Long-Term Services and Supports (LTSS): Older Adults and Adults with Physical Disabilities 4-Year Report

Spring 2025

Required by:
22 §50; PL 2019, c. 612

Submitted by:
Maine Department of Health and Human Services
Office of Aging and Disability Services

Contents

Abbreviations

AAA	Area Agency on Aging
ACL	Administration for Community Living
ACS	American Community Survey
ADRC	Aging & Disability Resource Center
ARP	American Rescue Plan
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
HPRD	Hours per Resident Day
LSE	Legal Services for Maine Elders
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

PMPM	Per-Member/Per-Month
PNMI	Private Non-Medical Institution
SHIP	State Health Insurance Assistance Program
SCSEP	Senior Community Service Employment Program

This report was prepared on behalf of the Maine Department of Health and Human Services by the Catherine Cutler Institute, Muskie School of Public Service, University of Southern Maine under agreement #ADS-25-9813.

Executive Summary

This report describes the types of publicly funded services currently available in Maine to meet the long-term services and supports (LTSS) needs of older adults and adults with physical disabilities, often referred to as the continuum of care. This continuum represents an array of support, care, and service options that provide various levels of support appropriate to a person's needs and preferences. These include supports and services offered through community-based organizations; in-home programs that provide personal care, nursing, home modification, and other needed supports; services provided to people living in their own apartments in congregate settings; and 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.

Maine's adult population over 75 is expected to grow by over 60,000 by 2040. As disability rates increase with age, especially for adults over 75, the need for LTSS will only increase as well. Fifty-seven percent of adults over 75 with a disability had incomes below 150 percent of the Federal Poverty Level, under $21,000 in 2022. The private pay cost of LTSS in Maine easily exceeds the resources of many people who need them, making publicly funded LTSS a vital resource.

Much of Maine's population lives away from urban centers, and facets of rural living can make meeting the need for LTSS challenging. While limited public transportation, uneven 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 proportion of 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 LTSS Reforms and Strategies

Over the past four years, the Department of Health and Human Services (the Department), through the Office of Aging and Disability Services (OADS), has implemented several reforms and strategies to address critical needs in the LTSS continuum of care.

- **Expanding access to home and community-based services** through strengthening Maine's No Wrong Door entry point to the continuum, supporting partnerships with community-based organizations to deliver services, establishing

rules for nurse delegation of care, improving care coordination through rate reform and implementing new federal rules.

- **Improving access and quality in nursing homes and residential care settings** through a transparent, value-based rate-setting process that eliminates the end-of-year cost settlements for nursing facilities and rewards efficiency and quality of care in facility and community-based settings, including consumer satisfaction quality measures in value-based payment strategies, implementing new CMS staffing rules for nursing facilities, improving vaccination rates for residents and staff in residential and nursing facilities, and improving screening for behavioral health and intellectual and developmental disabilities for adults in nursing facilities. improving vaccination rates.
- **Strengthening the capacity and quality of the direct care workforce** through improving reimbursement and retention strategies, efforts to streamline training and develop credentials and career lattices for advancement, supporting participant-directed services, and establishing licensure for personal care agencies.
- **Improving the intersection between LTSS and medical care** through providing support for individuals transitioning across settings, identifying areas of improvement in coordinating care for adults with complex care needs who are dually eligible for Medicare and Medicaid, and strengthening coordination between LTSS and the behavioral health system.
- **Supporting family care partners** through promoting respite services and other supports funded through the Older Americans Act, implementing the BOLD Act initiative to expand support services for people with Alzheimer's disease and related dementia and their caregivers, and piloting efforts to increase access to, use of, and person-centeredness of Adult Day Services.
- **Partnering with communities to strengthen the continuum of care** through working with the Cabinet on Aging, Maine's Age-Friendly Lifelong Communities, and Area Agencies on Aging to implement a Community Connections pilot to provide innovative community-based services that connect residents to social and community supports.

These reforms and strategies are intended to help the Department respond to demographic and workforce challenges while providing high-quality, value-based services to Maine adults with LTSS needs.

Introduction

Long-term services and supports (LTSS) cover many services that help older people and adults with physical disabilities 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 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 Office 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, intending to promote the highest level of independence, health, and safety for those it serves. To achieve this goal, OADS must ensure that the right level of care is provided through person-centered planning that tailors services to individual needs and preferences.

This report is submitted pursuant to 22 MRS §50, which requires 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. The report describes

- Who needs LTSS
- OADS's role in shaping the LTSS delivery system
- Maine's LTSS continuum of care
- Efforts to improve the LTSS system with partner engagement

Who Needs LTSS

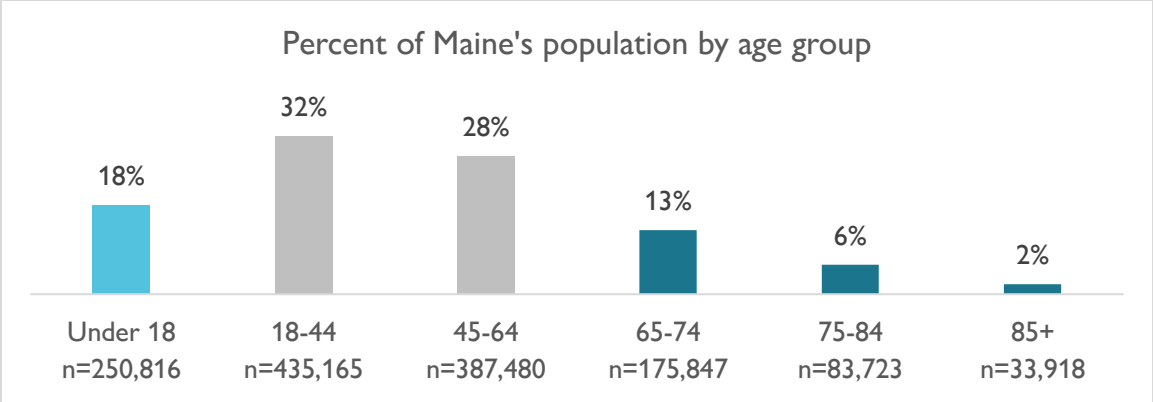
As we age, many of us may need help to remain as independent as possible. For some of us that may mean help with grocery shopping or household chores. For others, that might mean needing hands-on help with bathing or dressing. This section describes Maine's current and projected demographic trends impacting the need for programs providing these long-term services and supports that will only increase with time.

Age, Disability, and Income

AGE

A larger percentage of Maine's population is 65 years of age or older than under 18 years old (Figure 1). With a median age of 45, Maine is the oldest state in the nation.

