Aging and Disability Services
Pressures and Priorities

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Deputy Commissioner of Programs
June 12, 2015
The content of this presentation does not relate to any product of a commercial interest. Therefore, there are no relevant financial relationships to disclose.
For too long, DHHS has been too busy bailing out the boat to chart a course for Maine’s future.

Medicaid was at the heart of this problem.
Stabilizing the Medicaid Budget

$1.2 Billion

$2.47 Billion
The growth in Maine’s Medicaid program is crowding out other Maine General Fund spending

1998

- All Other GF Spending: 87%
- MaineCare GF: 13%

2014

- All Other GF Spending: 76.2%
- MaineCare GF: 23.8%
Maine Medicaid Enrollment

State of Maine Population
Factors in Budget Stabilization

Paying off inherited debt to hospitals

- $750 million paid, commitment to continued timely payment

Paying hospitals on time

Rejecting Medicaid Expansion

Commitment to Fiscal Stability

- Aligning with federal minimums
- Investments in employment services
- Health care service delivery reform (Value-Based Purchasing, Health Homes)
- Sensible, sustainable biennial budget proposal
  - $112 million in new investments targeted in SFY16-17 biennial budget
  - $106 million in identified savings in the budget
  - Net ask of $6 million
## Stopping Medicaid Expansion

### Projected vs. Actual Enrollment – 2014

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROJECTED 2014 ENROLLMENT</th>
<th>ACTUAL 2014 ENROLLMENT</th>
<th>PERCENTAGE ABOVE PROJECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>297,000</td>
<td>309,232</td>
<td>4%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>172,000</td>
<td>233,518</td>
<td>36%</td>
</tr>
<tr>
<td>California</td>
<td>795,000</td>
<td>2,000,000</td>
<td>152%</td>
</tr>
<tr>
<td>Colorado</td>
<td>100,000</td>
<td>307,333</td>
<td>207%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>113,000</td>
<td>177,068</td>
<td>57%</td>
</tr>
<tr>
<td>Illinois</td>
<td>199,000</td>
<td>540,877</td>
<td>172%</td>
</tr>
<tr>
<td>Iowa</td>
<td>81,000</td>
<td>121,257</td>
<td>50%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>154,000</td>
<td>375,175</td>
<td>144%</td>
</tr>
<tr>
<td>Maryland</td>
<td>91,000</td>
<td>232,075</td>
<td>155%</td>
</tr>
<tr>
<td>Michigan</td>
<td>323,000</td>
<td>507,618</td>
<td>57%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>141,000</td>
<td>186,431</td>
<td>32%</td>
</tr>
<tr>
<td>Nevada</td>
<td>78,000</td>
<td>164,906</td>
<td>111%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>130,000</td>
<td>186,054</td>
<td>43%</td>
</tr>
<tr>
<td>Ohio</td>
<td>365,000</td>
<td>487,699</td>
<td>34%</td>
</tr>
<tr>
<td>Oregon</td>
<td>223,000</td>
<td>360,422</td>
<td>62%</td>
</tr>
<tr>
<td>Washington</td>
<td>245,000</td>
<td>509,646</td>
<td>108%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>70,000</td>
<td>150,616</td>
<td>115%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,577,000</strong></td>
<td><strong>6,849,927</strong></td>
<td><strong>91%</strong></td>
</tr>
</tbody>
</table>

*Source: Foundation for Government Accountability*
The DHHS 2016-2017 Biennial Budget proposal accepts that it cannot be all things to all people.

- The proposal focuses on serving Maine’s neediest and most vulnerable.
- It prioritizes spending on serving individuals directly versus indirect service delivery.
- It makes key investments in areas, such as Maine’s nursing homes and addressing our waitlist, that the State has put off for too long.

**Key Investments in Aging and Disability Services:**

- **$46 million** to address the waitlists and fund vital services for Maine’s elderly and disabled.
- **$24 million** in additional funding for nursing homes.
## Funding Needed for Elderly & Disabled Currently on Waitlists

