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

Department of Health and Human Services
Commissioner's Office
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January 23, 2013

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

Re: Public Law 2012, Chapter 495 (LD 1625):
An Act To Amend the Organization of the Quality Assurance Review Committee

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

During the last legislative session, LD 1625 was passed as amended and became Public Law 2012, Chapter 495. The Quality Assurance Review Committee was established by prior law to evaluate the quality of care coordination services for in-home long term care services and supports to elders and adults with physical disabilities.

This law transferred the responsibility for convening this committee from the provider agency responsible for care coordination services to the Department of Health and Human Services. This report details the work of this committee to date.

If you have any questions or would like further information, please feel free to contact Elizabeth Gattine, Long Term Care Manager in the Office of Aging and Disability Services, at 287-9200.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Enclosure

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Maine Department of Health and Human Services

Final Report to the Joint Standing Committee on Health and Human Services

Quality Review Committee: Care Coordination for Long Term Services and Supports

Public Law 2012, Chapter 495 (LD 1625) (22 M.R.S.A. §5107-I)

January, 2013

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) Provider 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
Final Report to the Joint Standing Committee on Health and Human Services

Executive Summary

Public Law 2012, Chapter 495 (LD 1625) made certain changes to the existing Quality Assurance Review Committee (QRC) established in 22 MRSA §5107-I which was created to evaluate the quality of care coordination services for in-home long term care services and supports.

In essence, this law transferred responsibility for establishing this committee from a provider agency to the Department of Health and Human Services. This legislation became effective September 4, 2012. It requires quarterly meetings and an annual report to the Legislature. The first meeting of the QRC occurred at the Office of Aging and Disability Services in Augusta on November 29, 2012.

Due to the timing of this change, only one meeting has been held. The content of this year's report therefore is much abbreviated since much of the work at this first meeting was preliminary in nature. The consensus of the QRC members is that the work of this committee should not be limited strictly to evaluating the quality of care coordination services but should evaluate other components of the long term care service delivery system as well.

A copy of the current law authorizing the QRC is included as Appendix A to this report.

Maine Department of Health and Human Services

Final Report to the
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 through an RFP process to provide care coordination services for home and community based long services and supports. Under the legislation, this provider, the Home Care Coordination 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 provider 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 contract with a sole provider of care coordination services through an RFP process, any qualified agency may enroll with MaineCare to provide these services.

Because of this change, and the inefficiencies of establishing multiple committees across different provider agencies, this legislation transferred comprehensive responsibility of the QRC to the Department of Health and Human Services (DHHS), the state agency responsible for quality oversight of these services.

The following community long term care programs provide care coordination services:

- **Elder and Adults with Disabilities Home and Community-Based Benefits (Section 19 of the MaineCare Benefits Manual (MBM)): Medicaid Waiver.** This program provides 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.

- **Physically Disabled Home and Community-Based Waiver (Section 22 of the MBM): Medicaid Waiver.** This program provides personal care services for adults with a physical disability who need nursing facility level of care and who choose and are able to self-direct their personal attendant services. The member hires and manages his/her own attendant, trains the attendant, supervises the provision of covered services, and completes the necessary written documentation. Services also include care coordination (known as supports brokerage for individuals who self-direct), skills training and fiscal management services to assist with payroll and other administrative tasks.

- **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.

- **Consumer-Directed Attendant Services (Section 12).** Also known as personal care attendant services or attendant services, these services enable eligible adults with disabilities choose and are able to self-direct their personal attendant services. The person hires and manages his/her own attendant, trains the attendant, supervises the provision of covered services, and completes the necessary written documentation. Services also include care coordination (known as supports brokerage for individuals who self-direct), skills training and fiscal management services to assist with payroll and other administrative tasks.

- **State-funded Home-Based Care.** The program provides care coordination, personal care, nursing, therapies, adult day services, home modifications, respite, transportation and emergency response systems as authorized. 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 foster independence, consistent with the person's circumstances and authorized plan of service.

- **State-funded Consumer-Directed Home-Based Care.** This program provides personal care services to eligible adults with disabilities who choose and are able to self-direct their personal attendant services. 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 foster independence, consistent with the person's circumstances and the authorized plan of service.

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 ISS program provides up to 8 hours maximum per month of assistance with routine household tasks, including laundry, meal preparation and grocery shopping.

Summary of the QRC to date:

The change in this legislation became effective September 4, 2012. As a result, there has only been one meeting of this group, which occurred on November 29, 2012 at the offices of Aging and Disability Services in Augusta. The content of this year's report therefore is much abbreviated since much of the work at this first meeting was preliminary in nature.

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 service delivery system as well.

The Committee discussed future meetings and some short term goals including:

- 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.
- Developing a uniform survey for recipients of service regarding their experiences in utilizing these services. Currently, different providers use different surveys. Consumer representatives emphasized that language be included in the surveys assuring people that their responses to questions will in no way affect their services.
- Developing a uniform way for the service coordination agencies to provide information to the QRC regarding the number, nature and resolution of complaints received by those agencies.

Other related information:

There are two reports completed in 2012 that are relevant to the work of the QRC and address care coordination services. These reports summarize the findings of two statewide surveys completed on the MaineCare and State funded community long term services and support programs.

State Funded Programs:
A report entitled "Personal Experiences with Long Term Care Services and Supports" includes findings from a written questionnaire sent to recipients of state funded long term care programs as well as comments gathered from listening sessions across the state. This report was prepared for the Maine Long-Term Care Ombudsman Program by the Muskie School of Public Service and was funded by Maine Health Access Foundation and Bingham University.

The listening sessions were held in eight communities across the state to hear about experiences in accessing long term care services; gaps in service; how services could be improved; what is needed to support independence in living at home; quality of life concerns and what physicians can do to better support their health and care. The survey captured information on satisfaction with home care services; satisfaction with care management services; the use and need for assistive technology; and use of transportation services.

MaineCare Programs:
A report entitled "Personal Experiences with MaineCare Services" includes findings from a written questionnaire sent to recipients of MaineCare funded long term care programs. This report was prepared by the Muskie School of Public Service for DHHS and funded by Maine Health Access Foundation and DHHS.

The following summary is included as part of the report on the MaineCare programs: People with long term support needs are also high users of medical and specialty services; people with long term support needs are frequently admitted to the hospital; people are generally satisfied with their home care services; people know their care managers; information exchange across the medical, home care and community service systems is limited; people appreciate their workers but there are areas for improvement in training and reliability; and many simple assistive devices can help people at home

The QRC will look at the findings of both of these reports as part of its on-going work. These reports are available on the OADS website at: http://www.maine.gov/dhhs/oads/aging/long-term/index.shtml

APPENDIX 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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