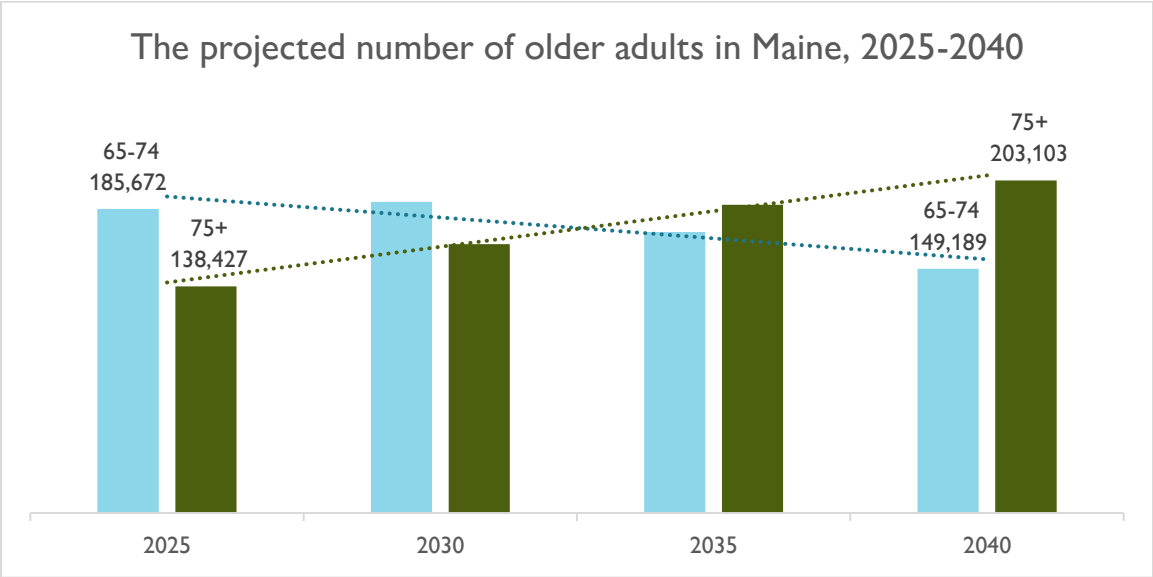
Figure 1 **Twenty-one percent of Mainers are 65+,** a larger percentage than children under 18.



Source: U.S. Census Bureau. "Age and Sex." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2022, https://data.census.gov/table/ACSST5Y2022.S0101. Accessed May 13, 2024.

Between 2025 and 2040, the number of adults 65-74 years old is projected to decrease from over 185,000 to less than 150,000, while the number of adults 75+ is expected to increase from less than 139,000 to over 203,000 (Figure 2).

Figure 2 The number of **adults 75+ is projected to increase** substantially by 2040.



Source: Center for International Earth Science Information Network - CIESIN - Columbia University. 2021. Georeferenced U.S. County-Level Population Projections, Total and by Sex, Race and Age, Based on the SSPs, 2020-2100. Palisades, New York: NASA Socioeconomic Data and Applications Center (SEDAC). https://doi.org/10.7927/dv72-s254. Accessed July 10, 2024.

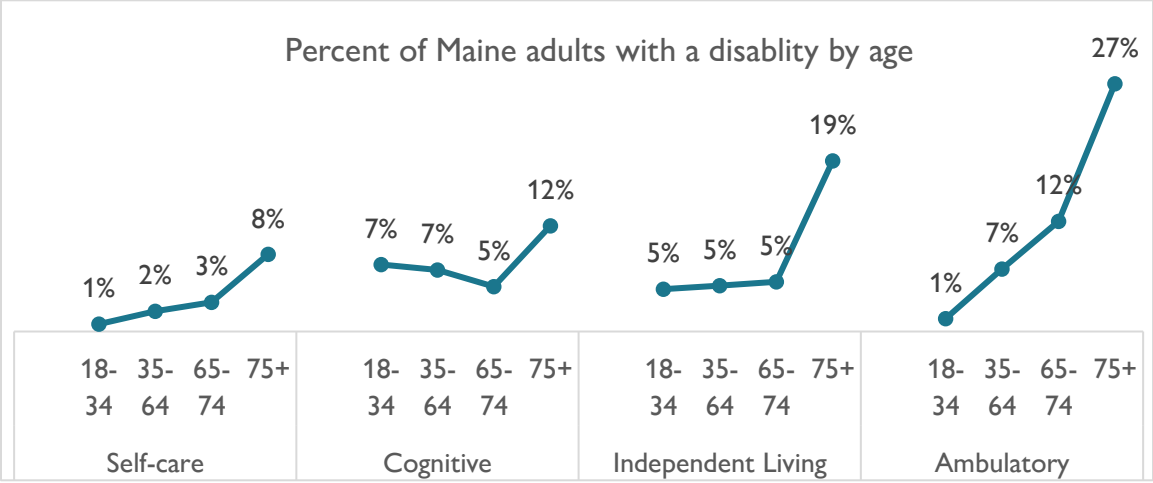
DISABILITY

The American Community Survey collects data on several types of disabilities, including vision and hearing difficulties. This report includes information on the types of disabilities that may make it more likely for an individual to require LTSS.

- Ambulatory (mobility) difficulty
- Cognitive difficulty
- Independent living difficulty
- Self-care difficulty

Figure 3 shows that rates of disability are relatively stable in age groups under 65. Rates of self-care and ambulatory difficulty start increasing after age 65, and all disability types show marked increases for adults 75 and older.

Figure 3 One-fifth of adults 75+ have independent living difficulties, and **over one-quarter have difficulty with mobility.**



Source: U.S. Census Bureau. "Disability Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2022, https://data.census.gov/table/ACSST5Y2022.S1810. Accessed May 17, 2024.

Table 1 shows that thousands of Maine adults have disabilities that likely require assistance from others, many of whom rely on the LTSS system.

Table 1 The number of Maine adults with disabilities by type.

Disability type	18-34	35-64	65-74	75+
Ambulatory	3,680	36,904	20,880	29,580
Cognitive	19,881	36,314	8,552	12,651
Independent Living	12,537	27,424	9,431	20,336
Self-care	2,078	12,124	5,614	9,238

Note: The drop in the number of adults with cognitive disability among 65-74-year-olds compared to younger adults is likely due to the inclusion of intellectual and developmental disabilities (IDD) in the ACS definition of this disability type. With advances in health care, people with IDD are living longer into older age, but overall, many types of IDD result in shorter life expectancy.

Source: U.S. Census Bureau. "Disability Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2022, https://data.census.gov/table/ACSST5Y2022.S1810. Accessed May 17, 2024.

Given the projected growth in the older adult population and the rate of disability among adults 75+, the size of the population requiring LTSS will increase substantially by 2040 (Table 2).

Table 2 Projected number of **adults 75+** with a disability by type, 2025-2040

Disability type	2025	2030	2035	2040
Ambulatory	37,375	44,329	50,801	54,838
Cognitive	15,919	18,881	21,637	23,357
Independent Living	25,747	30,537	34,996	37,777
Self-care	11,628	13,791	15,805	17,061

Source: U.S. Census Bureau. "Disability Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2022, https://data.census.gov/table/ACSST5Y2022.S1810. Accessed May 17, 2024. Hauer, M., and Center for International Earth Science Information Network - CIESIN - Columbia University. 2021. Georeferenced U.S. County-Level Population Projections, Total and by Sex, Race and Age, Based on the SSPs, 2020-2100. Palisades, New York: NASA Socioeconomic Data and Applications Center (SEDAC). https://doi.org/10.7927/dv72-s254. Accessed July 10, 2024.

INCOME

The Federal Poverty Level (FPL) for an individual in 2022[1] was $13,590 in income. Eligibility for many benefit programs and services is tied to one's income level in relation to the FPL, often expressed as a percentage of FPL. For example, full-benefit MaineCare eligibility is available to older and disabled adults with 100% FPL or lower incomes. Additional eligibility categories exist for Medicaid expansion adults (138% FPL), working adults with a disabling condition (250% FPL), and others. Adults above the FPL who need LTSS may be eligible for MaineCare if they meet additional functional and financial eligibility requirements. For more information, please see the 2024 MaineCare eligibility guidelines.

[1] The Federal Poverty Level (FPL) in 2022 is used in this report to match the most recent American Community Survey 5-year data. The 2024 FPL for an individual is $14,580.

Table 3 Number of Maine adults by percent of FPL by age

Percent FPL	18-34	35-64	65-74	75+
<100%	34,411	52,745	13,329	12,275
100%-149%	19,751	32,097	13,511	12,190
150-199%	23,843	36,199	14,854	13,149
200-299%	48,448	79,894	29,216	23,296
300+%	129,954	344,210	103,112	48,712

Source: U.S. Census Bureau. "Age by Ratio of Income to Poverty Level in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17024, 2022, https://data.census.gov/table/ACSDT5Y2022.B17024. Accessed June 5, 2024.

