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Adults Using Long Term Services and Supports: Population and Service Use Trends in Maine, SFY 2016

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Adults Using Long Term Services and Supports

Population and Service Use Trends
2016

Muskie School of Public Service
Cutler Institute for Health and Social Policy

Chartbook

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Table of Contents

Notes on the Data	vi
Introduction.....	vii
Maine Office of Aging and Disability Services	vii
Section 1: Demographic Trends in Aging Affecting the LTSS System	1
Section 2: Demographic Trends in Disability - Data from the American Community Survey and the Social Security Administration.....	9
Changes in Maine Disability Rates over Time.....	16
Poverty and Disability in Maine.....	17
Work Status and Disability in Maine.....	19
Maine Housing Statistics.....	21
Social Security Disability Insurance and Supplemental Security Income	25
Social Security Disability Insurance	25
Supplemental Security Income	31
Section 3: Characteristics of Maine Adults who Use LTSS.....	37
Maine’s Elders and Adults with Disabilities: Data from the MDS and MED.....	37
Section 4: MaineCare Claims Analysis of Adults who use LTSS, by Category, SFY 2016.....	44
Acquired Brain Injury Nursing Facility, Rehabilitation Center, Residential Care	49
Section 18 Acquired Brain Injury Waiver	51
ICF-IID Nursing	53
Nursing Facility Residents Excluding those with ID/ASD	55
Nursing Facility Residents with ID/ASD.....	57
ICF-IID Group.....	59
Residential Care Facility (Appendix C).....	61

Residential Care Facility (Appendix F)	63
Section 21 Comprehensive ID/ASD Waiver	65
Section 29 Supports ID/ASD Waiver	67
Section 19 Elderly and Adults with Disabilities Waiver.....	69
Adult Family Care Home.....	71
Non-Waiver MaineCare Home Care Services	73
Case Management-IID.....	75
Appendix A: Identifying MaineCare Long Term Services and Supports in MIHMS.....	77
Identifying LTSS – MIHMS Approach.....	77
Allocation Provider Type and Specialty	77
Coverage Codes	80
Procedure or Revenue Codes.....	80
Provider Lists	80
Claims Analysis Hierarchy Criteria SFY 2016	81
Appendix B: Glossary	84

Table of Figures

Figure I.1 Office of Aging and Disability Services Populations, Programs and Services	ix
Table I.1 Long Term Services and Supports in Maine	ix
Figure I.2 Adult MaineCare LTSS Members and Expenditures as Proportions of all Adult MaineCare Members and Expenditures, SFY 2016.....	x
Table I.2 MaineCare Members who used LTSS and their Expenditures, SFY 2014 and SFY 2016	xi
Figure 1.1 Percentage of United States Population over 65 in 2015.....	1
Figure 1.2 Historical and Projected Trends in the Percentage of Population 65 and Older, Maine, New England and the United States, 2000-2032	2
Figure 1.3 Historical and Projected Trends in the Median Age, Maine, New England, and the United States, 2000-2032.....	3
Figure 1.4 Projected Maine Population Under and Over 65, 2017, 2022, and 2027	4
Figure 1.5 Projected Maine Population by Age Group in 2017, 2022, and 2027 (in thousands)	5
Figure 1.6 Projected Change in the Number and Percentage of Maine’s Population by Age Group, 2017 to 2027	6
Figure 1.7 Maine’s Historical and Projected Dependency Ratio– Number of Working Age (20-64) per One Person Age 65+, 2010 to 2032	7
Table 1.1 Projected Percent of Maine’s Population 65+ in 2017, 2022, and 2027, by County	8
Figure 1.8 Projected Percent of Maine’s Population 65+ in 2017, 2022, and 2027 by County	9
Figure 2.1 Percentage of Maine’s Adult Population with a Disability by Age Group, 2015 ACS 5-Year Estimate.....	11
Figure 2.2 Percentage of Maine’s Adult Population with any Disability by Age Group and Percent of Total Adult Population with a Disability, by County, 2015 ACS 5-Year Estimates	12
Figure 2.3 Percentage of Maine’s Younger and Older Adult Population with a Disability by Type, 2015 ACS 5-Year Estimates	13
Figure 2.4 Percentage of Maine’s Adult Population with One Type Only or Two or More Types of Disabilities, 2015 ACS 1-Year Estimates.....	14
Figure 2.5 Percentage of Maine’s Adult Population with Disability, by Age Group and Type, ACS 2015 5-Year Estimates	15
Figure 2.6 Changes in Rates of Disability in Maine’s Adult Population over Time, by Age, 2010, 2013, 2015 ACS 1-Year Estimates	16
Figure 2.7 Disability Rate in Maine’s Adult Population 18 and Over, By Income Relative to the Federal Poverty Level, 2015 ACS 1-Year Estimates	17
Figure 2.8 Percentage of Maine’s Adult Population under the Federal Poverty Level with and without Disabilities by Age Group, 2015 ACS 1-Year Estimates	18
Figure 2.9 Percentage of Employment among Maine Adults 18-64 in the Labor Force, with and without Disabilities, 2015 ACS 1-Year Estimates	19
Figure 2.10a Total Population of Working Age Maine Adults with Disabilities by Type of Disability, 2015 ACS 1-Year Estimates	20
Figure 2.10b Percentage of Employment by Type of Disability, among Working Age Maine Adults with Disabilities, 2015 ACS 1-Year Estimates.....	20
Figure 2.11 Percentage of Maine’s Adult Population by Age Group who Rent or Own their Home, 2015 ACS 5-year Estimates	21
Figure 2.12 Percentage of Maine Adults 75 Years and Over who Rent their Homes, and the Percentage of the Rental Arrangements that Include Meals, 2015 ACS 5-Year Estimates	22
Figure 2.13a Year of Construction of Owner-Occupied Housing Units in Maine and the United States, 2015 ACS 5-Year Estimates	23
Figure 2.13b Year of Construction of Renter-Occupied Housing Units in Maine and the United States, 2015 ACS 5-Year Estimates	23

