



2019

**Annual Report to the
Joint Standing Committee on
Health and Human Services**

**Office of Aging and Disability Services
Quality Review Committee
Submitted Pursuant to 22 MRSA §5107-I**

TABLE OF CONTENTS

Background and Purpose	2
Representation.....	2
Brief Overview of Programs Providing Service Coordination	3
Summary of the QRC 2019.....	4
Further recommendations for work of the QRC in Calendar Year 2020.....	6
APPENDICES	7

Quality Review Committee

Submitted Pursuant to 22 MRSA §5107-I

Background and Purpose

In 2001, the Maine Legislature established a Quality Review Committee (QRC) to evaluate the quality of care coordination services for in-home long-term services and supports serving older adults and adults with disabilities. The requirements of this committee are found at 22 MRSA 5107-I (Appendix A). The responsibility for this committee was originally designated to the service coordination agency responsible for implementing and coordinating the in-home plans of care. As part of Public Law 2012, Chapter 495 (LD 1625), the Legislature transferred the responsibility for convening the QRC to the Department of Health and Human Services (Department). A copy of the law authorizing the QRC is included as Appendix A to this report.

The focus of this past year has been placed on areas that include but are not limited to: policy and compliance monitoring of Long-Term Service and Support (LTSS) program delivery, program reporting and improvement of its critical incident process.

Meeting Dates

1/27/2019

4/25/2019

8/22/2019

Representation

Seniors Plus, LLC (Area Agency on Aging)

Alpha One (Service Coordination Agency [SCA])

Catholic Charities of Maine (Homemaker Agency)

Maximus Assessing Services Agency (ASA)

Home Care For Maine Representatives (Personal Support Agency)

Legal Services for the Elderly

Long-Term Care Ombudsman Program

Office of Aging and Disability Services, DHHS

Doug Arbo, Program Participant Representative

Elder Independence of Maine (Service Coordination Agency)

Brief Overview of Programs Providing Service Coordination

The following community long-term services and supports programs provide care coordination services for older adults and adults with physical disabilities:

- Home and Community Benefits for the Elderly and Adults with Disabilities (10-144 C.M.R., ch.101, chII §19), Medicaid Waiver. In-home care and other services designed as a package to assist adults who meet nursing facility level of care remain in their homes and thereby avoid or delay institutional nursing facility care. Services include care coordination, nursing, personal care, therapies, adult day, respite, home modifications, transportation, and emergency response system. This program allows for consumer-directed service delivery, including allowing a family representative to manage a member's services. The medical/functional assessment is conducted by the ASA.
- Private Duty Nursing and Personal Care Services (10-144 C.M.R., ch.101, chII §96) This program provides personal care services to help people perform basic "activities of daily living" and other homemaker services. Services are provided by a home health aide, certified nursing assistant or personal care assistant (also known as a personal support specialist), as appropriate. They complete tasks in accordance with an authorized plan of care. This includes consumer-directed service delivery. This section also includes private duty nursing provided by a registered nurse and/or a licensed practical nurse under the direction of the person's physician. The medical/functional assessment is conducted by the ASA.
- Consumer Directed Attendant Services (10-144 C.M.R., ch.101, chII §12) Also known as personal care attendant services or attendant services, these services enable eligible adults with disabilities to re-enter or remain in the community and maximize their independent living. The medical/functional assessment is conducted by the ASA.
- State-funded In-Home and Community Support Services for Elderly and Other Adults (10-149 C.M.R., ch.5 §63) These funds may not be used to supplant resources available from families, neighbors, agencies and/or the consumer or from other federal or state programs. Funds must be used to purchase only covered services essential to assist the person to avoid or delay inappropriate institutionalization and which will foster independence, consistent with the person's circumstances and authorized plan of service. The program includes consumer-directed service delivery as well as agency delivered services. Services include care coordination, personal care, nursing, therapies, home modifications, respite, transportation and emergency response systems. The medical/functional assessment is conducted by the ASA.
- State-funded Consumer Directed Personal Assistance Services (14-197 C.M.R., ch.11); These funds may not be used to supplant the resources available from families, neighbors, agencies and/or the consumer or from other federal or state programs. Funds must be used to purchase only covered services essential to assist the person to avoid or delay inappropriate institutionalization and which will foster independence, consistent with the person's circumstances and the authorized plan of service. Services include personal care, care coordination, skills training fiscal management services and emergency response systems. The medical/functional assessment is conducted by the ASA.

