Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

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January 28, 2014

Senator Margaret M. Craven, Co-Chair
Representative Richard R. Farnsworth, Co-Chair
Members of the Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta ME 04333-0100

**Re: Title 22 M.R.S.A. §5107-I, Quality Review Committee (QRC)**

Dear Senator Craven, Representative Farnsworth and Members of the Joint Standing Committee on Health and Human Services:

The attached report is being submitted pursuant to Title 22 M.R.S.A. §5107-I which requires the Department of Health and Human Services to submit an annual report summarizing the work of the Quality Review Committee (QRC). The QRC is a stakeholder group that evaluates the quality of care coordination services for in-home services long term care services and supports serving the elderly and adults with physical disabilities. This committee is convened through the Office of Aging and Disability Services.

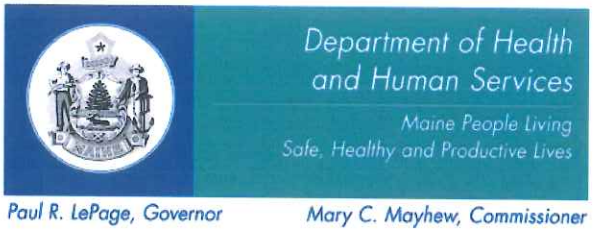
If you have any questions, please feel free to contact James Martin, Director of the Office of Aging and Disability Services, at 287-6642.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Attachment




## Maine Department of Health and Human Services

# 2013 Annual Report
# Joint Standing Committee on Health and Human Services

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

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**January, 2014**

**Quality Review Committee Members/Representation**

Area Agencies on Aging
Alpha One (Service Coordination Agency)
Catholic Charities of Maine (Homemaker Agency)
Goold Health Systems (Long Term Care Assessing Services Agency)
Home Care Agency (Personal Care/Home Health) Representatives
Legal Services for the Elderly
Long Term Care Ombudsman Program
Office of Aging and Disability Services, DHHS
Program Participant Representatives
Seniors Plus/EIM (Service Coordination Agency)

Maine Department of Health and Human Services
2013 Annual Report to Maine Legislature

## Executive Summary

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 the elderly and adults with disabilities. The requirements of this committee are found at 22 MRSA 5107-I. The responsibility for this committee was designated to the service coordination agency responsible for implementing and coordinating the in-home plans of care. More recently, 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. A copy of the law authorizing the QRC is included as Appendix A to this report.

The QRC committee met November 29, 2012 and three times during calendar year 2013: May 30, 2013, September 27, 2013 and December 16, 2013.

Progress was made on the procedural organization of the committee in this past calendar year with the expectation that more substantive, analytical work will proceed in the upcoming year. Members recognize that the QRC plays a valuable role in the State's commitment to ensuring quality in the delivery of its home and community based services.

Maine Department of Health and Human Services
2013 Annual Report to Maine Legislature's
Joint Standing Committee on Health and Human Services

**Background:**

The Quality Assurance Review Committee (QRC) was originally established by legislation in 2001 as the State increased its use of community based services for long term care. At that time, the Department contracted with a single statewide agency to provide care coordination services for home and community based long services and supports. Under the legislation, that provider agency was charged with responsibility for establishing a quality assurance review committee to assess, evaluate, and prepare annual findings on the quality of care coordination and the provision of home care services. The agency responsible for this work to date has been Seniors Plus/EIM.

As of September 1, 2010, the design of the long term care system was changed to allow recipients of service a choice of provider for care coordination services. Rather than select a sole provider of care coordination services through an RFP process, any qualified agency can enroll with MaineCare to provide these services. Due to this change, responsibility to convene the QRC was transferred to the Department of Health and Human Services (DHHS), the state agency responsible for quality oversight of these services to avoid duplication of committees across multiple agencies.

**Brief Overview of Programs Providing Service Coordination:**

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

- Elder and Adults with Disabilities Home and Community-Based Benefits (Section 19 of the MaineCare Benefits Manual (MBM)): 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 Goold Health Systems.

- Physically Disabled Home and Community-Based Waiver (Section 22 of the MBM): Medicaid Waiver. Services for adults with a physical disability who need nursing facility level of care and self-direct their personal attendant services. The person hires his/her own attendant, trains the attendant, supervises the provision of covered services, completes the necessary written documentation, and if necessary, terminates services of

the attendant. The medical/functional assessment is conducted by Goold Health Systems.

- Personal Care Services/Private Duty Nursing (Section 96 of the MBM). This program 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 Goold Health Systems.

- Consumer-Directed Attendant Services (Section 12 of the MBM). 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 Goold Health Systems. Services provided include assistance with activities of daily living, supportive fiscal management and skills training, and emergency response systems.