Figure 2.14 Rate of Health Insurance Coverage by Disability Status among Maine Adults 18 to 64 Years Old, 2015 ACS 5-Year Estimates	24
Table 2.1 States with the Highest and Lowest Percentage of their Adult Population Age 18-64 Receiving SSDI, 2015	26
Table 2.2 Distribution of all Maine SSDI Beneficiaries by Diagnostic Group, 2015	27
Table 2.3 Maine’s SSDI Beneficiary Distribution of Diagnoses within the Mental Disorders Diagnostic Group, 2015	28
Table 2.4 States with the Highest and Lowest Percentage of SSDI Beneficiaries in the Diagnostic Group “Mental Disorders”, 2015	29
Table 2.5 Average and Median Monthly SSDI Benefit Amount in the United States and Maine, 2015.....	30
Table 2.6 Percentage of Maine Adults Receiving SSI, by County, 2015	32
Table 2.7 Distribution of all Maine SSI Beneficiaries under Age 65, by Diagnostic Group, 2015	33
Table 2.8 Distribution of Diagnoses within the Mental Disorders Diagnostic Group among Maine’s SSI Beneficiaries under Age 65, 2015	34
Table 2.9 States with the Highest and Lowest Percentage of SSI Beneficiaries in the Diagnostic Group “Mental Disorders”, 2015	35
Table 2.10 Average Monthly SSI Benefit for Adults in the United States and Maine by Age Group, 2015	36
Table 2.11 Average Monthly SSI Benefit in the United States and Maine by Eligibility Category, 2015.....	36
Figure 3.1 Average Age of Maine Long Term Services and Supports (LTSS) Users, Older Adults and Adults with Disabilities, 2016	37
Figure 3.2 Age Distribution of Maine LTSS Users by Setting, Older Adults and Adults with Disabilities, 2016	38
Figure 3.3 Age Distribution of Community-Based MaineCare and State-Funded LTSS Users by Program, Older Adults and Adults with Disabilities, 2016	39
Figure 3.4 Percentage of MaineCare Community-Based and State-Funded LTSS Users who Lived Alone, by Program, Older Adults and Adults with Disabilities, 2016.....	40
Figure 3.5 Average Number of Activities of Daily Living (ADLs) Requiring Supervision or Greater Levels of Assistance, among Maine Adults Using LTSS, 2016.....	41
Figure 3.6 Percentage of Maine LTSS Users who have Dementia by Setting, Older Adults and Adults with Disabilities, 2016.....	42
Table 3.1: Prevalence of Selected Diagnoses among Maine LTSS Users by Program, Elders and Adults with Disabilities, 2016	43
Table 4.1 Hierarchical Categories of MaineCare ltss users, SFY 2016	45
Figure 4.1 Distribution of Adult MaineCare LTSS Users and Expenditures by LTSS Category, SFY 2016	46
Figure 4.2 Age Distribution of Adult MaineCare LTSS Users by Select Categories, SFY 2016.....	47
Figure 4.3 Age Distribution of Adult MaineCare LTSS Users by Select Categories, SFY 2016.....	47
Figure 4.4 Total MaineCare Expenditures for Adult LTSS Users in the Acquired Brain Injury NF, Rehab Center, Res. Care Category, SFY 2016.....	49
Figure 4.5 MaineCare Service Utilization Rates for LTSS Users in the Acquired Brain Injury NF, Rehab Center, Res. Care Category, SFY 2016.....	50
Figure 4.6 Total MaineCare Expenditures for Adult LTSS Users on the Section 18 Acquired Brain Injury Waiver Category, SFY 2016.....	51
Figure 4.7 MaineCare Service Utilization Rates for Adult LTSS Users on the Section 18 Acquired Brain Injury Waiver Category, SFY 2016.....	52
Figure 4.8 Total MaineCare Expenditures for Adult LTSS Users in the ICF-IID Nursing Category, SFY 2016	53
Figure 4.9 MaineCare Service Utilization Rates for Adult LTSS Users on the ICF-IID Nursing Category, SFY 2016.....	54
Figure 4.10 Total MaineCare Expenditures for Adult LTSS Users in the Nursing Facility Residents Excluding those with ID/ASD Category, SFY 2016	55
Figure 4.11 MaineCare Service Utilization Rates for Adult LTSS Users in the Nursing Facility Residents Excluding those with ID/ASD Category, SFY 2016	56

Figure 4.12 Total MaineCare Expenditures for Adult LTSS Users in the Nursing Facility Residents with ID/ASD Category, SFY 2016	57
Figure 4.13 MaineCare Service Utilization Rates for Adult LTSS Users in the Nursing Facility Residents with ID/ASD Category, SFY 2016	58
Figure 4.14 Total MaineCare Expenditures for Adult LTSS Users in the ICF-IID Group Category, SFY 2016	59
Figure 4.15 MaineCare Service Utilization Rates for Adult LTSS Users in the ICF-IID Group Category, SFY 2016	60
Figure 4.16 Total MaineCare Expenditures for Adult LTSS Users in the Residential Care Facility (Appendix C) Category, SFY 2016	61
Figure 4.17 MaineCare Service Utilization Rates for Adult LTSS Users in the Residential Care Facility (Appendix C) Category, SFY 2016	62
Figure 4.18 Total MaineCare Expenditures for Adult LTSS Users in the Residential Care Facility (Appendix F) Category, SFY 2016.....	63
Figure 4.19 MaineCare Service Utilization Rates for Adult LTSS Users in the Residential Care Facility (Appendix F) Category, SFY 2016.....	64
Figure 4.20 Total MaineCare Expenditures for Adult LTSS Users in the Section 21 Comprehensive ID/ASD Waiver Category, SFY 2016	65
Figure 4.21 MaineCare Service Utilization Rates for Adult LTSS Users in the Section 21 Comprehensive ID/ASD Waiver Category, SFY 2016	66
Figure 4.22 Total MaineCare Expenditures for Adult LTSS Users in the Section 29 Supports ID/ASD Waiver Category, SFY 2016	67
Figure 4.23 MaineCare Service Utilization Rates for Adult LTSS Users in the Section 29 Supports ID/ASD Waiver Category, SFY 2016	68
Figure 4.24 Total MaineCare Expenditures for Adult LTSS Users in the Section 19 Elderly and Adults with Disabilities Waiver Category, SFY 2016.....	69
Figure 4.25 MaineCare Service Utilization Rates for Adult LTSS Users in the Section 19 Elderly and Adults with Disabilities Waiver Category, SFY 2016.....	70
Figure 4.26 Total MaineCare Expenditures for Adult LTSS Users in the Adult Family Care Home Category, SFY 2016.....	71
Figure 4.27 MaineCare Service Utilization Rates for Adult LTSS Users in the Adult Family Care Home Category, SFY 2016.....	72
Figure 4.28 Total MaineCare Expenditures for Adult LTSS Users in the Non-Waiver MaineCare Home Care Services Category, SFY 2016	73
Figure 4.29 MaineCare Service Utilization Rates for Adult LTSS Users in the Non-Waiver MaineCare Home Care Category, SFY 2016.....	74
Figure 4.30 Total MaineCare Expenditures for Adult LTSS Users in the Case Management-IID Category, SFY 2016.....	75
Figure 4.31 MaineCare Service Utilization Rates for Adult LTSS Users in the Case Management-IID Category, SFY 2016.....	76
Table A.1: MaineCare Services by Allocation Provider Type and Specialty, Long Term Care Services, SFY 2016	78
Table A.2: LTC Hierarchy Criteria.....	81
Table B.1 Definitions of LTSS settings and programs with section number references to the MaineCare Benefits Manual.....	84

NOTES ON THE DATA

Many data sources were used to create this chartbook, and they are cited with the charts as they appear. Below is a summary of the different sources and where they appear in the document.

In general, the demographic data are from the U.S. Census Bureau; the Woods & Poole Economics, Inc. publication, “2017 New England State Profile: State and County Projections to 2050;”¹ and the Social Security Administration.

Information on the demographic and functional characteristics of Maine adults who used nursing facility, residential care, or home and community based services in state fiscal year 2016 are point-in-time counts of these users from the Minimum Data Set (MDS) and Medical Eligibility Determination (MED) assessments.