AGE, DISABILITY, AND POVERTY

Among Maine adults living at or below 150% FPL ($20,385 in 2022), the proportion of those who have disabilities increases with age. Over half (57%) of adults 75+ living at or below 150% FPL have a disability compared to 20 percent of adults 18-34 (Table 4).

Table 4 Maine adults living at or below 150% of the poverty level by disability status

Age group	Adults without disabilities	Adults with disabilities	Percent at or below 150% FPL who have a disability
18-34	44,139	10,941	20%
35-64	52,371	35,196	40%
65-74	15,404	10,943	42%
75+	9,908	13,381	**57%**

Source: U.S. Census Bureau. American Community Survey, ACS 5 Year Public Use Microdata Sample. Accessed October 4, 2024

Workforce

While Maine's demographics indicate that the need for LTSS will continue to increase over time, the workforce available to meet those needs is stretched thin. During the COVID-19 pandemic, many workers left the LTSS field, and the system is still recovering. OADS has been working on several initiatives to strengthen the LTSS workforce and boost the retention of these vital workers. Although Maine adults are working longer into older age by choice or necessity, Maine's age structure (i.e., the ratio of younger to older people) has implications for the number of workers available to support older adults with LTSS needs.

AGE STRUCTURE

The ratio of Maine adults ages 15 to 64 per adult 65+ has decreased over the past decade and is currently 2.96 per older adult compared to 3.95 nationally (Figure 4).

Figure 4 Maine has just **under 3 adults 15-64** for each adult 65+

Source: U.S. Census Bureau. "Age and Sex." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2022, https://data.census.gov/table/ACSST5Y2022.S0101. Accessed May 13, 2024.

Rural Geography

In addition to being the oldest state by median age, Maine is one of the most rural, with much of its population living in areas away from urban centers. 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 urban 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. Since the COVID-19 pandemic, there have been improvements in the availability of reliable broadband technology. This has allowed for

greater access to telehealth and other assistive technologies, alleviating some of the challenges caused by the lack of transportation for adults in rural areas. 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.

Cost of Formal LTSS

For adults with disabilities needing formal support such as homemaker, personal care, or residential care, the cost can be well out of reach. An annual provider survey estimates the cost of different levels of care for each state. In Maine, the median annual cost of homemaker services (assistance with housekeeping, shopping, and cooking) in 2023 was nearly $86,000 (Table 5).

Table 5 Annual Median Costs of Formal LTSS in Maine, 2023

Service	Duration/Type	Cost
Homemaker Services	44 hours/week	$86,944
Home Health Aide	44 hours/week	$96,096
Adult Day Health Care	4 days/week	$20,800
Assisted Living Facility	12 months	$104,547
Nursing Facility	Semi-private room/12 months	$146,365
Nursing Facility	Private room/12 months	$157,863

Source: Genworth Financial, Inc., Costs of Care Survey, 2023, https://www.genworth.com/aging-and-you/finances/cost-of-care. Accessed October 4, 2024.

OADS's Role in Shaping the LTSS Delivery System

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.

Under the DHHS Commissioner's leadership, OADS establishes overall policy objectives for programs and activities supporting older Mainers and adults with physical disabilities. This includes directing public resources to ensure effective and efficient services and programs. OADS works closely with many other parts of the Department, including the Office of MaineCare Services (OMS), the Division of Licensing and Certification (DLC), the Office of Behavioral Health (OBH), 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. In addition to providing support for older adults and adults with physical disabilities, OADS supports individuals with Intellectual Disabilities, Brain Injury, and Other Related Conditions. OADS is responsible for managing and overseeing Adult Protective Services, including Public Guardianship and/or Conservatorship for incapacitated adults with no family member or other private individual able or suitable to serve in those capacities.

Public Funding of 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 needs. Maine's current system of publicly funded LTSS relies primarily on the following:

Table 6 Public Payers of LTSS in Maine

Funder	Description
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 OAA serve individuals age 60 and older and their care partners regardless of income, though services are targeted to those with the highest social and economic needs. In some cases, services provided under the OAA are supplemented with other federal, state, and community dollars to expand eligibility and service delivery. For 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 (62.65%[2]) for most services. Eligibility for Medicaid services is based on financial criteria and functional needs.
Medicaid 1915(c) Home and Community-Based Services Waiver	To provide states with 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

[2] Beginning on October 1, 2024, the FMAP rate dropped to 62.06%.

Funder	Description
	receives federal matching dollars for these services. Waiver programs have federal limitations on the cost of delivering services and 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, primarily intended for those who cannot meet more stringent financial eligibility criteria required for Medicaid services.

OADS AND OLDER AMERICANS ACT COMMUNITY PARTNERS

OADS is designated as the State Unit on Aging under the Older Americans Act (OAA) and, in that capacity, provides oversight to Maine's coalition of community organizations serving older adults. 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)

Maine has five AAAs, all of which are private, non-profit agencies offering a variety of community services to Maine's older adults. They are the Aroostook Agency on Aging, Eastern Area Agency on Aging, SeniorsPlus, Spectrum Generations, and Southern Maine Agency on Aging, and they serve all regions of the state. Maine's five AAAs are also designated Aging & Disability Resource Centers (ADRCs). These 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)

LTCOP is an advocacy organization with staff specially trained to investigate and resolve complaints made by, or on behalf of, individuals receiving LTSS 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 Maine Elders (LSE)

LSE is 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 and funding from other private and public organizations and individuals to support its activities.

Maine's Center for Independent Living (CIL)

The CIL is a community-based organization supporting 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.

Maine's LTSS Continuum of Care

This section describes the publicly funded services currently available in Maine to meet the LTSS needs of older adults and adults with physical disabilities, often called 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, appropriate to a person's needs and preferences.

While the continuum of care implies a linear progression of need from less to more, 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, 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 the public and private sectors. This section describes the funding, primary programs, and key services included in Maine's publicly funded LTSS system.

- Community Support
- In-home Supports
- Independent Housing and Assisted Living
- Medicaid Residential Care
- Nursing Facility

Continuum of Care Services

COMMUNITY SUPPORT SERVICES

Community Support Services are provided by a variety of community-based organizations. 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 AAAs or Maine's Center for Independent Living (CIL). Some services funded through the OAA, such as nutrition, and 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 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 55 or older to transition to unsubsidized employment. Additional community LTSS services are described in Table 7.

Table 7 Community Support Services, people served, and total expenditures, FFY2023

	Program Policy Section	**Key Covered Services**	**People Served** FFY 2023	**Total Expenditures** FFY 2023
OAA	**Outreach and Referral Services** OADS Policy Manual Section 67	Outreach, public education, intake, and information services for linking older adults and their families to needed services	307,462 58,165 Calls Answered	$1,333,565
OAA	**Nutrition Services** OADS Policy Manual Chapter 6, Section 5	Home-delivered meals and meals provided in congregate meal sites	13,154	$10,225,468

	Program Policy Section	Key Covered Services	People Served FFY 2023	Total Expenditures FFY 2023
OAA	**Family Caregiver Support Program** OADS Policy Manual Section 75	Information and access assistance to family care partners, respite care, supplemental services, counseling, support groups, and training for care partners	2,382	$602,110
OAA	**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 that help pay for or reduce healthcare costs	8,229	$363,686
State funds	**Respite Care Services for Adults with Alzheimer's Disease of Related Dementia** OADS Policy Manual Section 68	Respite services provided in the home, adult day program, or an institutional setting	252	$682,209

**Budget period is 0/4/01/2022 to 03/31/2023*

Source: Office of Aging and Disability Services.

