nursing home pre-admission assessment and assessment for community-based services are performed by an independent assessor. The assessment is conducted in-person for all consumers by Goold Health Systems under contract with the Office of Elder Services, Maine Department of Health and Human Services.
- Pre-admission assessment/screening is not mandatory for Medicare skilled nursing facility (SNF) stays.

State Medicaid Plan

- Maine provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Maine does not have a PACE program.

Medicaid Waivers

- Maine has two waivers that provide HCBS to older adults and adults with physical disabilities. These are: Home and Community Based Benefits for the Elderly and Adults with Disabilities and Home and Community Benefits for the Physically Disabled.

- **Home and Community Based Benefits for the Elderly and Adults with Disabilities:** This program provides an opportunity for consumers who are eligible for a nursing facility level of care to choose and receive services in their home. Functional eligibility assessments are completed in-person by a registered nurse (RN) using a standard medical eligibility determination tool. Care managers are RNs and social workers, and are responsible for formulating case management interventions, implementing the service plan as authorized by the assessing agency, providing consumers with a choice of service providers, and maintaining regular in-person and telephone contact with participants and families. They also evaluate and monitor the plan's effectiveness and address issues as they arise. The financial eligibility assessment process includes an application completed in person or via mail. Local DHHS offices located throughout the state accept and process these applications. Eligibility income is set at 300% of Supplemental Security Income (SSI)/ 224% of federal poverty level (FPL) for both single and married couples. Assets exclude savings of \$8,000 for an individual and \$12,000 for couples. Countable assets can be no greater than \$2,000 for an individual and \$3,000 for a couple. Consumer-directed options for this program are provided under Family Provider Service Option Section 19.01-18. Family Provider Service Option is a service provision option that allows an adult, age 21 years or older, to register as a personal support services agency solely for the purpose of managing the adult's own services or solely for managing the services of no more than two of the adult's family members.
- **Home and Community Benefits for the Physically Disabled:** Participants in this program must be cognitively capable of self-directing their plan of care. Functional eligibility assessments are completed in person by an RN using a standard medical eligibility determination tool. Case management, provided under contract with Alpha One, focuses on skills training and assisting consumers who are self-directing. The financial eligibility assessment process includes an application completed in-person or via mail. Local DHHS offices located throughout the state accept and process these applications. Eligibility income is set at

300% of SSI/224% of FPL for both single and married couples. Countable assets can be no greater than \$2,000 for an individual and \$3,000 for a couple. This is a consumer-directed program.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Maine does not have CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities.

State-funded HCBS Programs

- Maine has four state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Respite Program; Consumer Directed Personal Assistance Services; In-Home and Community Support Services for Elderly and Other Adults; and Independent Support Services.
- **Alzheimer's Respite Program:** This program provides services to those individuals diagnosed with dementia and related conditions. The program further targets those applicants who require "Well Respite," which is defined as needing in-home respite services or adult day services. Other targeted groups include care recipients whose caregivers are requesting up to two weeks of overnight respite in a residential care facility. Acting as a surrogate for the participant, the caregiver requests all program services. While the program is not restricted by income guidelines, asset limits are set at \$50,000 for individuals and \$75,000 for married couples. To be eligible, there must be a physician statement that the individual has a form of dementia. The five AAAs administer this program.
- **Consumer Directed Personal Assistance Services:** This program is managed by the Office of Adults with Cognitive and Physical Disabilities Services within the Department of Health and Human Services. Functional eligibility assessments are completed in person by an RN from a state contracting agency using a standard medical eligibility determination tool. Applicants must require limited assistance and one-person physical sup-

port in two of seven ADLs, and must be cognitively capable of self-directing the plan of care. There is no income or asset limit for this program; however, a formula is used to calculate the co-payment for services based on the applicant's income and assets. Consumer-directed options for this program are the same as described in the Home and Community Based Benefits for the Elderly and Adults with Disabilities Program.

- **In-Home and Community Support Services for Elderly and Other Adults:** This program serves individuals who are not eligible for MaineCare. Functional eligibility assessments are completed in-person by an RN from a state contracting agency using a standard medical eligibility determination tool. There are four functional levels that are used to establish the program cap, ranging from limited assistance with personal care to nursing home level of care. The assessing agency does a preliminary financial screening, but the actual financial co-payment determination is made by the Home Care Coordination Agency. Care managers, RNs and social workers are responsible for formulating case management, interventions, implementing the service plan as authorized by the assessing agency, providing consumers with a choice of service providers, and maintaining regular in-person and telephone contact with participants and families. They also evaluate and monitor the plan's effectiveness and address issues as they arise. There is no income limit for this program; however, the asset threshold is \$50,000 for an individual and \$75,000 for a couple. Consumer-directed options for this program are outlined in state-funded HBC Section 63 - (R) Family Provider Service Option - a service provision option that allows an adult, age 21 years or older, to register as a Personal Care Agency solely for the purpose of managing his or her own services or solely for managing the services of no more than two of his or her family members. For purposes of this definition only, family members include individuals related by blood, marriage or adoption, as well as two unmarried adults who are domiciled together under a long-term arrangement that evidences a commitment to remain responsible indefinitely for each other's welfare.