MaineCare claims data are from the Maine Integrated Health Management Solution (MIHMS), SFY 2016. Table I.1 in the Introduction shows the total number of adult MaineCare members who used various long term services and supports (LTSS) and the expenditures on those services throughout the year. We also created a hierarchy of LTSS users to conduct the claims analysis in Section 4. This analysis includes both LTSS expenditures as well as non-LTSS expenditures for users of long term services and supports. Thus, a direct comparison between the MIHMS data presented in the Overview and in Section 4 cannot be made.

A description of our process for identifying both LTSS expenditures as well as users in the MIHMS data for both the Overview and Section 4 can be found in Appendix A at the end of this chartbook.

¹ Woods and Poole Economics, Inc., Washington, D.C. “2017 New England State Profile: State and County Projections to 2050”.

INTRODUCTION

All of us have likely either used, will use, or know someone who uses **long term services and support (LTSS)**. They enable us to live with dignity and as much independence as possible and offer us the opportunity to remain involved and productive in our communities. The need for LTSS can arise suddenly after injury or illness or a life-long condition. But how ever the need arises, the impact is the same—services such as personal care, work support, home health care, and residential care provide not just for individual health and comfort, but also for **interaction, inclusion, and engagement with each other**.

While many of us have provided help with daily living for our family and friends or have relied on our own family ourselves, there are times when formal support from professional caregivers is necessary. Private health insurance and Medicare do not typically cover extended LTSS, leaving payment for services up to the individual. Medicaid, known as MaineCare in this state, on the other hand, does cover this type of care for adults meeting financial and medical eligibility requirements.

This chartbook describes the MaineCare LTSS available to adult members, the number of members who used them in state fiscal year 2016, and the amount of spending on these services as a proportion of all spending on adult MaineCare members. In addition, this book provides demographic trends regarding Maine's older adults; Census estimates on poverty, housing, and employment among Maine's adults with disabilities; characteristics of Maine adults using nursing, residential care, or home and community based services; and an analysis of MaineCare spending and service utilization among adults using different types of LTSS.

The information on the services available, the trends in use, and the dollars spent on them presents a snapshot of the LTSS system in State fiscal year 2016, and it can help us **plan for the system we want for ourselves and our family and friends in the future**.



Maine Office of Aging and Disability Services

The Maine Office of Aging and Disability Services (OADS) manages services for many people who require LTSS. Eligibility for different services depends on a person's diagnosis, level of care need, and financial circumstance. Some adults may qualify for services from multiple programs within OADS. Figure I.1 shows how the different populations may overlap. The services available to these groups, most of which are covered by MaineCare, are also likely to overlap; these are presented in Table I.1.

Figure I.1 Office of Aging and Disability Services Populations, Programs and Services

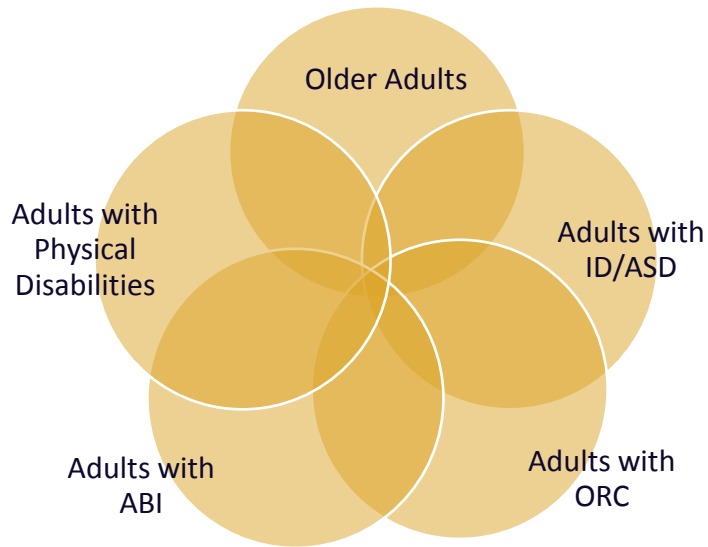


Table I.1 Long Term Services and Supports in Maine

TYPES OF LTSS IN MAINE
Nursing facilities (NF)
Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)
Residential care facilities serving older adults and adults with physical disabilities, intellectual disabilities or autism spectrum disorder (ID/ASD) or other related conditions (ORC), acquired brain injury (ABI), substance abuse, mental illness, or adults served by Adult Protective Services.
Adult family care homes
Assisted living facilities
Rehabilitation services for adults with acquired brain injury
MaineCare home and community based waivers for adults needing institutional level of care
MaineCare private duty nursing/personal care services
MaineCare consumer directed attendant services
MaineCare day health services
MaineCare case management for adults with ID/ASD
State funded consumer directed attendant services, adult day health, homebased care, homemaker services, respite, and others.
Meals on Wheels

Figure I.2 Adult MaineCare LTSS Members and Expenditures as Proportions of all Adult MaineCare Members and Expenditures, SFY 2016



Expenditures identified in MIHMS, SFY 2016. Data are limited to adult members (age 18 as of 7/1/2015) with at least 11 months of full MaineCare eligibility.

MaineCare is the dominant payer of long term services and supports, and these expenditures are a significant portion of all MaineCare spending on adults. In 2016, 16% of adult MaineCare members used LTSS, and spending on LTSS accounted for 47% of all adult MaineCare expenditures. Compared to SFY 2014, the proportion of adult members using LTSS increased from 13%; spending on LTSS as a proportion of total spending on adult members increased from 46% in SFY 2014.²

² *Adults Using Long Term Services and Supports: Population and Service Use Trends in Maine, SFY 2014*, University of Southern Maine, Muskie School of Public Service. Available at <http://muskie.usm.maine.edu/Publications/DA/Long-Term-Services-Supports-Use-Trends-Chartbook-SFY2014.pdf>.

Table I.2 MaineCare Members who used LTSS and their Expenditures, SFY 2014 and SFY 2016

Service	SFY 2014		SFY 2016	
	Total members who used the service	Total expenditures on the service	Total members who used the service	Total expenditures on the service
Nursing Facility	7,885	\$238,792,775	7,804	\$276,987,946
Nursing Facility Acquired Brain Injury	27	\$1,466,241	75	\$6,540,848
ICF-IID Nursing	172	\$31,537,519	160	\$33,347,913
ICF-IID Group	29	\$4,809,899	31	\$4,868,588
Case Mix Residential Care App. C	4,387	\$86,707,619	4,401	\$83,364,262
Non-Case Mix Residential Care App. F	416	\$23,989,668	290	\$16,430,380
Sec. 18 Acquired Brain Injury Waiver	--	--	171	\$14,068,322
Sec. 19 Elder and Adults with Disabilities Waiver	1,594	\$30,078,029	1,751	\$28,228,313
Sec. 20 Adults with Other Rltd. Conditions Waiver	NA	\$149,470	29	\$2,534,071
Sec. 21 ID/ASD Comprehensive Waiver	3,070	\$279,669,485	3,518	\$306,233,994
Sec. 29 ID/ASD Supports Waiver	1,772	\$28,539,203	1,886	\$26,267,638
Consumer Directed Attendant Services	602	\$4,738,152	592	\$2,894,200
Adult Family Care Home	317	\$4,810,366	337	\$5,283,197
Private Duty Nursing	2,770	\$15,657,480	3,223	\$17,378,502
Home Health Services	1,992	\$3,004,427	2,088	\$3,101,794
Hospice	736	\$2,302,230	950	\$2,519,230
Adult Day Health	66	\$245,177	50	\$231,327
Case Management ID/ASD	2,131	\$3,635,438	1,729	\$3,400,009
Money Follows the Person	21	\$331,195	43	\$620,322
Physically Disabled Waiver	156	\$4,986,843	--	--
Total unduplicated members	21,688	\$765,451,217	22,527	\$834,300,856
Expenditures identified in MIHMS, SFY 2016. Data are limited to adult members (age 18 as of 7/1/2015) with at least 11 months of full MaineCare eligibility. Fewer than 11 people used the Section 20 waiver in SFY 2014.				