In addition to these programs, the State-funded Independent Support Services Program (ISSP or Homemaker) Program is also part of the long-term care service delivery continuum, although the care coordination service is more limited in scope and responsibility. The Homemaker Agency (currently Catholic Charities of Maine) determines financial and medical eligibility.

Service coordination is a covered service in all the above referenced programs. The purpose of this service is to assist members in receiving appropriate, effective and efficient services and assists with identifying immediate and long-term needs. The agency works with the member to implement the community plan of care for members who receive services through agency providers as well as for members who self-direct.

Summary of the QRC 2019

The Quality Review Committee met three times during calendar year 2019. During these meetings several topics were discussed such as the health of Maine's ASA program, procurement of LTSS programs, capacity of LTSS programs, and quality monitoring of LTSS programs.

Maine Assessing Services Agency Program

On October 1, 2018 Maine's Long-Term Care System underwent a second transition of Assessing Services Agencies (ASA) from KEPRO to Maximus (previous transition was Change Health Care to KEPRO). Being the second transition in less than a year, the ASA program continued to be a priority for the Department, providers and other stakeholders. Throughout the newest ASA transition, members of the QRC participated in various Department and stakeholder meetings. These meetings focused on assessment quality, timeliness and accuracy. During the 2019 calendar year, OADS initiated the following quality, compliance and monitoring activities in relation to its ASA program:

- Weekly calls with the ASA, Maximus, to review referral activity, work completed, timeliness and accuracy of assessments.
- Establishment of contractual incentives to eliminate backlogged assessments.
- Creation of a data management dashboard to track timeliness, accuracy and demographics of all MED assessments. This includes number of days overdue with delay reasons, outcome of appeal, assessment requests by location and revisions based on assessor error.

As a result of these activities, the Department and Maximus have reestablished stability within the ASA program. A backlog of over 2,000 assessments has been eliminated, and the processing time for the day-to-day workload has been returned to acceptable levels, as established within the Department's contract.

Procurement in LTSS

In 2019 OADS began a programmatic review of Atypical Waiver Services Program (ASP) and Fiscal Intermediary (FI) services. As a result of the reviews, several improvements were made to the management and delivery of these services.

The ASP is responsible for coordinating "atypical" services as authorized in a member's plan of care. Services may include: Assistive Technology (including devices, remote monitoring and transmissions), Personal Emergency Response System (PERS), Environmental Modifications in the home and Respite Care delivered in an institution. In February of 2019, OADS issued a Request for Proposal (RFP) for ASP services. The RFP resulted in a contract award to Seniors Plus, LLC, the previous incumbent for the program. Additionally, during

2019, OADS developed an ASP coordination protocol, implemented an improved data tracking mechanism, and has regular meetings with the ASP provider to discuss contract compliance and service utilization.

FI services assist members electing to self-direct their services, including the management of payroll, tax, and the human resource-related responsibilities of being a self-directing employer. Previously there were only two FI's for MaineCare LTSS services, GT Independence and Public Partnerships (PPL). In an effort to expand choice of FI providers to MaineCare members, OADS issued contracts to qualified providers thus expanding choice to four FIs for Medicaid Services. FI's for LTSS are: GT Independence, PPL, Attendant Management Services (ASM) and Seniors Plus, LLC.

Capacity of LTSS

By 2025, over a quarter of Maine's population is expected to be age 65 and older¹. Twenty-five percent (25%) of people turning age 65 between 2015 and 2019 are projected to need more than one year of paid support over the remainder of their lifetime². Due to the demographics of Maine's older adult population, LTSS capacity remains a topic of interest for the QRC membership. As requested by the QRC, OADS provides quarterly data pertaining to census by program, number of fully or partially unstaffed members by program, and program waitlists (Appendix B).

The Department is committed to addressing the capacity of Maine's LTSS systems. In May 2019, OADS convened over 50 stakeholders to kick off its initiative for LTSS reform, many of whom were members of the QRC. The focus areas of the reform are: increasing access to in-home supports, financial and policy alignment, and how to better serve individuals receiving both Medicare and Medicaid benefits. The group explored, reviewed, and analyzed various models of LTSS service delivery including financial alignment, program eligibility and care coordination. Updates on reform initiatives were provided to members of the QRC. Recommendations following this reform effort are expected to be released in January 2020.

