



The Maine Long-Term Care
OMBUDSMAN
Program

LD 225; “An Act to Expand the Reimbursement to Hospitals for Days Awaiting placement in Facilities”

In Support

February 16, 2023

Good afternoon, Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Health and Human Services. My name is Laura Harper, I am a Senior Associate at Moose Ridge Associates. I am here today on behalf of the Maine Long-Term Care Ombudsman Program to provide testimony in support of this legislation.

The Ombudsman Program provides statewide advocacy services for residents in nursing homes, assisted housing (residential care and assisted living). Additionally, the program serves recipients of home care services. In 2016, the program’s state enabling legislation was amended to expand its advocacy services to patients in hospitals who encounter barriers in accessing the long-term services and support they need upon discharge. The program’s expanded mandate was a recommendation of the Commission to Study Difficult to Place Patients in 2015 in response to the concern that some patients remain in hospitals for extended periods of time due to a complex medical condition or needs associated with dementia or a mental health diagnosis. A survey done by the Maine Hospital Association for Commission members indicated that approximately 200 patients statewide had extended hospital stays due to barriers in accessing long-term services and supports.

This legislation requires that the department provide reimbursement to hospitals other than critical access hospitals for each day that a MaineCare eligible individual is in the care of a hospital including the emergency department while awaiting placement in a nursing facility or residential care facility. It requires that the department reimburse hospitals prospectively at the statewide average rate per MaineCare member day for nursing facility services or residential care services.

In FY 22, the Ombudsman Program received referrals for 217 patients in hospitals in need of our advocacy to overcome barriers in accessing long-term services and supports. 62% of these patients were discharged within 60 days of the referral to our program. 13% of these patients were discharged 181 days or more after a referral to us; these patients had the most complex

barriers. While the staffing shortage has been a significant factor in delaying admission to a long-term care home, there are gaps in services that impact delays in discharge. We have attached FY22 data to provide more detailed information of the referrals we received for your consideration.

Examples of how we help:

A patient with dementia had one on one staffing due to falls from his bed. Side rails were used to prevent a fall. Side rails are considered a restraint in a nursing facility, and as such no facility would consider him. Ombudsman Program staff worked with the hospital to lower the bed, put mats on both sides of the bed and initiate 15-minute checks during the day and 30 minutes at night. This enabled the hospital to discontinue the side rails and the one-on-one staffing. Without these changes, admission to a long-term care home would not have occurred.

A young adult patient with Schizophrenia needed residential care. A busy care environment would have presented difficulties for him. Because of our knowledge of the residential care homes across the state and their staff, we were able to work with the hospital and find a provider for admission. Our relationship with the provider was important in making admission possible.

While these examples illustrate the advocacy that we can provide to overcome barriers, there are systemic barriers and gaps in services that are a significant factor in extending hospital stays. Some examples are the inability to find vent care in a long-term care setting, the need for a greater number of med-psych beds, appendix E residential care homes for individuals with a mental health diagnosis that do not provide personal care, and the limited number of secure residential care settings for individuals with dementia.

There is work to be done in addressing these barriers. The long-term services and supports statewide mapping project that will be carried out by the Department of Health and Human Services will no doubt be helpful in identifying gaps in services. At the same time, we support reimbursement for patients with extended hospital stays.

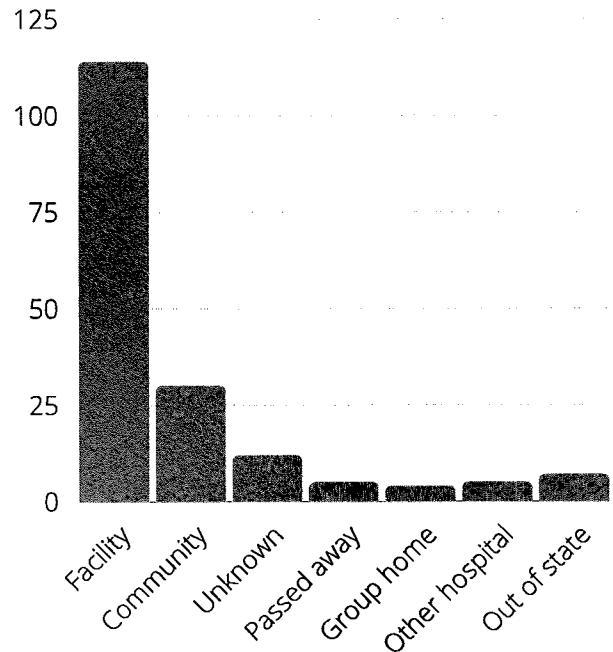
Thank you for your consideration.

FY22 LTCOP Hospital program data

In FY 2022, the Long-Term Care Ombudsman Program (LTCOP) opened cases for 217 patients.

The top three most common barriers to placement were mental health, behaviors and complex medical needs.

Graph to the right indicates discharge location of patients placed. At the end of FY 22, 37 patients were still open



Graph below indicates how many days between date of the referral to LTCOP and date of discharge. It does not include the patient's time in the hospital prior to the referral to LTCOP.

Over half of the referred patients were discharged by day 60