IN-HOME SUPPORTS AND SERVICES

In-Home Supports and Services include a variety of supports, depending on an individual's needs. These programs typically provide personal care assistance, in-home nursing, and care coordination in varying intensity levels, with some programs providing

additional benefits such as home modifications, assistive technology, home-delivered meals, transportation, and other assistance (Table 8). 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 licensed agency.

Table 8 In-Home Supports and Services, people served, total expenditures, and average monthly cost per person SFY2023

	Program Policy Section	**Key Covered Services**	**Average Number Served/ Month** SFY 2023	**Total Expenditures** SFY 2023	**Average Monthly Cost/ Person** SFY2023
Medicaid state plan	**Consumer Directed Attendant Services** MaineCare Benefits Manual Section 12	Personal care services, care coordination, skills training, and financial management services	297	$6,473,011	$1,815
Medicaid state plan	**Private Duty Nursing and Personal Care Services** MaineCare Benefits Manual Section 96	Personal care services, nursing, care coordination	3,232	$55,904,401	$1,441
Medicaid state plan	**Adult Day Services** MaineCare Benefits Manual Section 26	Center-based services that include supervision and activities, health monitoring, and nursing in some cases	40	$506,176	$1,052

	Program Policy Section	**Key Covered Services**	**Average Number Served/ Month** SFY 2023	**Total Expenditures** SFY 2023	**Average Monthly Cost/ Person** SFY2023
Medicaid 1915(c) HCBS	**Home and Community Benefits for the Elderly and Adults with Disabilities** MaineCare Benefits Manual Section 19	Personal care services, nursing, therapies, home modifications, assistive technology, home-delivered meals, care coordination	2,301	$116,500,937	$4,220
State funds	**Home-Based Supports and Services for Older and Disabled Adults** OADS Policy Manual Section 63*	Personal care services, nursing, therapies, home modifications, assistive technology, care coordination	1,041	$15,705,727	$1,257
State funds	**Independent Support Services (Home-maker)** OADS Policy Manual Section 69	Routine housekeeping, laundry, grocery shopping, and other related tasks	1,427	$1,647,953	$96
State funds	**Adult Day Services** State Funded Section 61	Center-based services that include supervision and activities	33	$239,729	$605

**In-Home and Community Support Services, OADS Policy Section 63 and Consumer Directed Personal Assistance Services, OADS Policy Section 11 were merged into a new OADS Policy Section 63, Home-Based Supports and Services for Older and Disabled Adults, effective 10/01/2023.*

Source: Office of Aging and Disability Services.

INDEPENDENT HOUSING AND ASSISTED LIVING SERVICES

Independent Housing and Assisted Living services include supportive services managed through OADS, provided in seven congregate living settings and six assisted living facilities in Maine. These programs are state-funded and provide on-site services to individuals living in private apartments (Table 9). Eligibility for housing is separate from eligibility for services. Some individuals in their own apartments may also be eligible for and receive additional in-home services through other In-Home Support and Services.

In 2022, OADS contracted with Guidehouse to complete a programmatic and financial review of its state-funded Affordable Assisted Living program. This project involved a review of the program model, financial review, presentation of similar models across other states, and discussion of the program's regulatory and licensing requirements. The project aimed to determine program sustainability and explore alternative program models. Subsequently, the Department adopted a sustainable rate model, moving from a cost-shared to a fee-for-service daily rate model.

Table 9 Independent Housing and Assisted Living Services, people served, total expenditures, and average monthly cost per person SFY2023

	Program Policy Section	**Key Covered Services**	**Average Number Served/ Month** SFY 2023	**Total Expenditures** SFY2023	**Average Monthly Cost/Person** SFY 2023
State funds	**Independent Housing with Services Program** OADS Policy Manual Section 62	Personal care, meals, care coordination homemaker services, emergency response system, transportation, room and board	92	$569,240	$516

	Program Policy Section	Key Covered Services	Average Number Served/ Month SFY 2023	Total Expenditures SFY2023	Average Monthly Cost/Person SFY 2023
State funds	**Affordable Assisted Living Program** DHHS contract	Personal care, meals, service coordination, medication administration, homemaker and chore services, room and board	169	$2,949,691	$1,454

Source: Office of Aging and Disability Services

MEDICAID RESIDENTIAL CARE SERVICES

For 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. As of November 19, 2024, 116 facilities in Maine accept MaineCare, with a total of 4,575 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. As of October 24, 2024, there are sixty-six Adult Family Care Homes in Maine, with 446 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. Other funding sources, including resident and state general funds, cover these costs. Room and board costs are included in the total expenditures (Table 10). These expenditures reflect program costs after resident cost-sharing has been accounted for.

Table 10 Medicaid Residential Care Services, people served, total expenditures, and average monthly cost per person SFY2023

	Program Policy Section	**Key Covered Services**	**Average Number Served/ Month** SFY 2023	**Total Expenditures** SFY 2023	**Average Monthly Cost/Person** SFY 2023
Medicaid state plan	**Private Non-Medical Institutions, Appendix C** MaineCare Benefits Manual Section 97	Personal care, nursing, room and board, diversional and motivational activities, and other services	2,950	$107,962,499	$3,120
Medicaid state plan	**Adult Family Care Homes** MaineCare Benefits Manual Section 2	Personal care, nursing, room and board, diversional and motivational activities, and other services	342	$14,054,229	$3,429

Source: Office of Aging and Disability 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. As of October 24, 2024, there are 79 active nursing facilities in Maine, with 5,967 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 covered by Medicare or other residents paying privately for their care. These expenditures reflect the actual cost to the MaineCare program after resident cost-sharing has been accounted for (Table 11).

Table 11 Medicaid Nursing Facility Services, people served, total expenditures, and average monthly cost per person SFY2023

	Program Policy Section	**Key Covered Services**	**Average Number Served/Month** SFY 2023	**Total Expenditures** SFY 2023	**Average Monthly Cost/Person** SFY 2023
Medicaid state plan	**Nursing Facility Services** MaineCare Benefits Manual Section 67	Room and board, nursing, therapies, personal care, and other services are provided to individuals living in licensed nursing facilities	3,832	$371,621,309	$8,082

Source: Office of Aging and Disability Services

Continuum of Care Quality & Compliance Oversight Structure

Facility and home- and community-based service providers must meet federal and/or 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 several oversight and advocacy agencies, depending on the type of service provided and, in some cases, the funding source.

FEDERAL MEDICARE AND MEDICAID, STATE MEDICAID, AND OAA POLICIES

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

OMS is responsible for Medicaid policy and rule development. OMS ensures that providers meet the 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 the quality of care.

As part of its Home and Community-Based Services (HCBS) waiver quality improvement strategy, OADS has piloted a new experience of care survey. In Fall 2023, nearly 2,000 adults receiving home and community-based MaineCare waiver services were invited to participate in the HCBS Consumer Assessment of Healthcare Providers and Systems Survey (HCBS CAHPS®). Survey participants included 837 older adults and adults with physical disabilities. The survey collected feedback on various themes, such as services received, communication with care professionals, and personal safety. OADS is reviewing the Fall 2023 survey results compared to a second survey conducted in Summer 2024.

OADS ensures compliance with federal rules, regulations, and state plans for 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 also administers the Adult Protective Services program, which receives and investigates reports of suspected abuse, neglect, or exploitation of incapacitated or dependent adults.

PROVIDER LICENSING AND CERTIFICATION

The Maine Division of Licensing and Certification 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.