- State-funded Home-Based Care. 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. Services include care coordination, personal care, nursing, therapies, home modifications, respite, transportation and emergency response systems. The medical/functional assessment is conducted by Goold Health Systems.

- **State-funded Consumer-Directed Home-Based Care.** 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. The medical/functional assessment is conducted by Goold Health Systems. Services provided include assistance with activities of daily living, supportive fiscal management and skills training, and emergency response systems.

In addition to these programs, the **State-funded Independent Services and Support (ISS 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 of the above referenced programs. The purpose of this service 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 to date:

Calendar year 2013 was the first full year of QRC meeting since the change in legislation transferring responsibility for convening the QRC to DHHS.

At the outset, there was consensus among the committee members that this group should not limit itself strictly to evaluating the quality of care coordination services but should evaluate other components of the community service delivery system as well.

Several preliminary goals were outlined at the initial meeting of the QRC. They are listed below along with a summary of the progress to date and further recommendations for next steps

**Initial Recommendation from Calendar Year 2012:**

1. **Ensure all programs covered by the QRC oversight use the same reporting mechanisms for critical events and complaints.**

   Calendar year 2013 Progress: QRC members have reviewed the OADS' Event Form that is used for LTC programs serving elders and adults and have also provided comment and feedback on the format of the quarterly summaries of these events to ensure comprehensive and informative reporting in a non-identified manner. There was consensus that more should be done to ensure that relevant reports are made to the Service Coordination Agencies by providers. The QRC would like to achieve uniformity of reporting across all programs providing long term services and supports within the Office of Aging and Disability Services (OADS).

   Next Steps:

   - Review and ensure adequacy of information provided to direct care providers regarding Reportable Events and the need to report these situations to the Service Coordination Agency.

- Ensure that skills training for members who self-direct include information about Reportable Events and the need for self-directing member/representative to follow similar reporting protocols.
- Work with the Fiscal Intermediary providers who assist self-directing members with payroll and other issues to ensure that personal care attendants are familiar with Reportable Events.

- Standardize definitions and protocols around complaint process.

Recognizing this is the first year of committee meetings, there has been insufficient data compiled to develop meaningful recommendations for this year's QRC report but the expectation going forward is that the QRC will propose relevant changes to protocols, policies and programs based on on-going review and analysis of these reports.

2. **Ensuring that the QRC has representatives from all different areas of the long term care system, from recipients of the service, both MaineCare and State funded, to agencies to advocates.**

   Calendar Year 2013 Progress: Membership has been expanded in the QRC, although challenges remain in attracting full representation across all programs and services. Continued outreach will continue. In addition, OADS has expanded its membership to include staff responsible for quality on programs serving members with intellectual disabilities to ensure consistency and a coordinated approach. The QRC is also mindful of coordinating this work with other larger quality initiatives within DHHS.

   Next steps: The QRC will continue to strive for a broad representation of stakeholders and participants. The members recognize progress has been slow in developing a robust QRC process, in part because only four meetings are held per year and membership of this committee overlaps significantly with other stakeholder work. There is recognition that work through subcommittee will likely be required in calendar year 2015, with quarterly reporting back to the full QRC membership.

3. **Developing a uniform survey for recipients of service regarding their experiences in utilizing these services. Currently, different providers use different surveys.**

   Calendar Year 2013 Progress: Contracts for SFY 14 with providers through OADS contain consistent requirements for annual surveys.

   Next Steps: The QRC should have access to all surveys in this upcoming calendar year. The survey conducted by EIM, one of the Service Coordination Agencies, in calendar year 2013 has been included as Attachment B. This survey covers two MaineCare programs and one state funded.

Further recommendations for work of the QRC in Calendar Year 2014:

The QRC members recognize that there are a number of issues and topics that could benefit from review and input of this committee, especially as there are various initiatives underway affecting the delivery of long term services and supports. Committee members will suggest particular areas of interest for upcoming meetings ranging from the intake and assessment process to service implementation and delivery. Some of the suggested topics are looking at worker safety issues; how to better service members with behavioral health needs and statewide direct care work force challenges.

In addition, topics that are raised during monthly systems meetings will be forwarded to this committee for discussion and evaluation. System meeting occur monthly with representatives of DHHS, the service coordination agencies and the assessing services agencies to discuss operational issues in the long term care system. Although these meetings generally concern technical details of day to day operations, issues that are statewide and/or systemic will be reported to the QRC on a quarterly basis. The QRC committee then has the opportunity to comment on these issues and make any proposed recommendations as part of this annual report.