Quality Monitoring

In CY 2019 OADS implemented several quality monitoring activities to improve oversight and delivery of LTSS programs. These improvements were reviewed and discussed with members of the QRC. Quality improvement activities included:

- Development of the Section 19 Home and Community Benefits for the Elderly and Adults with Disabilities Performance Measure Data Tracking dashboard. The dashboard was created to actively monitor compliance with Section 19 performance measures. If data suggest non-compliance, the data allows OADS to mitigate any concerns proactively.
- Event and Complaint Tracking: OADS LTSS implemented improvements to both event and complaint data across calendar quarters to allow data tracking to show trends over time.
- Data and Compliance Reviews conducted:
 - In October of 2019, OADS Data and Compliance Team completed its review of 70 Personal Care Agencies serving members under Section 19-Home and Community Based Services for Older and Disabled Adults.
 - In May of 2019, OADS Data and Compliance Team completed its review of Service Coordination Agencies serving members under Section 19-Home and Community Based Services for Older and Disabled Adults.

¹ Griffin E, Gattine E. Charting a Pathway Forward: Redesigning and Realigning Supports and Services for Maine's Older Adults. Portland, ME: University of Southern Maine, Muskie School of Public Service; September 2017.

² Assistant Secretary for Planning and Evaluation Services, 2016.

- In CY 2019, OADS LTSS Quality Supervisor conducted 80 supervisory visits with care coordinators of all LTSS programs to ensure consistency of service delivery and provide valuable feedback to systemic improvements. In addition, the supervisor, conducted in excess of 20 random record reviews of LTSS members to ensure care coordinator compliance with program rules and requirements. The results of these visits and reviews are being aggregated to provide a report of annual findings in CY 2020.

Recommendations for work of the QRC in Calendar Year 2020

The committee members have historically agreed that this group should not limit itself strictly to evaluating the quality of care coordination services but also evaluate other components of the community long-term services and supports delivery system to include waitlists, unstaffed data (hours authorized but not staffed), quality monitoring and reportable events and complaints. The QRC members recognize that there are several issues and topics that could benefit from review and input by this committee, especially as there are various initiatives underway affecting the LTSS service delivery system.

Areas of focus for 2020 will include but are not limited to: person centered planning process, Home and Community Based Settings (HCBS) compliance outcome measurement, and quality management of assessment services across LTSS programs as well as systemic changes resulting from LTSS reform initiatives.

Next Steps:

- In CY20, OADS will conduct a data and compliance review of FI providers who assist self-directing members with payroll and other issues to ensure that personal care attendants are familiar with the Reportable Events protocol and to certify that FIs are compliant with their education and training of both Representatives and Attendants. Upon completion of this review, OADS will share aggregate results with the QRC to discuss areas for improvement.
- Review 2019 provider and compliance review survey results and discuss areas for improvement within the LTSS system.
- OADS will continue to collaborate with the QRC membership to monitor quality of service coordination for this population. This monitoring will be conducted by regular reviews of data related to waiver performance measures, service survey results, data and compliance audits and policy reviews.
- The LTSS Reform Initiative will continue throughout SFY20. Stakeholder meetings have been scheduled through late fall with the charge to provide written recommendations to the Commissioner of DHHS regarding proposed changes to LTSS policies, legislation and service and/or payment systems.

APPENDICES

APPENDIX A

22 §5107-I. QUALITY ASSURANCE REVIEW COMMITTEE

The department shall establish a quality assurance review committee, referred to in this section as the "committee," to review the provision of home care coordination services for long-term services and supports for elders and adults with disabilities. The committee membership must include consumers of home care services; representatives of consumers; consumer advocates, including the long-term care ombudsman program; health care and service providers; representatives from each area agency on aging; and staff of each agency that provides home care coordination services. The joint standing committee of the Legislature having jurisdiction over health and human services matters may make recommendations to the department regarding committee membership. [2011, c. 495, §1 (AMD) .]

1. Chair; meetings. The members of the committee shall choose a chair, who may not be a representative of a home care coordination agency. The committee shall meet at least quarterly.

[2001, c. 362, §1 (NEW) .]

2. Duties. The committee shall assess, evaluate and prepare findings regarding quality of care coordination, including:

A. Implementation, monitoring and modification of the plan of care of a consumer of home care services; [2001, c. 362, §1 (NEW) .]

B. Advocacy on behalf of the consumer of home care services for access to appropriate community resources; [2001, c. 362, §1 (NEW) .]

C. Ensuring coordination of service providers and timely delivery of services pursuant to the plan of care and identified needs of the consumer of home care services; [2001, c. 362, §1 (NEW) .]