With direction from the 2021 LD 958 (Resolve), the Department conducted a review of its statutory and regulatory authority of home care agencies to examine whether the Department had sufficient oversight and enforcement authority of agencies, employees, and independent contractors and caregivers to ensure the appropriate quality and safety of individuals receiving home care services. Before the review, all agencies providing personal care services were required to register with DLC and comply with background checks and hiring prohibitions. Only agencies participating in MaineCare or state-funded programs had to comply with staff training and orientation requirements. OADS conducted a national scan of other states' licensing requirements and held listening

sessions to solicit feedback from interested parties about possible new licensing requirements.

With authorization through P.L. 2023, Ch. 309, An Act to Authorize the Department of Health and Human Services to License and Ensure the Quality of Personal Care Agencies, the 10-144 CMR Ch. 129 PCA Licensing Rule was adopted in August 2024. The new rule encompasses training, supervision, and reporting requirements that will bring greater accountability to and oversight of the personal care agencies and increase the competency of the home care workers in Maine.

State law requires surveys of licensed assisted living and residential care facilities, including Maine's PNMIs and adult family care homes. In December 2023, the Department held a listening session for residential care and assisted living providers to gather feedback on revising the rules for these types of facilities. Revised rules for residential care and assisted living facilities have been proposed and are in the formal rulemaking process. This major substantive rule will be subject to legislative review prior to formal adoption.

OMBUDSMAN FOR FACILITY AND IN-HOME LTSS RESIDENTS

The Long-term Care Ombudsman Program has oversight responsibility and acts as an intermediary between long-term care facilities and residents, helping resolve problems related to residents' health, safety, welfare, and rights. 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.

Efforts to Improve the LTSS System with Partner Engagement

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.

Public engagement activities have informed policy and planning for in-home and community-based services, including listening sessions, focus groups, statewide surveys, and key informant interviews conducted for the State Plan on Aging. OADS has also convened workgroups of partners across Maine's LTSS sector to explore ways to improve nursing facility and residential care systems to focus on quality, innovation, and accountability.

Continued engagement with all who use, provide, or advocate for LTSS enables OADS and the Department to provide various levels of service, appropriate to a person's needs and preferences. The Department is committed to inclusive planning efforts, intentionally including hard-to-reach populations (e.g., the oldest-old, people experiencing cultural, social, or geographic isolation, and those with significant health challenges).

This section describes the Department's overall approach to LTSS improvement initiatives and reforms currently underway 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.

Key areas include:

- Expanding access to home and community-based services
- Improving Access and Quality in Nursing Homes and Residential Care Settings
- Strengthening the capacity and quality of the direct care workforce
- Improving the intersection between LTSS and medical care
- Supporting family care partners
- Partnering with communities to strengthen the continuum of care

Many of the initiatives described in this section have been funded through Section 9817 of the federal American Rescue Plan Act of 2021.

The American Rescue Plan Act Section 9817 Projects to Improve Home and Community Based Services

The American Rescue Plan (ARP) Act of 2021 was enacted in response to the COVID-19 pandemic. Section 9817 of the ARP provided a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS. Originally scheduled to end on March 31, 2024, this funding was extended for all states through March 31, 2025, and Maine received an additional extension that enables Maine projects to continue through June 30, 2025. States have been able to use the Section 9817 funding to initiate improvement projects in HCBS services.

Maine has developed and administered many initiatives to improve the HCBS service system for all its waivers, including the Section 19 HCBS waiver for older adults and adults with physical disabilities. These projects are described throughout this section. More information on all Section 9817 projects can be found at Home and Community-Based Services Improvement Plan.

Expanding Access to Home and Community-Based Services

Over the past several decades, states have focused on developing a broad range of home and community-based services to offer alternatives to institutional care. Investing in HCBS serves several complementary goals: it respects the preferences of individuals who choose to receive services in their homes 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.

Maine has implemented a system of Medicaid and state-funded programs and 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.

IMPROVEMENT INITIATIVES

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

Successfully reducing the avoidable use of high-cost services depends on ensuring people receive the right services at the right time that meet their needs and preferences. An effective LTSS system gives individuals timely access to information that leads to the right service option, whether to a nursing or residential care facility or 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.

Through partner engagement with community organizations, providers, caregivers, and older adults, OADS has continued to learn about challenges people face in knowing where to get information about available resources and how to access them. In response, 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.

Like most states, Maine's access system relies on a "No Wrong Door" approach where various agencies and organizations provide information, referrals, and other enrollment support. This approach ensures that regardless of how or where people seek services, they receive the information and support necessary to connect to needed services. The goal is to enable people to make informed decisions based on the full range of available services. The No Wrong Door approach requires coordination between the Medicaid service system and the aging network and the capacity to connect people with local, regional, and state-level resources to be effective.

Maine's ADRCs, housed within the AAAs, are the primary entry points to Maine's No Wrong Door system. OADS partnered with the ADRCs to launch a free public-facing web-based referral tool on September 4, 2024, called the Maine Access Navigator Tool. This ARP Act Section 9817-funded project helps older adults, their family members, and their care partners find services, resources, and programs tailored to meet the older adult's unique needs with a focus on Social Determinants of Health. The Maine Access Navigator Tool gives users the option to choose if they want a trained specialist at their local ADRC to help them with calling to complete any referrals and help with paperwork and/or applications, or the user(s) can decide if they want to access and apply for services on their own, at their own pace.

The Department successfully secured additional state funding through the Governor's budget (P.L. 2023, Ch. 412) to support at least one full-time Community Resource Specialist at the five ADRCs to provide live Information and Assistance. The Department continues to explore the availability of federal funding to support and enhance the ability of ADRCs and other community organizations to connect people with available services.

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

According to the 2025-2028 Maine State Plan on Aging Needs Assessment Report, about 10 percent of older Mainers say they have difficulty with some tasks, such as household chores, personal care activities, or managing their medications. Historically, in-home services, such as homemaker and personal care that could meet these needs have been largely funded using Medicaid and state general funds. Yet programs funded under the OAA that complement these services have historically been administered separately, partly due to the different funding sources and requirements. There is now increased recognition that these programs are part of the same care continuum and require greater integration and collaboration. Maine received approval of the 2025-2028 Maine State Plan on Aging,[3] required under the OAA, which emphasizes providing key services that support older adults in their homes and communities. 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 and through contracts with local service providers.

Another objective of the 2025-2028 Maine State Plan on Aging is to enhance access to Brain Injury information and resources for older Mainers and their care partners through partnerships with the Brain Injury Association of America Maine Chapter. OADS is exploring opportunities to implement the National Association of Head Injury Administrators' (NASHIA) Online Brain Injury Screening and Support System (OBISSS) within Maine's Aging Network.

Nurse delegation

Healthcare professionals have been forced to become more creative and transformative to adapt to the changing environment and staffing concerns in the presence of an increased need for care and services. OADS, the Board of Nursing, and interested parties partnered

[3] The 2025-2028 Maine State Plan on Aging and the Letter of Approval can be found on the OADS website.

to develop LD 2126, an Act Relating to Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses, to clarify roles for unlicensed personnel. The decision of whether to delegate or assign is based upon the nurse's professional judgment concerning the patient's condition, the competence of all nursing team members, and the degree of supervision that the nurse will require if a task is delegated. The passing of this bill aligns Maine with national nursing delegation standards, as defined in the National Guidelines for Nursing Delegation jointly adopted by the National Council of State Boards of Nursing and the American Nurses Association. The statute was enacted in August 2024 and required major substantive rule changes. These were presented to the Board of Nursing, provisionally adopted in September 2024, and will be presented to the First Session of the 132nd Maine legislature.

This delegation bill ensures that the nurse is directly responsible for managing a team to allow flexibility in decision-making, staff assignments, and patient care outcomes based on the registered nurse's professional judgment and assessment. This clearly outlined rule of delegation allows the nurse to be at the helm of a team of care providers, expanding access to safe, quality care across a variety of care continuums, delegating tasks that do not require nurse licensure, and allowing the nurse to function at the level of their education. Expanding services through nurse delegation helps fill the needs in LTSS settings and reduce avoidable readmissions to acute care settings.