<table>
<thead>
<tr>
<th>State-Funded Programs</th>
<th>Waitlist (As of Jan. 2015)</th>
<th>Average PP Annual Cost (State Funds only)</th>
<th>Annual State Cost to Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer-directed Home Based Care</td>
<td>55</td>
<td>$18,900</td>
<td>$1,039,500</td>
</tr>
<tr>
<td>Home Based Care</td>
<td>101</td>
<td>$8,856</td>
<td>$894,456</td>
</tr>
<tr>
<td>Homemaker (Independent Support Services)</td>
<td>908</td>
<td>$1,428</td>
<td>$1,296,624</td>
</tr>
<tr>
<td><strong>Annual State-Funded Program Needs Totals</strong></td>
<td>1,064</td>
<td></td>
<td><strong>$3,230,580</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MaineCare Programs</th>
<th>Waitlist (As of Jan. 2015)</th>
<th>Average PP Annual Cost (State &amp; federal Funds)</th>
<th>Annual State Cost to Fund</th>
<th>Annual State &amp; Federal Cost to Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 18, Brain Injury Waiver</td>
<td>52</td>
<td>$170,000</td>
<td>$3,317,652</td>
<td>$8,840,000</td>
</tr>
<tr>
<td>Section 19, Elderly and Adults w/ Disabilities Waiver</td>
<td>50</td>
<td>$36,576</td>
<td>$686,349</td>
<td>$1,828,800</td>
</tr>
<tr>
<td>Section 20, Other Related Conditions Waiver</td>
<td>12</td>
<td>$201,000</td>
<td>$905,224</td>
<td>$2,412,000</td>
</tr>
<tr>
<td>Section 21, Home and Community Based Services Comprehensive Waiver</td>
<td>1,041*</td>
<td>$101,000</td>
<td>$39,459,417</td>
<td>$105,141,000</td>
</tr>
<tr>
<td>Section 29, Home and Community Based Waiver Support Waiver</td>
<td>517</td>
<td>$18,319</td>
<td>$3,554,437</td>
<td>$9,470,923</td>
</tr>
<tr>
<td><strong>Annual Maine Care Totals (State Funds only)</strong></td>
<td>1,672</td>
<td></td>
<td><strong>$47,923,079</strong></td>
<td></td>
</tr>
</tbody>
</table>

*567 people on the Section 21 wait list receive Section 29 Services.*

| Total State Funding Needed                        |                                            |                                     | **$51,153,659**             |

| Annual Maine Care Total State & Federal           |                                            |                                     | **$127,692,723**            |
Stabilizing the Medicaid Budget

Average National Healthcare Growth: 4%
Projected Average Growth In the Next 10 Years: 5.8%
Projected Average National Medicaid Growth In the Next 10 Years: 8.1%
MaineCare Yesterday Versus Today

We are no longer bailing out the boat

We are charting a course
OAS Mission and Vision

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

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

Adult Protective Services including:
Guardianship, Estate Management, Conservatorship

Home and Community Benefits for Adults with Intellectual Disabilities and Autism Spectrum Disorders

Brain Injury Services

Home and Community Services for Elderly and Physically Disabled

Housing Services including
Shared Living
Assisted Living
Independent Housing with Services
Adult Family Care Homes and Group Homes
Nursing and Residential Care Services including:
Nursing Facility (NF)
Private Non-Medical Institutions (PNMI)
Private Duty Nursing (PDN)

Homeward Bound
Transitioning people from nursing care to the community

OADS oversees several community services:
Aging and Disability Resource Centers
Area Agencies on Aging
Employment
Evidence-Based Wellness Programs
Family Caregiver
Respite
Adult Day Services
Long Term Care Ombudsman
Legal Services for the Elderly
Homemaker Services
Nutrition Services
Current OADS Priorities

- Eliminating the waitlists
- More adequately fund nursing homes
- Promoting highest level of independence
- Employment
- Housing
- Safety
- Patient-centered planning
- Single-assessing agency
- Efficient service delivery
- Measuring quality outcomes
- Workforce development
- Payment reform
Opportunities to Meet the Mission

- Funding the waitlists
- Increased funding for nursing homes
- Money Follows the Person
- PACE
- HUD housing vouchers
- Employment initiatives
- Workforce development
- Adult Protective Services
- Supporting Individual Success (SIS)/Single-assessing agency
- CMS’ new Home and Community Based standards
Money Follows the Person – Homeward Bound

- Assists people with disabilities to make the transition from nursing facility care to home care. Operational since October 1, 2012.

- To qualify for Homeward Bound, individuals must be 18 or older at the time of transition and:
  - Have resided in a Nursing Facility or Hospital for at least 90 days, not including any short term rehabilitative stay; and
  - Received Medicaid for an inpatient hospital or nursing facility for at least one day; and
  - Need institutional or nursing facility level of care, but for the provision of home and community based services.