D. Maintaining contact, on behalf of the consumer of home care services, with family members and others in the consumer's support structure and with other representatives, guardians, surrogates or providers of services or supports; [2001, c. 362, §1 (NEW) .]

E. Ensuring the continuity of care; [2001, c. 362, §1 (NEW) .]

F. With the participation of the consumer of home care services or the consumer's representative and providers of services or support, monitoring services and supports and evaluating the effectiveness of the plan of care; [2001, c. 362, §1 (NEW) .]

G. Coordinating and requesting assessments and reassessments and providing necessary consumer status reports to the assessor in a timely manner; [2001, c. 362, §1 (NEW) .]

H. Providing the consumer of home care services with appropriate information regarding eligibility, rules and benefits and helping the consumer apply for appropriate assistance; [2001, c. 362, §1 (NEW) .]

I. Addressing consumer complaints in a timely manner; and [2001, c. 362, §1 (NEW) .]

J. Providing the consumer of home care services with information about the services of the long-term care ombudsman under section 5107-A and the availability of legal services. [2001, c. 362, §1 (NEW) .]

[2001, c. 362, §1 (NEW) .]

3. Coordination. The committee shall work to coordinate its efforts with those of any other quality assurance initiatives, committees and working groups within the department relating to the delivery of long-term care services.

[2001, c. 362, §1 (NEW) .]

4. Annual report. By January 1st each year, the committee shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters concerning the committee's work during the year, any specific findings or recommendations regarding the duties imposed in subsection 2 and the actions taken to resolve problems.

[2011, c. 495, §2 (AMD) .]

5. Rulemaking. The department shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter II-A.

[2001, c. 362, §1 (NEW) .]

SECTION HISTORY

2001, c. 362, §1 (NEW) . 2011, c. 495, §§1, 2 (AMD) .

The State of Maine claims a copyright in its codified statutes. If you intend to republish this material, we require that you include the following disclaimer in your publication:

All copyrights and other rights to statutory text are reserved by the State of Maine. The text included in this publication reflects changes made through the Second Regular Session of the 125th Maine Legislature, is current through September 1, 2012, and is subject to change without notice. It is a version that has not been officially certified by the Secretary of State. Refer to the Maine Revised Statutes Annotated and supplements for certified text.

The Office of the Revisor of Statutes also requests that you send us one copy of any statutory publication you may produce. Our goal is not to restrict publishing activity, but to keep track of who is publishing what, to identify any needless duplication and to preserve the State's copyright rights.

PLEASE NOTE: The Revisor's Office cannot perform research for or provide legal advice or interpretation of Maine law to the public. If you need legal assistance, please contact a qualified attorney.

CHAPTER 495
S.P. 535 - L.D. 1625
An Act To Amend the
Organization of the Quality
Assurance Review Committee

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

Sec. 1. 22 MRSA §5107-I, first ¶, as enacted by PL 2001, c. 362, §1, is amended to read:
The department shall establish a quality assurance review committee, referred to in this section as the "committee," to review the provision of home care coordination services for long-term services and supports for elders and adults with disabilities. The committee membership must include consumers of home care services; representatives of consumers; consumer advocates, including the long-term care ombudsman program; health care and service providers; representatives from each area agency on aging; and staff of each agency that provides home care coordination services. The joint standing committee of the Legislature having jurisdiction over health and human services matters may make recommendations to the Department regarding committee membership.

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

4. Annual report. By January 1st each year, the committee shall report the joint standing committee of the Legislature having jurisdiction over health and human services matters concerning the committee's work during the year, any specific findings or recommendations regarding the duties imposed in subsection 2 and the actions taken to resolve problems.