Home and community-based clinical services

The Department is also pursuing rate reforms to help address the shortage of nursing and other clinical services delivered in the home and other HCBS settings. In June 2024, the Department began rate reform efforts for MaineCare HCBS services available through several MaineCare programs, Sections 12, 18, 19, 20, 21, 40, 96, and 102 in the MaineCare Benefits Manual.

The Department contracted with Public Consulting Group to conduct a rate study to align reimbursement rates of similar services across different MaineCare sections. The rate study follows a process that ensures the public is notified of and can participate in engagement opportunities, make public comments on draft rates, and receive the Department's responses to comments. HCBS providers of clinical nursing, clinical therapy, care coordination, supportive skills building, assistive technology, and personal support services were invited to participate in several provider engagement sessions held in September and October, 2024. The rates are expected to be finalized in April 2025. Implementation of the study will be contingent on receiving Legislative appropriations. More information about the process can be found on the OMS website.

Improving care coordination

The Department has revised its reimbursement method for care coordination, transitioning from a 15-minute billing increment covering a narrow set of tasks to a per-member/per-month (PMPM) rate for some but not all care coordination activities. The PMPM method allows for greater flexibility to meet the needs of service recipients and is generally preferred by the service coordination agencies. Maine has participated in the CMS Medicaid Innovation Accelerator Program to assist in developing a value-based payment method for care coordination. The Department is engaged in conversations as part of the HCBS clinical rate analysis noted above to explore the inclusion of a value-based payment structure as well as the PMPM reimbursement method for care coordination provided within other LTSS programs.

In 2021-2022, the OADS LTSS team completed a thorough review of its Section 19 Home and Community-Based Services for Older and Disabled Adults waiver person-centered planning (PCP) practices. With the support of a contracted vendor, OADS LTSS improved its training as well as policies, procedures, and expectations related to HCBS PCP to ensure federal compliance and improved service delivery for its members. The new PCP process went into effect in April 2022.

Implementation of new federal rules

The Ensuring Access to Medicaid Services Final Rule (CMS-2442-F) was published in April 2024. This Access rule includes provisions related to several HCBS requirements, such as quality measurement, person-centered planning, payment adequacy, and more. Access rule requirements will follow a phased approach between 2025 and 2030. OADS has embarked on a systems assessment project, including developing a compliance roadmap. This project will also assist the Department with planning for future improvements to HCBS systems.

In February 2024, the U.S. Administration for Community Living released the 2024 Older Americans Act (OAA) Final Rule to update regulations for implementing OAA programs. The first substantial update to most OAA program regulations since 1988, the rule aligns regulations to the current statute, addresses issues that have emerged since the last update, and clarifies several requirements. OADS is working collaboratively with the AAAs to develop a multi-year plan to update state and local-level rules, policies, and procedures to ensure compliance.

Improving Access and Quality in Nursing Homes and Residential Care Settings

IMPROVEMENT INITIATIVES

Nursing facility quality and rate reform

Nursing facilities play a vital role in Maine's LTSS system, and the disruptions to the industry during the pandemic led to closures or conversions of several facilities. Temporary measures to stabilize nursing facilities included supplemental payments during the pandemic, $20 million in one-time payments in December 2023 and an additional $30 million in one-time payments in September 2024. Although the temporary payments to facilities provided relief, the Department has continued pursuing long-term improvements to the LTSS system through rate reform efforts that entail not only changing the reimbursement process for facilities but also establishing quality metrics for facility care.

Currently, MaineCare pays nursing facilities interim rates for their costs throughout the year and reconciles any differences between those payments and allowable costs at the end of the year. This "cost settlement" reimbursement system is complex, inefficient, and challenging, as facilities do not know their final reimbursement until the settlement process is concluded. It does not reward cost efficiency and results in significant variation in costs from one facility to another that is not directly related to quality of care. The rate reform being implemented in 2025 adds $49 million per year to base rates, reduces complexity and eliminates the cost settlement for direct and routine costs, making budgets more predictable for both facilities and MaineCare.

In April 2023, the Department created the Nursing and Residential Care Facilities Innovation and Quality Advisory Council to assist the Department in identifying appropriate quality focus areas to consider in a value-based payment methodology for nursing and residential care facilities as well as strategies promoting innovation and quality in these services settings. The Council included representatives from facilities, medical providers, advocates, and experts in aging and LTSS. The group held eight meetings in 2023 and reconvened in early fall of 2024. The Council's status update, published in January 2024, identified several intersecting themes impacting the quality of care in residential settings:

- A stable, well-trained, well-supported workforce

- Autonomy and person-centered care
- Excellence in clinical care
- Safe, comfortable living spaces to promote efficient and safe workflows for staff and the best quality of life for residents
- Geographic disparities in access to high-quality nursing and residential care

Based on the quality strategies identified by the Council, the Department proposed that future nursing and residential care facility payments include a value-based payment that considers staffing, one or more clinical measures, person-reported outcome measures, and other key quality indicators.

In February 2024, the Department released the MaineCare Nursing Facility Rate Reform Framework for fiscal year 2025. The framework addresses the themes identified by the Advisory Council through supporting the direct care workforce, incentivizing permanent facility staff, and promoting quality care and positive health outcomes for Maine residents living in nursing facilities. The framework includes objectives specific to specialty care, including bariatric care as required by LD 1386 (Resolve).

In 2024, the Department proposed, and the Legislature approved this major reform of nursing facility payments, scheduled to take effect on January 1, 2025. The new rates increase nursing home payments and reward quality care, high occupancy rates, and low temporary staff levels. In addition to the rate increase, the Legislature approved a three-year fund to help nursing homes transition to the new system. Part of that fund will be used for a Quality Bonus Pool to reward high-performing nursing homes.

Consumer satisfaction quality measures in value-based payment

Although the Advisory Council recommended the inclusion of person-reported outcomes in value-based payment reform, such outcomes are not included in Medicare's existing Five-Star Quality Rating System for nursing facilities. CoreQ is a satisfaction survey developed by researchers in collaboration with the American Health Care Association. It is currently being used by other states in various quality and value-based initiatives in short-stay, long-stay, and assisted living facilities. In preparation for Maine's adoption of CoreQ in its own value-based payment model, a pilot of CoreQ implementation was organized to assess the process, experiences, and value of data produced in Maine's residential care facilities. Using ARP Section 9817 funds, seventeen residential care facilities were recruited to work with CoreQ consultants to distribute resident and family CoreQ surveys. The first round of surveys is expected to be returned and scored by early December 2024, with formal reports to be delivered to facilities and OADS shortly after.

A second round of surveys will be sent out in Spring 2025 to gain further experience with CoreQ as work proceeds to include CoreQ measures in the new nursing facility rate reform model.

Implementing new CMS staffing rules for nursing facilities

CMS requires nursing facilities to comply with new staffing regulations, effective June 21, 2024. In response to increased understanding of the relationship between staffing and resident health and safety and a recognition that some facilities have been chronically understaffed, the new regulations require facilities to assess each resident and develop a plan to meet required staffing levels given their residents' needs, and have a registered nurse onsite, 24 hours a day, seven days a week, to provide skilled nursing care. Additionally, facilities are required to meet new staffing levels including 3.48 house per resident day (HPRD), with a minimum of 0.55 HPRD for registered nurses and 2.45 HPRD for nurse aides.[4] Nursing facilities will have different timeframes to comply with the regulations based on urban/rural location. Facilities may request a hardship exemption from the 24/7 registered nurse require if they are located in an area with limited workforce availability. In these instances, facilities will have to demonstrate good faith efforts to comply with the staffing requirements, submit required data, and post a notice about their exemption in a "prominent and publicly viewable location."