- **Independent Support Services:** The asset limit for this program is \$50,000 for an individual and \$75,000 for a couple. There are no income limitations. The initial assessment is done by Goold Health Systems and the reassessment is the responsibility of the provider.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Maine does not use local funds for HCBS for older adults and/or adults with physical disabilities.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Maine does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services; donations are collected.
- Maine has three OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's disease Demonstration Grants to States (ADDGS); Healthy IDEAS Innovation grant and SAVVY Caregiver; and an ADDGS evidence-based grant.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Maine uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG are used to provide nutrition services (congregate and home-delivered meals).
- Maine does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Maine offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Home and Community Benefits for the Physically

Disabled; Home and Community Based Benefits for the Elderly and Adults with Disabilities; Consumer Directed Personal Assistance Services; In-Home and Community Support Services for Elderly and Other Adults; and Independent Support Services.

- Models of consumer direction available in the state include: Modified Cash and Counseling.
- Those permitted to provide services under consumer direction in Maine are: provider agencies, adult children of consumer, other family members and friends.
- Maine uses two fiscal intermediary services in connection with consumer direction.

Managed Care

- Maine does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- Maine recently completed a long-term care needs assessment with the Muskie School of Public Service (University of Southern Maine) and the Lewin Group, which has documented (2006) baseline data as to where people receive services and their level of disability.

- Maine has worked with the Lewin Group to develop a projection model to anticipate what its needs will be in 2010 and 2015. Using this model, Maine formulated assumptions and projected what services are expected to be needed at different levels of care, including home care, residential and nursing home facility care. Maine will develop a plan based on available services and service needs, and rebalance services as needed.
- Being the recipient of two ADRC grants has enabled Maine to build capacity in three AAAs, with successful collaboration throughout the planning and service areas.
- Maine was awarded a CMS grant to develop a state profile tool, which will document long-term-care resources, assess usage and determine the state's rebalancing needs. Areas being examined include residential care, nursing facilities, and community services.

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Types of Services	Program Type / Funding Source							
	Medicaid Waivers		State-funded Programs				State Medicaid Plan	OAA Title III
	Home and Community Benefits for the Physically Disabled	Home and Community-Based Benefits for the Elderly and Adults with Disabilities	Alzheimer's Respite Program	Consumer Directed Personal Assistance Services	In-Home and Community Support Services for Elderly and Other Adults	Independent Support Services		
Adult Day Care / Adult Day Health			X		X			
Assisted Living								
Caregiver Services / Respite / Education		X	X		X			
Case Management / Care Coordination	X	X	X		X		X	
Chore / Homemaking		X		X	X	X		
Companion Services / Socialization Activities			X					
Employment								
Equipment/Supplies/ Modifications/Assistive Technology			X		X		X	
Health Promotion Activities								
Home Health / Personal Care	X	X		X	X		X	
Information / Assistance / Referral								X
Legal Assistance / Financial Advice								X
Medical / Dental / Medication Care								
Mental and Behavioral Health Services								
Nursing		X			X		X	
Nutrition / Meals								X
Personal Supports for Community Living / Transitioning								
Rehabilitation / Therapy		X			X		X	
Residential Services								
Transportation		X			X	X	X	X
Other/Unspecified HCBS								

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Maine

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional As-	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Home and Community Benefits for the Physically Disabled	18+	Yes	Goold Health Systems under contract with a State agency	State agency: Office of Integrated Access and Support in the Department of Health and Human Services	Alpha One under contract with the Office of Adults with Cognitive and Physical Disabilities within the Department of Health and Human Services	114	Yes
	Home and Community-Based Benefits for the Elderly and Adults with Disabilities	18+	Yes	Goold Health Systems under contract with the Office of Elder Services, Department of Health and Human Services	State agency: Office of Integrated Access and Support in the Department of Health and Human Services	Elder Independence of Maine under contract with the State agency	No	Yes
State-funded Programs	Alzheimer's Respite Program	18+	No	Physician	Area Agency on Aging	No case management	Yes (75)	No
	Consumer Directed Personal Assistance Services	18+	No	Goold Health Systems under contract with the State agency	Alpha One under contract with the DHHS	Alpha One under contract with the Office of Adults with Cognitive and Physical Disabilities within DHHS	No	Yes
	In-Home and Community Support Services for Elderly and Other Adults	18+	No	Goold Health Systems under contract with the State agency	The contracted Assessing Services Agency determines financial eligibility	The State office contracts with a home care coordination agency to provide case management	Yes (30)	Yes
	Independent Support Services	21+	No	Goold Health Systems under contract with the State agency	Non-profit (other than AAA or CIL)	Non-profit (other than AAA or CIL)	Yes (700)	Yes