Between SFY 2014 and SFY 2016, the number of people who used MaineCare LTSS services grew by 4% and expenditures grew by 9%.

Notes on the table: The Section 18 Brain Injury Waiver was not yet fully implemented in SFY 2014, and the Physically Disabled Waiver shown in SFY 2014 was later combined with the Elder Waiver to become the Section 19 Elder and Adults with Disabilities Waiver.

Case Management ID/ASD refers to members who used that service as their only developmental service.

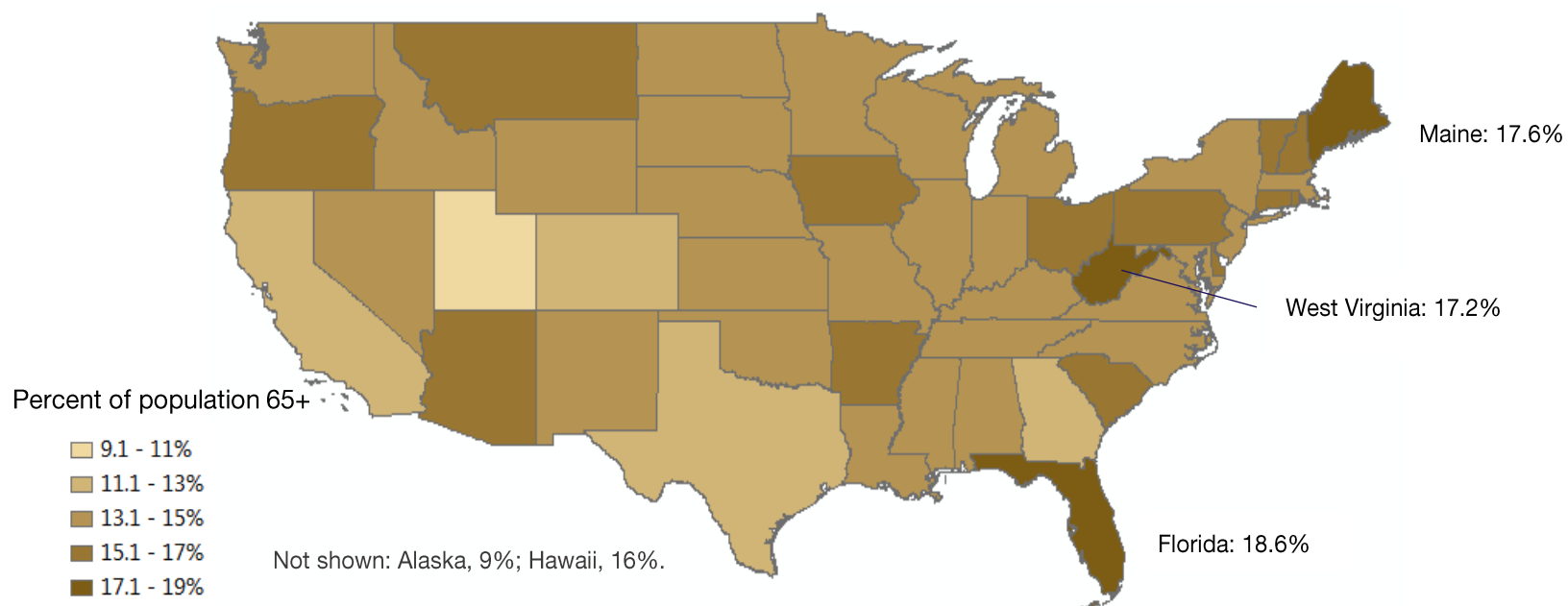
Members identified in this system-wide analysis as using Section 21 and 29 waivers may overlap, based on how a provider is enrolled in MaineCare; there are some members who may appear in the Section 21 line of this table who are actually on the Section 29 waiver, and vice versa. See Appendix A for more information on our methodology for identifying LTSS members and expenditures in MIHMS.

Also, members could have used more than one LTSS service during a year; the bottom row reflects an unduplicated count of MaineCare members.

SECTION 1: DEMOGRAPHIC TRENDS IN AGING AFFECTING THE LTSS SYSTEM

This section describes national, statewide, and countywide **trends in aging**. These trends reflect **successes** in medical care and social services that have allowed more of us to live **longer, healthier lives**.

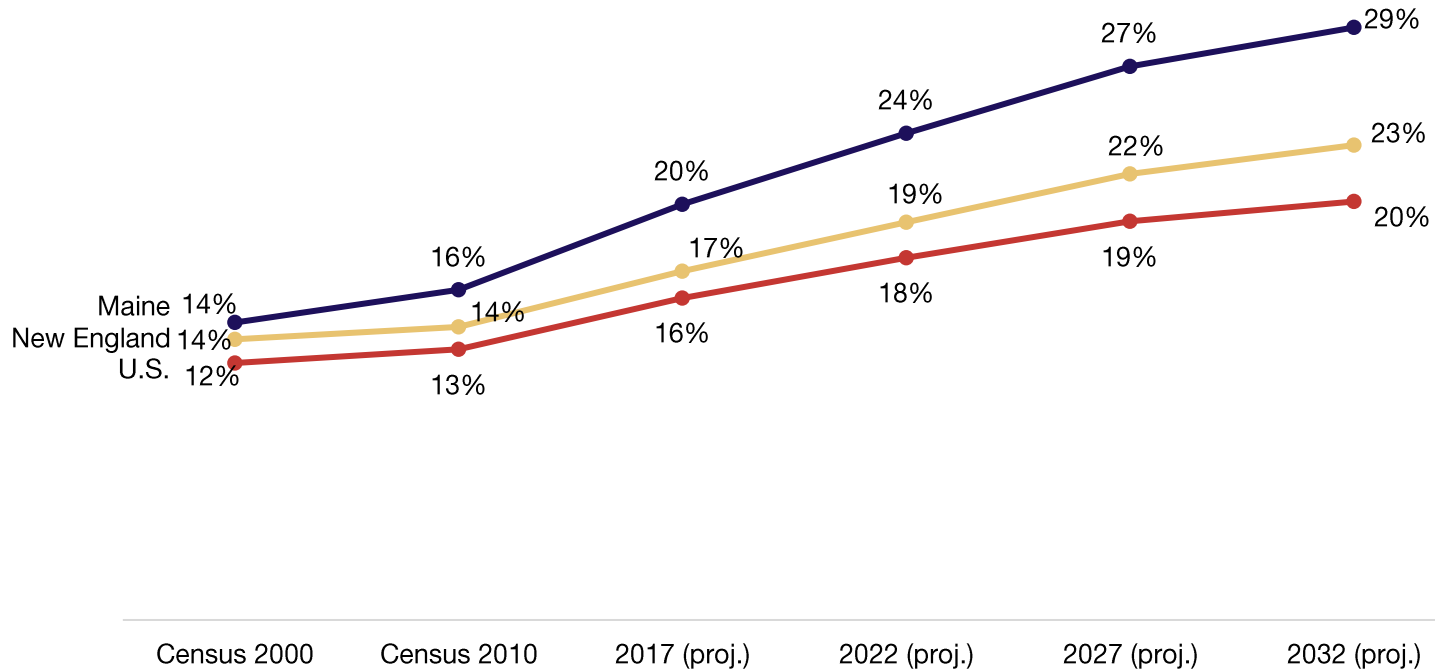
Figure 1.1 Percentage of United States Population over 65 in 2015