Improving vaccination rates of LTSS facility staff and residents

In April 2021, OADS partnered with the Maine Centers for Disease Control and Prevention (Maine CDC) to focus on vaccination equity within LTSS and community-based programs. The primary focus of the work done under this federal grant funding-is to increase the number of vaccinated adults, and staff within LTSS communities, specifically individuals who otherwise may not have had access to vaccinations. The work includes statewide in-home vaccinations for individuals who are homebound, vaccination clinics for individuals with intellectual disabilities living in group homes who have sensory limitations, the creation of a unique ambassador program to increase vaccination rates among direct-care staff in long-term care settings, and vaccination outreach campaigns for residents of long-term care facilities, deaf communities, and other individuals accessing long-term care services that face barriers in accessing vaccinations.

[4] Note that Maine's new nursing facility rates provide funding for 4.4 hours per resident day, well above the federal minimum. However, Maine does not require 24/7 nurse coverage, and Maine facilities report that meeting the 24/7 federal requirement will be very difficult.

In addition to the outreach, education, and vaccination services offered, OADS also co-hosts with Maine CDC regular ongoing meetings with LTSS organizations, providers, and other Department offices to collaborate, identify areas of need, track the progress of outreach, and increase the effectiveness of the vaccination and outreach services being provided.

Pre-Admission Resident Review Screening improvement initiative

The Pre-Admission Screening and Resident Review (PASRR) is a federal requirement to help ensure people are not inappropriately placed in nursing facilities. Federal Medicaid regulations require residents to be evaluated for serious mental illness and/or intellectual disability. It is an important tool for states as they rebalance services away from institutions and toward home and community-based services. During 2024, the PASRR program underwent a comprehensive evaluation encompassing multiple dimensions. This included a federal compliance review, a multi-state PASRR study, a series of partner advisory meetings, and assessments of nursing facility members. This effort aims to align with broader Departmental objectives and initiatives through collaborative partnerships, data-driven insights, targeted training initiatives, and the delivery of essential services. The Department is dedicated to enhancing the PASRR program to improve individual outcomes, optimize service delivery, support rebalancing, diversion, and transition efforts, and compliance with the Americans with Disabilities Act (ADA) and the *Olmstead* decision.

The Department will continue to review and implement a comprehensive strategy that incorporates key activities aimed at improving and aligning systems through data sharing with a focus on challenges and opportunities, identifying desired changes, and determining potential solutions, as identified in recommendations and feedback from partners.

Strengthening the Capacity and Quality of the Direct Care Workforce

Direct service workers (DSWs) are the primary providers of paid hands-on care and support for individuals needing LTSS. Without an adequate and qualified workforce, critical needs go unmet, creating significant risks to the health and welfare of those relying 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 the direct care worker provides. In Maine, some direct care workers are employed by

agencies. In contrast, 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.

There is no single strategy for improving workforce capacity, and solutions require collaborative partnerships across state agencies, public universities, and 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, issuing a series of recommendations in January 2020.[5] The Commission focused on strategies for reimbursement, workforce retention and recruitment, workforce development and training, and ways to strengthen existing support systems. Since the report's publication, the recommendations from the Commission have been used to create multiple initiatives funded by ARP Section 9817, and the Department has reported on the progress of these initiatives each year. The most recent report of all efforts is available here, and major efforts are described in this section.

IMPROVEMENT INITIATIVES

Improving reimbursement and workforce retention strategies

OADS continues to work with OMS 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. Although this rate increase was intended to be effective July 1, 2020, implementation was accelerated due to the COVID-19 pandemic in recognition of the importance of supporting this vital workforce.

In response to the healthcare worker challenges exacerbated by the COVID-19 pandemic and as part of the Department's Home and Community-Based Services Improvement Plan under ARP Section 9817, Maine provided $120 million in the first quarter of CY 2022 to 354 agencies to provide recruitment and retention payments to workers. The recruitment and retention bonus initiatives aimed to stabilize HCBS staffing during the COVID-19 pandemic. Agency reports indicate that 81.9 percent of workers who received a bonus remained employed at the agency at the end of the reporting period. That retention and the successful recruitment of new workers yielded a net increase in the

[5]This report can be accessed at Workforce Commission Report

workforce. Participating agencies reported paying recruitment bonuses to 5,517 newly hired workers and 18,982 existing workers. More information on the bonus payments can be found here.

In 2021, the Maine Health Access Foundation (MeHAF) provided a grant to LTCOP to conduct discussion groups with direct care and support workers in nursing homes and residential and home-care settings. With ARP Section 9817 funding, OADS has contracted with LTCOP to continue this effort by funding the creation of a Direct Care and Support Worker Advisory Council. Members of the Council include direct care and support staff providing in-home care, working in assisted living and residential care homes, and nursing facilities. In 2023, the council was actively involved in several presentations to state lawmakers, advocacy organizations, and other partners. Council members continue to receive leadership and support to present ideas that help strengthen Maine's HCBS workforce and improve retention.

Streamlining training and developing career lattices and credentials across populations

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 various job titles and creating barriers for providers and redundant training requirements for individuals wanting to work across populations.

Building on previous 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 who 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, this work provides an opportunity to explore reimbursement strategies that provide incentives and recognize tiered levels of competencies. OADS is leading this initiative with DLC, OMS, and the Commissioner's Office.

The Department is developing the Worker Portability and Advancement initiative, which creates a base credential usable by individuals in at least two current roles, the Personal Support Specialist (PSS) and Direct Support Professional (DSP). The base credential will enable a direct care and support worker to perform entry-level work across multiple groups of people and aspire to pursue additional expertise to advance in the field.

Throughout 2024, the Department has met with partners to receive input and test the new curriculum as it prepares to launch.

Supporting participant-directed services

Maine 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 the end of June 2024, just over 1,500 people in the state were directing their own personal care through participant direction. Maine's Independent Support Services (ISS) homemaker program has a similar option that allows program recipients to hire their own workers; approximately 30 percent of ISS program recipients use this option.

Some programs require that the individual receiving services have the capacity to direct their services whereas others allow a family member or another representative to direct services on behalf of a service recipient. To promote efficiencies and allow for greater 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.

Improving the Intersection between LTSS and Medical Care

Coordination between LTSS, medical, behavioral, 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 different delivery systems can be fragmented. Care coordination is particularly important as people transition across different care settings, such as when moving from hospital to home.

Often, people need help coordinating their care, whether because their needs are complex, they cannot navigate the delivery system independently, 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.

IMPROVEMENT INITIATIVES

Providing 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. Hospital-to-home aims to fill the gaps in the exchange of information and improve collaboration between AAAs, hospital discharge teams, outpatient services, and the patient with the goal of a seamless transition to home. The services offered by the AAA can support patients in their communities, keep them at home, and prevent unnecessary admissions to hospitals or other institutional care facilities. Coordination of care between the hospital and the AAA can identify patients who are at high risk for institutionalization and implement interventions to address health-related social needs post-discharge.

Maine continues to participate in the federal Money Follows the Person demonstration, known as Homeward Bound in Maine, which provides transition services to residents of nursing facilities. Since the start of the program, 172 individuals have moved from nursing facilities back to the community as part of this program. This demonstration allows Maine to draw down additional federal matching dollars to reinvest in system improvements. In addition to embedding best practices into the LTSS delivery system, Maine plans to continue this program through September 2027, pending federal approval.