- Incredible success in helping people to rejoin their communities.
PACE

Program of All-inclusive Care for the Elderly (PACE)

Managed Community-Based Medical Care
  Interdisciplinary Medical Team (IDT)
  • Physician, Nurse Practitioner, RN, LPN
  • LSW, OT, PT
  • Drivers, Aides, other supports

Responsible for member Primary, Acute, and Long Term Care
  • Includes necessary institutional care

PACE is hosted in an Adult Day Center

PACE serves frail elders, age 55 and up who are eligible for nursing home care, live in a service area and are able to live safely in the community

Maine is looking to implement PACE beginning the first quarter of SFY 15

Bangor and Portland appear able to support PACE due to demographic and provider base
PACE

PACE Advantages- 97 percent consumer satisfaction

Integration
Relationship-based; consistent proactive dialogue promotes member/caregiver confidence

Care Transitions & Health Outcomes
Leads to lower service use, more seamless transitions to care and improved health

Lower Cost & Risk
Provider assumes all financial risks and is paid a capitated monthly rate

Challenges

Participation
Highest national participation rate achieved 30 percent

Competition/Partnering
Need to leverage existing providers competes with community and nursing facility providers
AAA/ADRC Buy-in Critical to Success

LTC Impact/Rural Inventory
Areas that can support Traditional PACE are limited
37 percent decline in provider inventory Since 2008
OADS collaborates with the Department of Labor, DHHS offices, non-profits and other businesses to support employment

- 31.2 percent of people with disabilities are employed in Maine
- National average is 33.9 percent

Employment First Model – Maine moving forward on five Employment First projects in 2015, funded by the U.S. Department of Labor.

MaineCare Waivers Section 18, 21, 22 and 29 all provide comprehensive work support services such as Career Planning, ongoing Work/Job Supports and assistive technology

The Senior Community Services Employment Program (SCESP) provides support to eligible seniors though Goodwill and ABLE

The Maine Business Leadership Network (Me-BLN) leads business-to-business approaches to hiring of people with disabilities
Program Outcomes

— Creating partnerships between state housing agencies and state health and human service/Medicaid agencies to provide permanent housing with the availability of supportive services for extremely low-income persons with disabilities

— Substantially increasing integrated affordable rental housing units for persons with disabilities within existing, new, or rehabilitated properties

— Creating more efficient and effective uses of housing and health care resources
In 2014:

- 17,522 calls to the APS Central Intake (1-800-624-8404)
- 7,230 referrals (allegations of abuse, neglect or exploitation of a dependent or incapacitated adult)
- 3,049 referrals assigned for investigation

Areas of Focus:

- Financial Abuse Specialist Team
- Mandated Reporters
- National Adult Maltreatment Reporting System
2,990 assessments completed - goal to complete waitlist by January 2016.

Goals:
- Create a fair & equitable, sustainable system
- Increase efficiency to make the best use of $’s
- Resources match members needs
- Address exceptional support needs
The Challenge of New Federal Home and Community Based Standards

**CMS’ Values**

- Privacy
- Flexibility
- Person-Centered Planning and Support

**Direction**

- Choice
- Control of Independence
- Eliminate Isolation

**MaineCare Programs Affected**

Section 18: Adults with Brain Injury
Section 19: Elders and Adults with Disabilities
Section 20: Adults with Other Related Conditions
Section 21 & 29: Adults with Intellectual Disabilities and Autism

**Initial Transition Plan Filed in April 2015**

Maine must comply with the new rules by March 17, 2019.
The Challenge of New Federal Home and Community Based Standards

- Administrative burden
- Unfunded federal mandate
- Puts cost-effective, successful care models at risk
- One-size-fits-all approach
- Costly
PNMI Resolution

The Challenge

The federal government has informed Maine that habilitation, supervision and protective oversight services provided through the Private Non-Medical Institutions are not reimbursable under the Maine State Plan.

The Solution

The State has proposed a redesign of services into an ‘I SPA’ I spa, which is a different kind of waiver that makes it possible to change the way the services are funded.

Services will be based on an assessment and members will have increased choice, independence and control.

Where We Are Today

The I-SPA was filled with CMS on May 1. The timeframe for approval is unknown. Once approved, a transition plan will be established.
Paying for Quality Versus Volume: Value-Based Purchasing

• Establish quality measures
• Focus on quality and cost to achieve the ‘Triple Aim’
• Hold providers accountable
• Manage to the data/measures
• Will allow us to address current challenges
• Aligns with other programs
• Opportunity for local intervention
• Population health
The Critical Importance of Data in Decision-Making
Questions?

Ricker Hamilton, Deputy Commissioner

Maine Department of Health & Human Services

207-287-3707