United States Census Bureau/American FactFinder. "S0103; Population 65 Years and Over in the United States." 2011-2015 *American Community Survey*. U.S. Census Bureau's American Community Survey Office, 2016. Web. 14 November 2017 https://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S0103&prodType=table.

According to the 2015 American Community Survey 5-Year Estimates, Maine had the second highest percentage of residents age 65 or older, behind Florida. Over seventeen percent of Maine's population is age 65 or older.

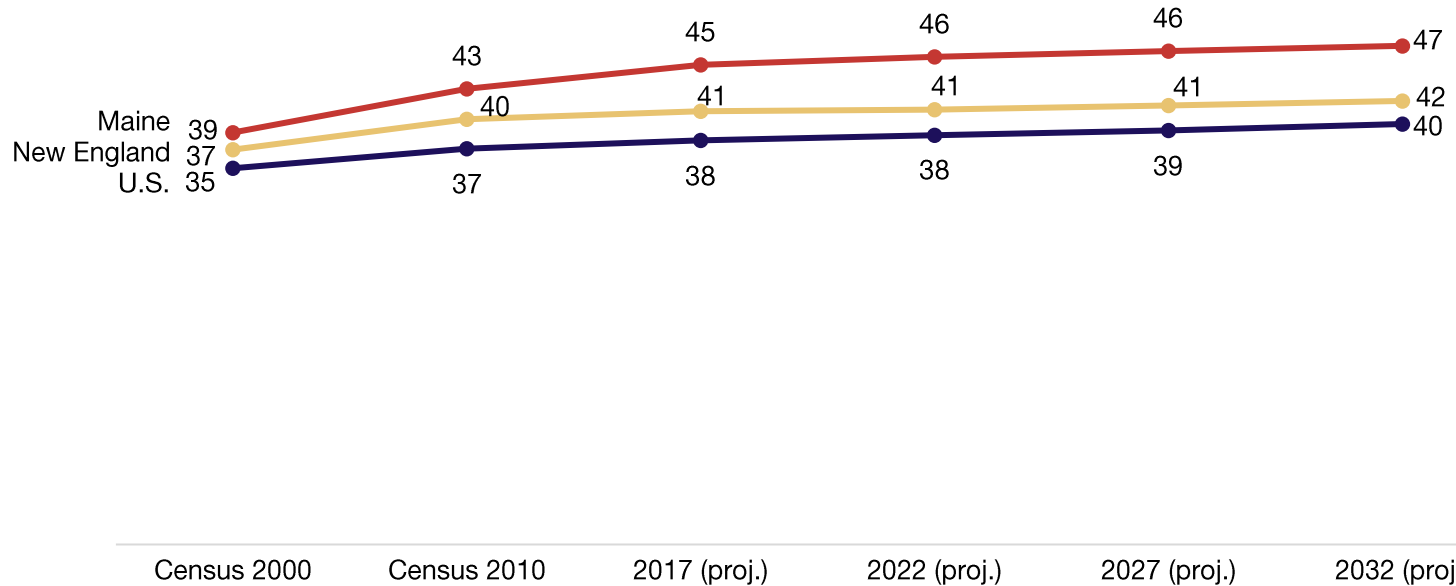
Figure 1.2 Historical and Projected Trends in the Percentage of Population 65 and Older, Maine, New England and the United States, 2000-2032



2017 Woods and Poole Economics, Inc., “2017 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

The population of adults age 65 and over is expected to rise significantly in the future. The 2017 estimate of the percentage of Maine’s population 65 and older is 20%. This population is projected to grow at a faster rate than either the New England region or the national average over the next fifteen years, reaching 29% of the state’s population by 2032.

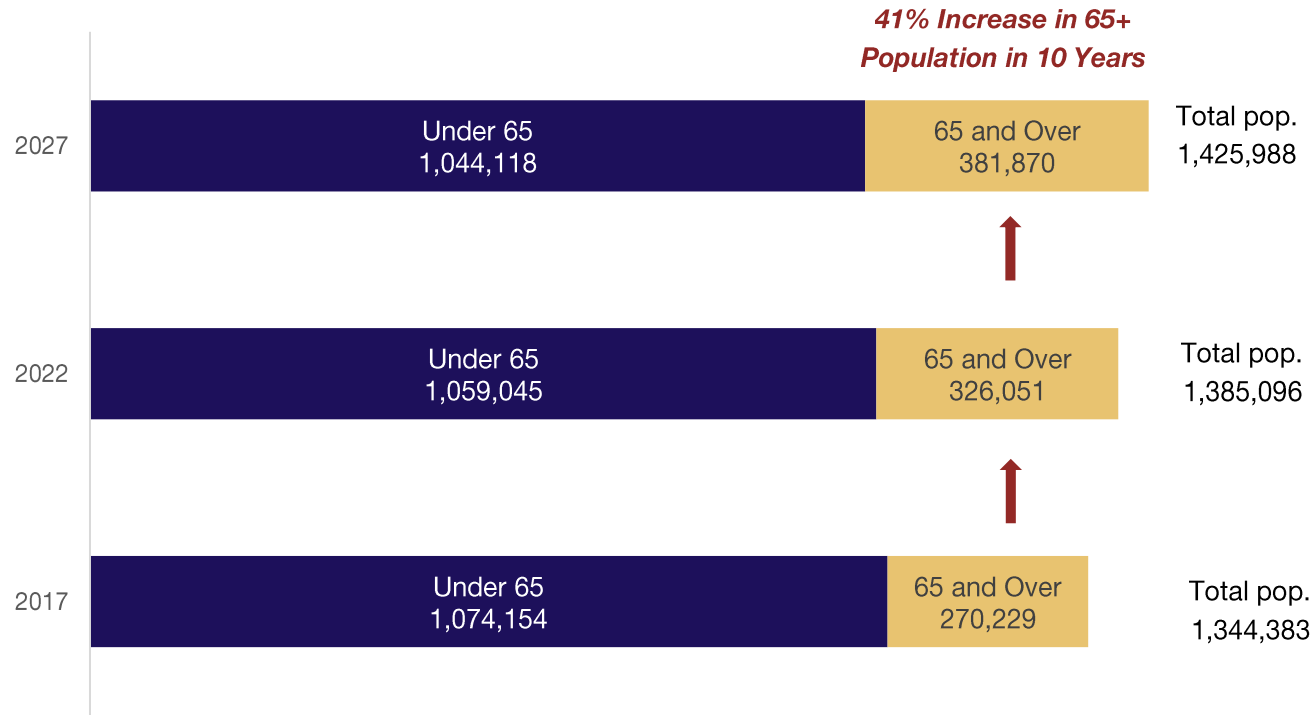
Figure 1.3 Historical and Projected Trends in the Median Age, Maine, New England, and the United States, 2000-2032



2017 Woods and Poole Economics, Inc., “2017 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

The 2010 Census showed Maine to have the highest median age in the country at 43 years old. In comparing Maine to New England and the nation, between the 2000 Census and the 2010 Census, Maine aged faster than either the New England or national average; Maine’s median age rose by over 4 years compared to just under 3 years in New England and just under 2 years nationwide. By 2032, Maine’s median age is projected to be 47 years compared to 40 nationwide.