# ATTACHMENT A

## 22 §5107-I. QUALITY ASSURANCE REVIEW COMMITTEE

## 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).

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## ATTACHMENT B

2013 CONSUMER SURVEY FOR EIM
Programs for MaineCare Sections 19 and 96 and State funded Home Based Care.

| Program | Surveys Mailed | Surveys Returned |
|---|---|---|
| **All Programs** | 3752 | 1445 or 39% |
| **Home Based Care** | 671 | 283 or 42% |
| **Maine Care (HCB & PDN)** | 2875 | 1162 or 41% |
| **Family Provider Service Option (FPSO)** | 206 | 86 or 42% |

1. Has receiving home care services made a difference in your ability to stay at home?

| Program Breakdown | Yes | No | Same | N/A |
|---|---|---|---|---|
| **All Programs** | 1385 or 96% | 16 or 1% | 44 or 3% | 0 |
| **HBC** | 277 or 98% | 1 or .04% | 5 or 1.6% | 0 |
| **Maine Care (HCB & PDN)** | 1008 or 87% | 15 or 1% | 139 or 12% | 0 |
| **FPSO** | 85 or 88% | 0 | 1 or 1% | 0 |

2. Are the number of hours of home care you are receiving more than enough, enough, or not enough?

| Program Breakdown | More than Enough | Enough | Not Enough | N/A |
|---|---|---|---|---|
| **All Programs** | 47 or 3% | 1054 or 73% | 344 or 24% | 0 |
| **HBC** | 21 or 7% | 191 68% | 71 or 25% | 0 |
| **Maine Care (HCB & PDN)** | 26 or 2% | 863 or 74% | 273 or 24% | 0 |
| **FPSO** | 1 or 1% | 65 or 76% | 20 or 23% | 0 |

Consumers who indicated that they were partially unstaffed.

| Program Breakdown | Yes |
|---|---|
| **All Programs** | 150 or 10% |
| **HBC** | 29 or 10% |
| **Maine Care (HCB & PDN)** | 121 or 10% |
| FPSO | 0 |

3. Do you know who your Care Coordinator is and how to contact them at EIM?

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 1164 or 81% | 281 or 19% | 0 |
| HBC | 229 or 81% | 54 or 19% | 0 |
| Maine Care (HCB & PDN) | 935 or 81% | 227or 19% | 0 |
| FPSO | 84 or 98% | 2 or 2% | 0 |

3a. Number of consumers who could identify their Care Coordinator by name.

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 1137 or 79% | 308 or 21% | 0 |
| HBC | 219 or 77% | 64 or 23% | 0 |
| Maine Care (HCB & PDN) | 918 or 79% | 244 or 86% | 0 |
| FPSO | 84 or 98% | 2 or 2% | 0 |

4. Has your EIM Care Coordinator explained to you that you have the option of hiring your own personal care worker?

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 991 or 69% | 454 or 31% | 0 |
| HBC | 191or 67% | 92 of 33% | 0 |
| Maine Care (HCB & PDN) | 800 or 69% | 362 or 31% | 0 |
| FPSO | 81 or 94% | 5 or 6% | 0 |

5. Has your EIM Care Coordinator offered you choices in your home care services? (For example: the agency you want to have for your in-home personal care.)

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 1179 or 82% | 266 or 18% | 0 |
| HBC | 243 or 86% | 40 or 14% | 0 |
| Maine Care (HCB & PDN) | 936 or 81% | 226 or 19% | 0 |
| FPSO | 86 or 100% | 0 | 0 |

6. Through your EIM Care Coordinator, have you learned about any new ways to get the help you need to stay at home? (For example: suggestions of community resources.)

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 998 or 67% | 477 or 33% | 0 |
| HBC | 202 or 71% | 81 or 29% | 0 |
| Maine Care (HCB & PDN) | 796 or 69% | 366 or 31% | 0 |
| FPSO | 66 or 77% | 20 or 23% | 0 |

7. Are you satisfied with the way your EIM Care Coordinator helps to arrange and monitor
your home care?

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 1229 or 85% | 216 or 15% | 0 |
| HBC | 265 or 94% | 18 or 6% | 0 |
| Maine Care (HCB & PDN) | 964 or 83% | 198 or 17% | 0 |
| FPSO | 81 or 96% | 5 or 6% | 0 |

8. Has your Care Coordinator talked with you about what you would do in an emergency or when your worker does not show up?

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 1113 or 77% | 332 or 23% | 0 |
| HBC | 228 or 81% | 55 or 19% | 0 |
| Maine Care (HCB & PDN) | 885 or 76% | 277 or 24% | 0 |
| FPSO | 74 or 86% | 12 or 4% | 0 |

9. Are you satisfied with the quality of the services you receive in your home? (Does your worker do a good job?)

| Program Breakdown | Yes | No | N/A |
|---|---|---|---|
| All Programs | 1271 or 88% | 174 or 12% | 0 |
| HBC | 268 or 95% | 15 or 5% | 0 |
| Maine Care (HCB & PDN) | 1003 or 86% | 159 or 14% | |
| FPSO | 81 or 94% | 5 or 6% | 0 |