Strengthening coordination for individuals eligible for both Medicare and Medicaid

States and the federal government have increasingly focused 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 coordinate care better and align financial incentives, including financial incentives for states. Typically, states do not have a financial incentive to coordinate Medicaid, which is the primary payer for LTSS, and Medicare, which is the primary payer for acute services, 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 is analyzing the current landscape of the dually eligible population in Maine and how they receive services through Medicare Advantage Dual Eligible Special

Needs Plans (DSNPs) and MaineCare. The Department has contracted with a vendor to conduct a SWOT analysis of current practices to develop a roadmap to identify and achieve future program goals. The Department sees a strong potential for significant cost savings and improved care for Maine's dually eligible members with complex care needs.

Supporting Family Care Partners

Family care partners, often called 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 a nurse would otherwise perform. 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. Caregivers report higher stress levels due to caregiving's emotional and physical strain. It can be especially stressful for those caring for individuals with dementia, including Alzheimer's disease.

As with the paid workforce, creating programs and support for family caregivers requires policy approaches that cross the public and private sectors. Several OAA-funded programs support family care partners in the community through information and referral, counseling, respite care, and supplemental services. Additionally, 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 to inform the 2025-2028 Maine State Plan on Aging 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.

IMPROVEMENT INITIATIVES

Promoting community supports for care partners

The Maine State Plan on Aging Needs Assessment and the first-year Evaluation of the Respite for ME Grants Pilot, which concluded on September 30, 2024, provided insight into how valuable respite and supplemental services are for care partners. OADS has identified a comprehensive set of strategies for supporting care partners funded by the OAA, including 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 the 2025-2028 Maine State Plan on Aging. The final evaluation report with recommendations for the Respite for ME Grants Pilot is due to the legislature no later than January 15, 2025.

Implementing the BOLD Act initiative

The Maine CDC was among the first 15 public health entities nationally 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 aims to build, sustain, and grow public health capacity to address Alzheimer's, dementia, cognitive health, and dementia caregiving.

The Maine CDC partnered with OADS and community-based organizations to develop the 2022-2027 Maine State Plan to address Alzheimer's disease and related dementias (ADRD). The plan "seeks to create the necessary infrastructure that empowers, educates, and supports people living in Maine by reducing ADRD risk factors, promoting early detection, and connecting people to resources they need to optimize their wellbeing." Recommendations for improving caregiver support include increasing opportunities for adult day respite services, providing easily accessible support services and counseling for care partners through AAAs, and bolstering education and awareness to decrease stigma and increase dementia-friendly environments. The Maine Healthy Brain Initiative (HBI) Stakeholder Group led by the Maine CDC continues to meet to guide the implementation of the recommendations assigned to the various subcommittees. OADS staff co-chairs the Access to Care and Care Partner Support subcommittee.

Adult Day Initiative

Although adult day services provide needed supervision and activities for people with cognitive and physical disabilities, as well as provide respite for their caregivers, they are underutilized in Maine. The goal of the Adult Day Initiative, funded through the ARP Section 9817, is to identify opportunities to improve and increase use of Adult Day Services and remove consumer biases against the service through a comprehensive marketing approach.

The Department conducted a search of national best practices for service delivery models that includes mobile service delivery and virtual/remote service delivery and met with

partners to identify three core areas to explore during this initiative: enhancing person-centered programming, improving access to services, and increasing service utilization. The stakeholder group met several times to discuss the barriers impacting these core areas and discuss how they could be addressed in pilot projects in a second phase of the project.

Simultaneously, the Department completed the procurement process to secure both a communication and marketing vendor and an evaluation vendor. Burgess Advertising and Marketing will assist the Department in developing a comprehensive statewide marketing plan that may include the rebranding of adult day services, a multimedia campaign, and website development. The Muskie School of Public Service will provide evaluation services of pilot projects submitted by licensed Adult Day Providers to the Department through an RFA that aims at improving access, utilization, or service delivery. The effective date of the pilot contracts is September 1, 2024, and the pilots will continue into 2025. Finally, OADS approved the marketing plan submitted by Burgess Advertising, which was launched statewide in October 2024.

Providing behavioral health training to family caregivers

With ARP Section 9817 funding, OADS has contracted with the National Alliance of Mental Illness (NAMI) Maine to deliver two national best-practice education programs: Mental Health First Aid and Family to Family, as well as de-escalation training. These programs are targeted to family members supporting adults living with physical disabilities and co-occurring mental health needs who receive Section 19 HCBS waiver services. Trainings are designed to support personal care staff and/or family members in the role of supporting people living with functional limitations as well as mental health needs. NAMI will also provide educational content and support for the roles that families already provide to their loved one’s daily social connection, support for independent living, and monitoring of their functioning.

Partnering with Communities to Strengthen the Continuum of Care

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 a 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.

Maine communities are 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 to fill service gaps and create partnerships in service delivery. The Department also recognizes that people strongly prefer remaining in their communities in a setting that respects their independence and autonomy.

IMPROVEMENT INITIATIVES

Maine's Cabinet on Aging Community Connections

OADS collaborates closely with the Cabinet on Aging, established by Governor Mills in 2022 by Executive Order to elevate the voices of older adults and advance programming and policies that support Maine people in aging safely, affordably, and in ways and settings that best serve their needs and preferences. This work builds on the Governor's designation of Maine as an Age-Friendly State in 2019 and the creation of Maine's Age-Friendly State Plan, developed by OADS in partnership with other state agencies.

The Governor's Cabinet on Aging has worked closely with OADS in launching a $2.5 million multi-year project in January 2024 known as the Community Connections Pilot and funded in part through ARP Section 9817. Led by the Cabinet and in partnership with the University of Maine's Center on Aging and Maine's AAAs, this initiative is developing and piloting innovative statewide community-based programming to support Age-Friendly Lifelong Communities in connecting residents to social and community supports, providing technical assistance and training, and offering grant funding to Age-

Friendly Lifelong Communities for activities that improve the well-being of older Mainers and creating resilient and livable communities for all ages.

Appendix: American Community Survey

American Community Survey Six Disability Types

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

Table 12 ACS definitions of disability by type

Disability	Definition
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 of the above disability types is considered to have a disability. Note that the ACS definitions of self-care and independent living disability are more limited than those used to determine 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.

Non-Discrimination Notice

The Department of Health and Human Services ("DHHS") does not discriminate on the basis of disability, race, color, sex, gender, sexual orientation, age, national origin, religious or political belief, ancestry, familial or marital status, genetic information, association, previous assertion of a claim or right, or whistleblower activity, in admission or access to, or the operation of its policies, programs, services, or activities, or in hiring or employment practices.

This notice is provided as required by and in accordance with Title II of the Americans with Disabilities Act of 1990 ("ADA"); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972; Section 1557 of the Affordable Care Act; the Maine Human Rights Act; Executive Order Regarding State of Maine Contracts for Services; and all other laws and regulations prohibiting such discrimination.

Questions, concerns, complaints or requests for additional information regarding the ADA and *hiring or employment*

practices may be forwarded to the DHHS ADA/EEO Coordinators at 11 State House Station, Augusta, Maine 04333-0011; 207- 287-1877 (V); 207-215-5980 (C); or Maine Relay 711 (TTY).

Questions, concerns, complaints or requests for additional information regarding the ADA and *programs, services, or activities* may be forwarded to the DHHS ADA/Civil Rights Coordinator, at 11 State House Station, Augusta, Maine 04333- 0011; 207-287-3707 (V); Maine Relay 711 (TTY); or ADA-CivilRights.DHHS@maine.gov.

Civil rights complaints may also be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, by phone at 800-368-1019 or 800-537-7697 (TDD); by mail to 200 Independence Avenue, SW, Room 509, HHS Building, Washington, D.C. 20201; or electronically at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA/Civil Rights Coordinator. This notice is available in alternate formats, upon request.