

**Testimony in Support of** LD 208, An Act Concerning Home Care Services

April 10, 2023

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Amy Shawley St. Joseph Homecare and Hospice Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Laurie Belden, a resident of Durham and the Executive Director of the Home Care & Hospice Alliance of Maine (Alliance). The Alliance is a network of home health care, hospice, home care and personal care providers across our State delivering in-home care to older adults and disabled individuals of all ages, allowing them to stay in their home and community.

I'm here today to testify in support of LD 208, An Act Concerning Home Care Services. I wish to thank Representative Craven for sponsoring the bill.

### Waiting Lists for Home Care Services:

The goal of LD 208 is to gain a better understanding of the outstanding need for home care services across the State, to aid providers and State agencies is their efforts to increase services and meet the needs of patients. As it stands, there are many children and adults across Maine going without the full home care services for which they are eligible under MaineCare Sections 19 and 96. However, it's challenging for providers to understand the scope of this problem – how many people are going without services, how many eligible hours are unstaffed, and the geographic distribution of those patients – given the current information collected and shared by the department.

Currently, the Department does not keep waitlists for MaineCare Sections 19 and 96. In February, the Department released their Second Annual Report on "Efforts and Progress in Implementing the Recommendations of the Commission to Study Long-term Care Workforce Issues" pursuant to PL 2021, c. 398, Section AAAA-7. Table 3 in that report shows zero people on the waitlist for Sections 19 and 96; however, as we understand it, the Department does not keep a waitlist for these Sections and in fact there are many people waiting for these services. In looking at that report, one might mistakenly believe that beneficiaries of all ages are receiving their full complement of care for which they have been deemed eligible. Upon closer inspection, however, over one-third of beneficiaries are receiving partial or no care at all under Section 19; and, even more alarming is the near fifty percent of Section 96 beneficiaries only receiving partial or no care at all.

Individuals receiving care under these sections of MaineCare require care ranging from basic activities of daily living such as toileting and bathing, to more skilled care such as seizure management, feeding tube maintenance, medication administrations, airway/ ventilation care, as well as a number of other

interventions that are customarily delivered in acute, institutional settings by professional RNs and/or LPNs.

Why are there so many people waiting for home care services across the state? There are two primary and related reasons – low MaineCare reimbursement rates and a shortage of workers. Recruiting and retaining clinical staff is essential to our industry to be able to fulfil the needs of this population of Mainers. Reimbursement rates for home care nursing services are significantly lower than market rates, at the same time that our state is struggling with a nursing shortage. While the Department has scheduled RN/LPN rates to be reviewed this calendar year, the process hasn't begun and we have concerns that we are realistically looking at 2024 or later for any implementation of rate relief. With the recent behavioral health rate adjustments, a certified behavioral health professional is now being reimbursed at a significantly higher level than RNs and LPNs in home care.

The Alliance is supporting LD 208 in hopes that, while we wait for the increased reimbursement rates we so desperately need, we can get a more comprehensive picture of the service gaps and the volume of staff needed to deliver care to those all those that are eligible.

I have included in my testimony an example of information the Department is sharing with the public in the area of children's behavioral health<sup>1</sup> – we think a similar model could be used for home care services.

Providers and patients would benefit from additional information, shared on an ongoing basis, related to how many people are waiting for services and where these patients reside. Geographic data is important for us to pinpoint "care deserts" – those parts of Maine where there are little or no healthcare services.

# Assessments for medically-complex (Section 96) children:

For MaineCare Section 96 in particular, in order to keep an accurate waitlist, it will be important for the State ensure that everyone who is in need of services receives an assessment. OADS has contracted with MAXIMUS Ascend to manage its Statewide Assessing Services, however MAXIMUS determines eligibility for programs and services only for adults age 21 or older. Assessments for disabled infants and children under the age of 21 are conducted at the discretion of home health care providers.

The Department has directed providers to conduct an assessment only if they have staff to meet the needs of the child. Given the shortage of home care nurses, many children who are eligible for services are not even being assessed. How many kids are falling through the cracks? Not getting the necessary care, not even getting noticed. We literally don't know – and we need to do better.

By including this population in the State's Statewide Assessing Services, we can be better informed about the number of disabled children receiving care and those awaiting services. These children could then be incorporated into the wait list and the publicly-reported information that this bill calls for, as well.

Thank you for the opportunity to submit testimony in support of this important legislation to ensure the safety and wellbeing of our fellow Mainers.

Laurie Belden, Executive Director laurie@homecarealliance.org

<sup>&</sup>lt;sup>1</sup> <u>https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/childrens-behavioral-health</u>

	Unduplicated Number of Members Served	Number of Unstaffed Members	% of Partially or Fully Unstaffed Members	Waitlist	
MaineCare Progra	ms				
Section 12- Consu	mer Directed Attend	ant Services			
November 2020	374	25	7%		
November 2021	317	23	9%	0	
November 2022	323	15	6%		
Section 19- Home	and Community Ben	efits for Elderly	and Adults with Dis	abilities	
November 2020	2,133	169	30%		
November 2021	2,233	177	34%	0	
November 2022	2,339	161	33%		
Section 96- Privat	e Duty Nursing and I	Personal Care So	ervices		
November 2020	2,672	449	44%		
November 2021	2,735	509	48%	0	
November 2022	2,833	510	47%		

Table 3. Capacity of Maine Home Care Programs, 2020, 2021, and 2022<sup>5</sup>

## https://www.maine.gov/dhhs/oads/about-us/data-reports/participation-and-waitlist-data

Medicaid and State Funded Services for Older and Disabled Adults Participants and Waitlists

PROGRAM	PARTICIPANT	s waitlist
Home and Community Benefits for Older and Disabled Adults (Section 19)	2,270	0
Private Duty Nursing and Personal Care Services (Section 96)	2,691	N/A
Consumer Directed Attendant Services (Section 12)	309	N/A
State Funded Home Based Care (Section 63)	688	404
State Funded Consumer Directed Home Based Care (Chapter 11)	91	401
State Funded Independent Support Services (aka Homemaker) (Section 69)	1,464	1,268
Totals	7,513	1,749

# **Children's Behavioral Health Data Dashboard**

Data dashboards: Child Welfare | Children's Behavioral Health | Early Childhood Education

Number of Children	Number of Children on	Residential Treat	ment Number of Ch	uldren
Receiving Evidence-	Waitilist and Avg Days	Services	Receiving All	Services
Based Services				
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# Number of Children That Received Evidence-Based Children's Behavioral Health Services

The goal of the Children's Behavioral Health system is to provide high quality services that have been proven to result in positive outcomes. This report tracks the number of children that received evidence-based services of Specialized Rehabilitative and Community Support Services, Family Functional Therapy (FFT), Multi Systemic Therapy (MST) along with MST - Problem Sexual Behavior. This report does not track Rehabilitative and Community Support School Based Services.

## State Total

Specialized Rehabilitative and 173 Community Services Note: Data is now based on census from the Maine State Administration Service Organization. This data increases the accurate reflection of the number of children and youth and is more acceptably current.

> Select Month/Year December 2022



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Select Service
Specialized Rehabilitative an...
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Hover over map for county and detailed information.



#### Access to Children's Behavioral Health Community-Based Services

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The goal of the Children's Behavioral Health system is to provide timely access to community based behavioral health services. This report shows the number of children waiting and the average number of days children have been waiting to receive these services.





Number of Children Receiving Children's Behavioral Health Treatment Services Total monthly MaineCare Children's Behavioral Health services by state and county.



State Total

16,669