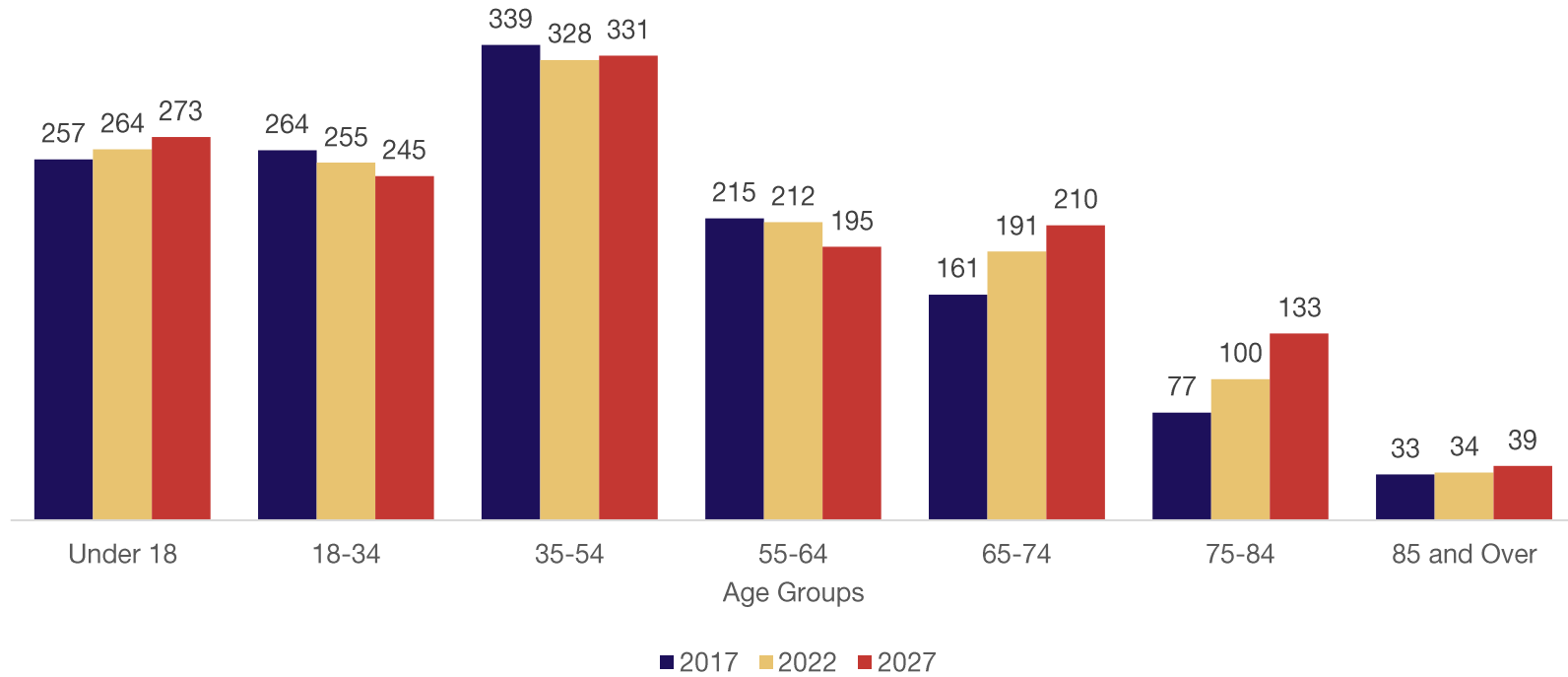
Figure 1.4 Projected Maine Population Under and Over 65, 2017, 2022, and 2027



2017 Woods and Poole Economics, Inc., “2017 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

Maine’s population age 65 and over is expected to grow by more than 111,000 (a 41% increase) over the next 10 years. In contrast, Maine’s population under 65 is expected to decrease slightly (-2.8%).

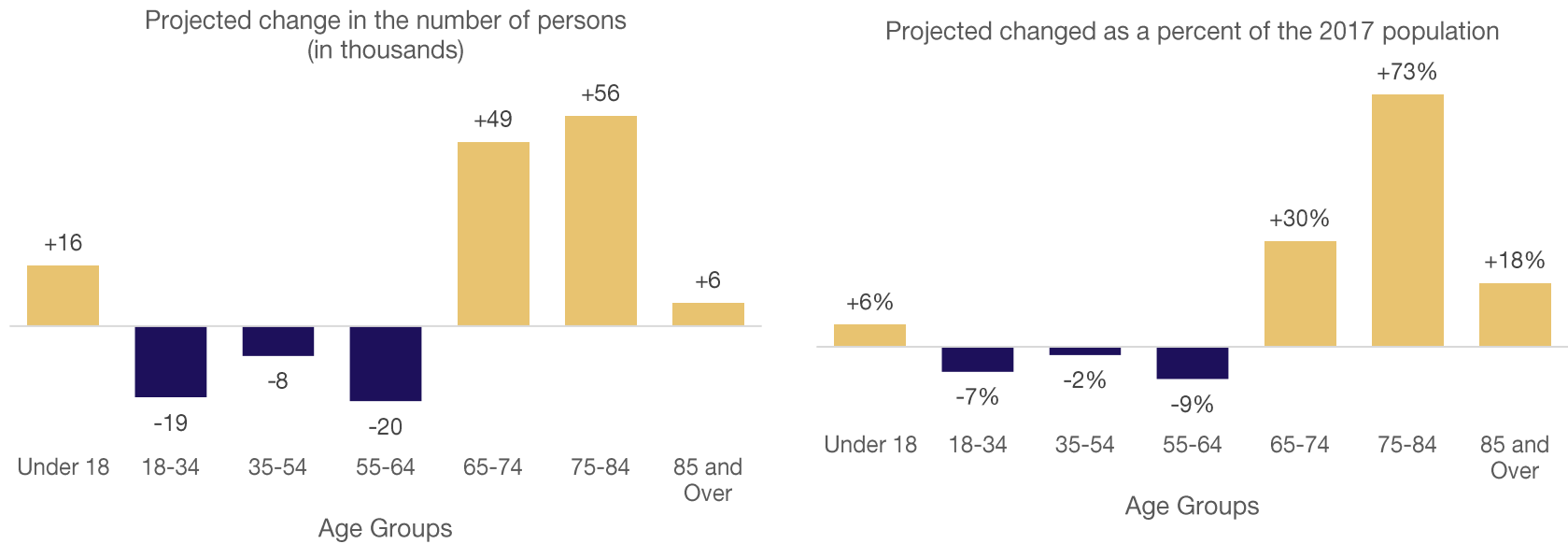
Figure 1.5 Projected Maine Population by Age Group in 2017, 2022, and 2027 (in thousands)



2015 Woods and Poole Economics, Inc., “2015 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

Figure 1.5 shows projected changes in Maine’s population over the next 10 years by age group. The population age 65 through 84 is projected to experience the most growth over the time period, while the younger adult population is expected to decrease.