APPENDIX B

OADS LTSS COMMUNITY PROGRAMS DATA FY 2019

LTSS COMMUNITY PROGRAM	2018						2019					
CONSUMER DIRECTED ATTENDANT SERVICES (SECTION 12)	Jul.	Aug.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Active - start of month	394	396	395	392	383	381	374	373	384	385	380	393
Waitlist - start of month	0	0	0	0	0	0	0	0	0	0	0	0
Service admissions	9	10	9	2	4	2	4	16	11	13	11	17
Service discharges	7	11	12	11	6	9	5	5	10	7	4	4
Active - end of month	396	395	392	383	381	374	373	384	385	391	387	406
* Waitlist - end of month	0	0	0	0	0	0	0	0	0	0	0	0
Actual # served in month	403	406	404	394	387	383	378	389	395	398	391	410
HOME/COMMUNITY BENEFITS ELDERLY & ADULTS WITH DISABILITIES (SECTION 19)	Jul.	Aug.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Active - start of month	1,432	1,451	1,482	1,139	1,498	1,481	1,482	1,480	1,494	1,497	1,500	1,555
Waitlist - start of month	0	0	0	0	0	0	0	0	0	0	0	0
Service admissions	43	66	63	30	37	38	41	59	61	70	82	75
Service discharges	35	47	39	40	47	41	52	47	58	52	34	57
Active - end of month	1,440	1,470	1,506	1,129	1,488	1,478	1,471	1,492	1,497	1,515	1,548	1,573
* Waitlist - end of month	0	0	0	0	0	0	0	0	0	0	0	0
Actual # served in month	1,475	1,517	1,545	1,169	1,535	1,519	1,523	1,539	1,555	1,567	1,582	1,630
**Partially unstaffed	299	307	311	287	299	297	276	275	284	300	276	298
**Unstaffed	32	38	34	44	38	40	41	40	37	34	32	41
PRIVATE DUTY NURSING AND PERSONAL CARE SERVICES (SECTION 96)	Jul.	Aug.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Active - start of month	2,141	2,156	2,185	2,190	2,167	2,146	2,115	2,098	2,101	2,161	2,220	2,295
Waitlist - start of month	0	0	0	0	0	0	0	0	0	0	0	0
Service admissions	90	141	80	47	57	45	56	103	146	150	162	138
Service discharges	91	67	70	58	38	68	63	78	86	91	88	92
Active - end of month	2,140	2,230	2,195	2,179	2,186	2,123	2,108	2,123	2,161	2,220	2,294	2,341
* Waitlist - end of month	0	0	0	0	0	0	0	0	0	0	0	0
Actual # served in month	2,231	2,297	2,265	2,237	2,224	2,191	2,171	2,201	2,247	2,311	2,382	2,433
**Partially unstaffed	508		475	494	460	538	439	414	442	474	450	504
**Unstaffed	173		206	191	179	173	180	183	160	189	168	196

*waitlists for State Funded Sections 63, and 69 and Chapter 11 programs are based on availability of legislatively allocated funds

**included in census

OADS LTSS COMMUNITY PROGRAMS DATA FY 2019

LTSS COMMUNITY PROGRAM	2018						2019					
HOME BASED CARE (SECTION 63)	Jul.	Aug.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Active - start of month	956	1,011	1,109	1,110	1,048	988	940	886	904	929	972	1,006
Waitlist - start of month	0	0	0	0	41	99	142	200	156	105	122	84
Service admissions	94	179	84	21	21	13	10	0	86	84	99	46
Service discharges	41	101	83	77	91	58	58	57	61	41	65	113
Active - end of month	1,009	1,089	1,110	1,054	978	943	892	904	929	972	1,006	939
* Waitlist - end of month	0	0	0	41	99	142	200	156	105	122	74	123
Actual # served in month	1,050	1,190	1,193	1,131	1,069	1,001	950	886	990	1,013	1,071	1,052
**Partially unstaffed	241	251	245	287	257	235	204	202	213	208	201	211
**Unstaffed	125	156	169	163	148	137	105	114	130	144	146	174
CONSUMER DIRECTED HOME BASED CARE (CHAPTER 11)	Jul.	Aug.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Active - start of month	134	132	137	134	134	135	134	133	127	127	119	124
Waitlist - start of month	0	0	0	0	0	0	1	11	15	20	32	0
Service admissions	1	11	2	6	5	4	1	0	0	0	5	23
Service discharges	3	6	5	6	4	5	2	6	0	5	1	2
Active - end of month	132	137	134	134	135	134	133	127	127	122	123	145
*Waitlist - end of month	0	0	0	0	0	1	11	6	0	32	34	0
Actual # served in month	135	143	139	140	139	139	135	133	127	127	124	147
Homemaker Services (Section 69)	Jul.	Aug.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Active	1,832	1,959	1,956	1,957	1,941	1,928	1,946	1,930	1,932	1,914	1,880	1,852
Service admissions	122	162	41	44		38	43	27	61	33	40	38
Service discharges	51	47	50	63		46	66	56	64	79	60	50
*Waitlist - end of month	392	313	348	382	442	465	515	495	522	551	592	664

*waitlists for State Funded Sections 63, and 69 and Chapter 11 programs are based on availability of legislatively allocated funds

**included in census