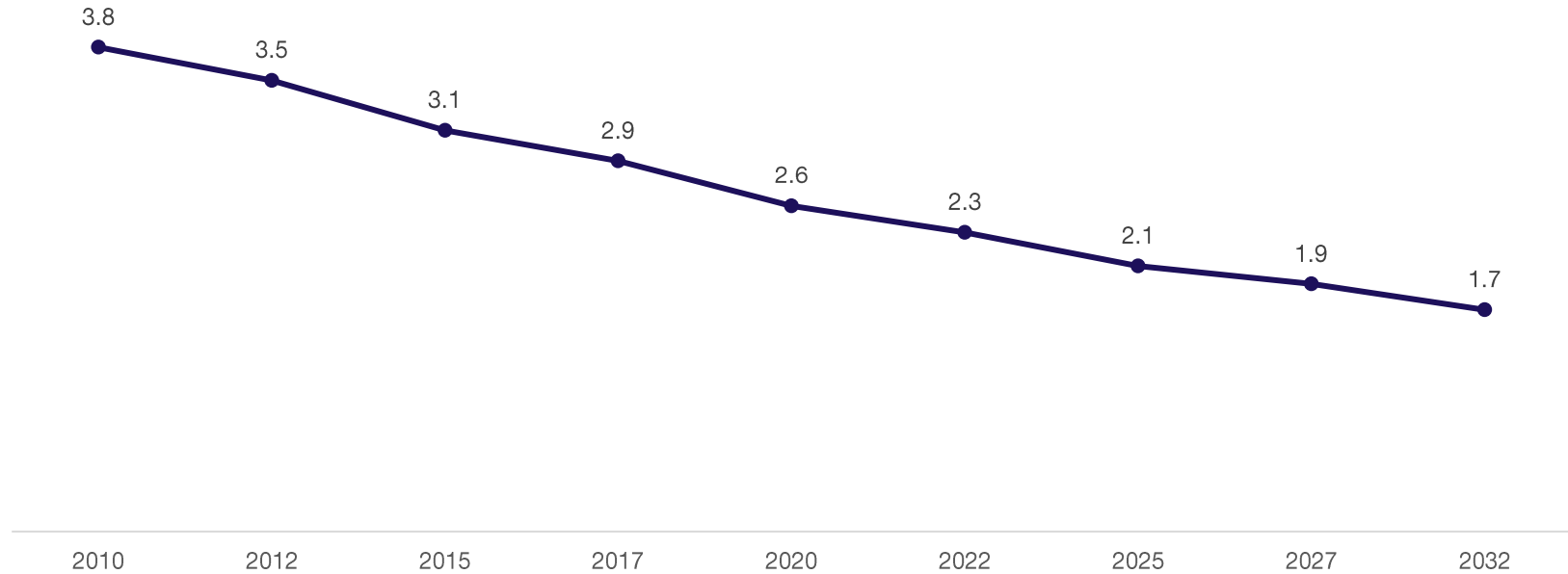
Figure 1.6 Projected Change in the Number and Percentage of Maine’s Population by Age Group, 2017 to 2027



2017 Woods and Poole Economics, Inc., “2017 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM

Over the ten-year period from 2017 to 2027, the 75 to 84 year old age group is projected to grow the most, increasing by 56,000, a 73% increase in that population. The number of Maine adults age 85 and over, the age group with the highest demand for long term services and supports, will grow by 6,000 persons, an 18% increase.

Figure 1.7 Maine’s Historical and Projected Dependency Ratio– Number of Working Age (20-64) per One Person Age 65+, 2010 to 2032



2017 Woods and Poole Economics, Inc., “2017 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

The dependency ratio, or the number of working age (age 20-64) people per person age 65 and over, is also expected to continue its downward trend as the number of people over 65 outpaces the younger population, as shown in Figure 1.7. However, the United States Bureau of Labor Statistics reports that more people are working in later life due to better health; better education which increases the likelihood of staying in the labor force; and changes to retirement plans, including Social Security, which encourage people to continue working.³ The increases in the number of older workers may offset the downward trend in the dependency ratio in the future.

³ United States Bureau of Labor Statistics. *Older Workers: Labor Force Trends and Career Options*, May 2017. Web 22 May 2018 <https://www.bls.gov/careeroutlook/2017/article/older-workers.htm>

Table 1.1 Projected Percent of Maine’s Population 65+ in 2017, 2022, and 2027, by County

	2017	2022	2027
Maine	20.1%	23.5%	26.8%
Androscoggin	17.1%	19.4%	21.7%
Aroostook	23.4%	27.2%	30.9%
Cumberland	18.1%	21.2%	24.1%
Franklin	21.7%	26.1%	30.5%
Hancock	24.0%	28.4%	31.9%
Kennebec	18.9%	22.4%	25.7%
Knox	24.5%	28.7%	31.7%
Lincoln	28.1%	32.5%	36.5%
Oxford	21.3%	25.5%	29.7%
Penobscot	18.1%	20.8%	23.6%
Piscataquis	26.3%	31.1%	36.0%
Sagadahoc	21.9%	25.9%	29.9%
Somerset	21.0%	24.7%	28.1%
Waldo	21.7%	25.5%	28.2%
Washington	24.0%	27.5%	30.7%
York	19.9%	23.6%	27.4%
2017 Woods and Poole Economics, Inc., “2017 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.			


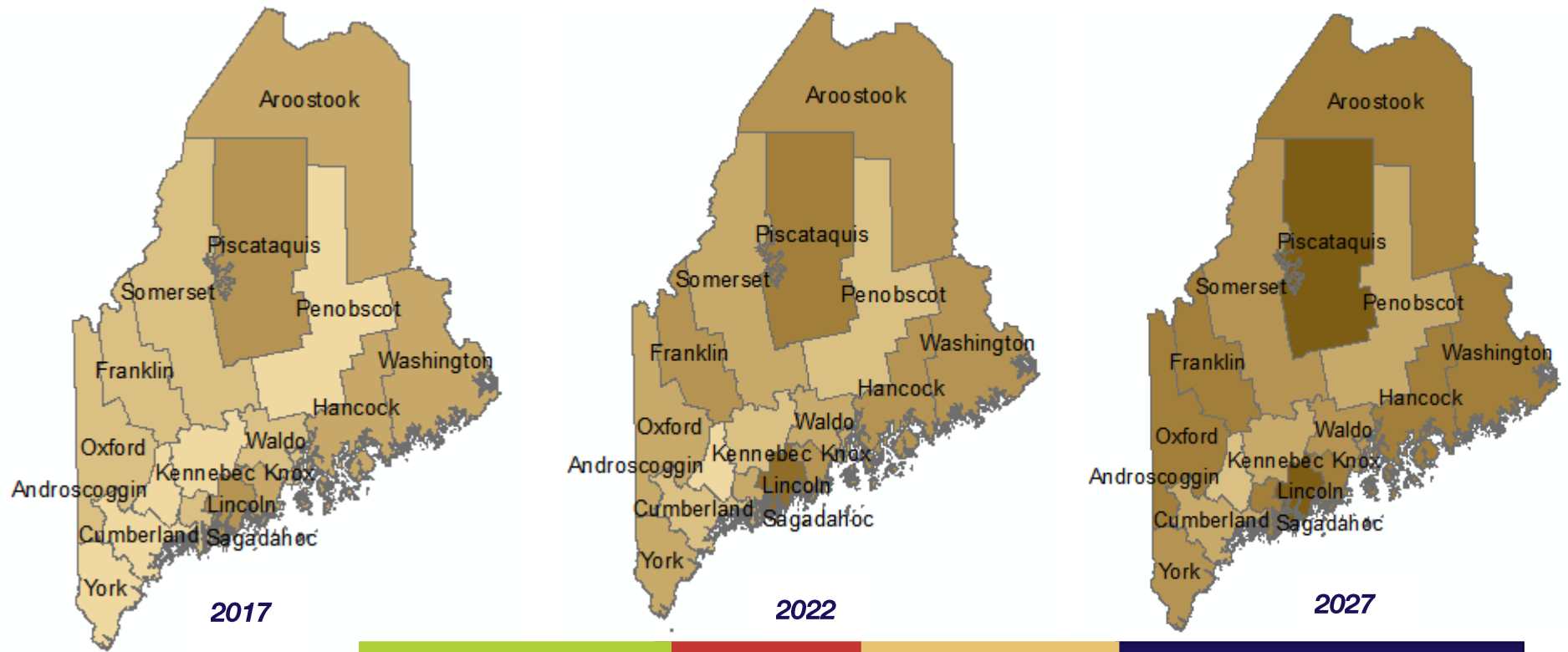


Table 1.1 shows that Maine counties vary in the percent of population 65 and older. However, all counties are projected to experience an increase in this percentage over the next ten years. By 2027, Lincoln County is projected to continue to have the highest percentage of older adults (36.5%) while Androscoggin County is projected to have the lowest (21.7%).

Figure 1.8 Projected Percent of Maine’s Population 65+ in 2017, 2022, and 2027 by County



Percent 65+

- 17.1 - 20.0%
- 20.1 - 23.0%
- 23.1 - 26.0%
- 26.1 - 29.0%
- 29.1 - 32.0%
- 32.1 - 35.0%
- 35.1 - 38.0%

These maps provide a visual representation of how Maine is expected to age over the next decade. As noted in Table 1.1, all counties will experience growth in the percentage of older adults. However, these maps show the more rural counties have larger percentages over time. While not all older adults will require extensive LTSS, the demographic changes have implications for how the State can structure its system of long term services and supports to meet the needs of older adults in the future.

2017 Woods and Poole Economics, Inc., “2017 New England State Profile: State and County Projections to 2050”. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

SECTION 2: DEMOGRAPHIC TRENDS IN DISABILITY - DATA FROM THE AMERICAN COMMUNITY SURVEY AND THE SOCIAL SECURITY ADMINISTRATION

The American Community Survey (ACS) conducted by the United States Census Bureau provides many demographic estimates including statistics on people with disabilities. The current ACS covers the following six disability types which reflect how different conditions may impact basic functioning. Note that these definitions are broader than those used for MaineCare program eligibility:

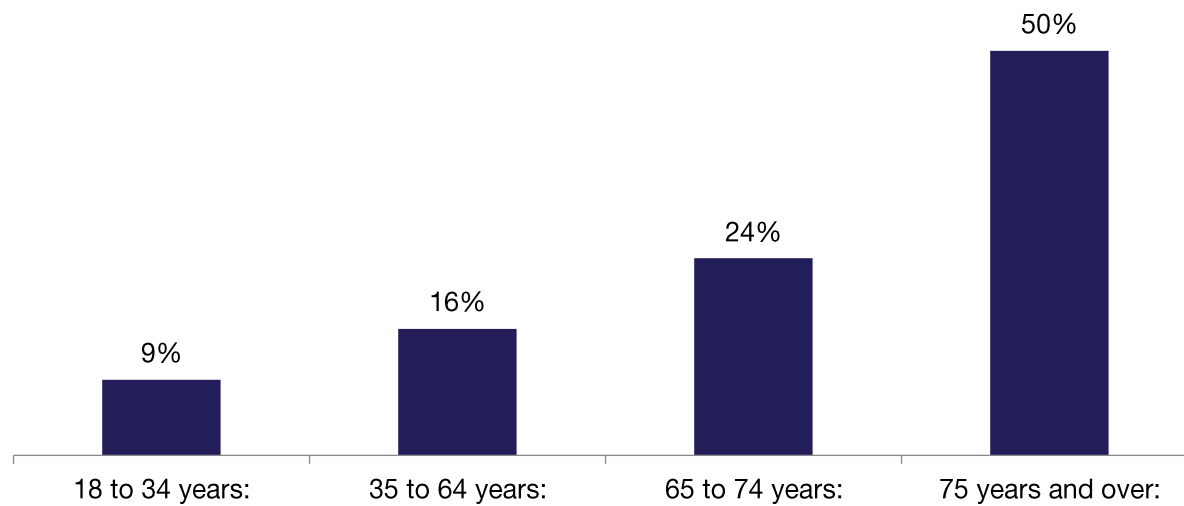
- **Hearing difficulty:** deaf or having serious difficulty hearing
- **Vision difficulty:** blind or having serious difficulty seeing, even when wearing glasses
- **Cognitive difficulty:** because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
- **Ambulatory difficulty:** having serious difficulty walking or climbing stairs
- **Self-care difficulty:** having difficulty bathing or dressing
- **Independent living difficulty:** because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping

A person who responds affirmatively to having any one of the above disability types is considered to have a disability. The cognitive difficulty category captures a broad group of people and may include those with mental illness as well as those with ID/ASD or other related conditions, Alzheimer's disease, or other dementias.

While the ACS does not provide details on the level of disability or the service needs of the population, it is a useful tool for estimating the percentage of the population that may have needs for long term services and supports. This information, combined with aging, poverty, employment, and housing data, provides a helpful context as we look at the service use and cost patterns of those who are served by Maine's LTSS system.

Note: The ACS no longer provides 3-Year estimates and instead provides only 1-Year and 5-Year estimates, depending on the topic. The previous SFY 2014 edition of this chartbook used the 3-Year estimates available at the time. From a statistical analysis perspective, it is not advisable to compare data from estimates with overlapping time periods such as between the 2011-2013 3-Year Estimates and the 2011-2015 5-Year Estimates. Therefore, direct comparisons cannot be made between the data presented in this book and similar data in the previous edition. In addition, the ACS changed its definitions of disability beginning in 2008; disability estimates from surveys prior to 2008 cannot be compared to more recent estimates.

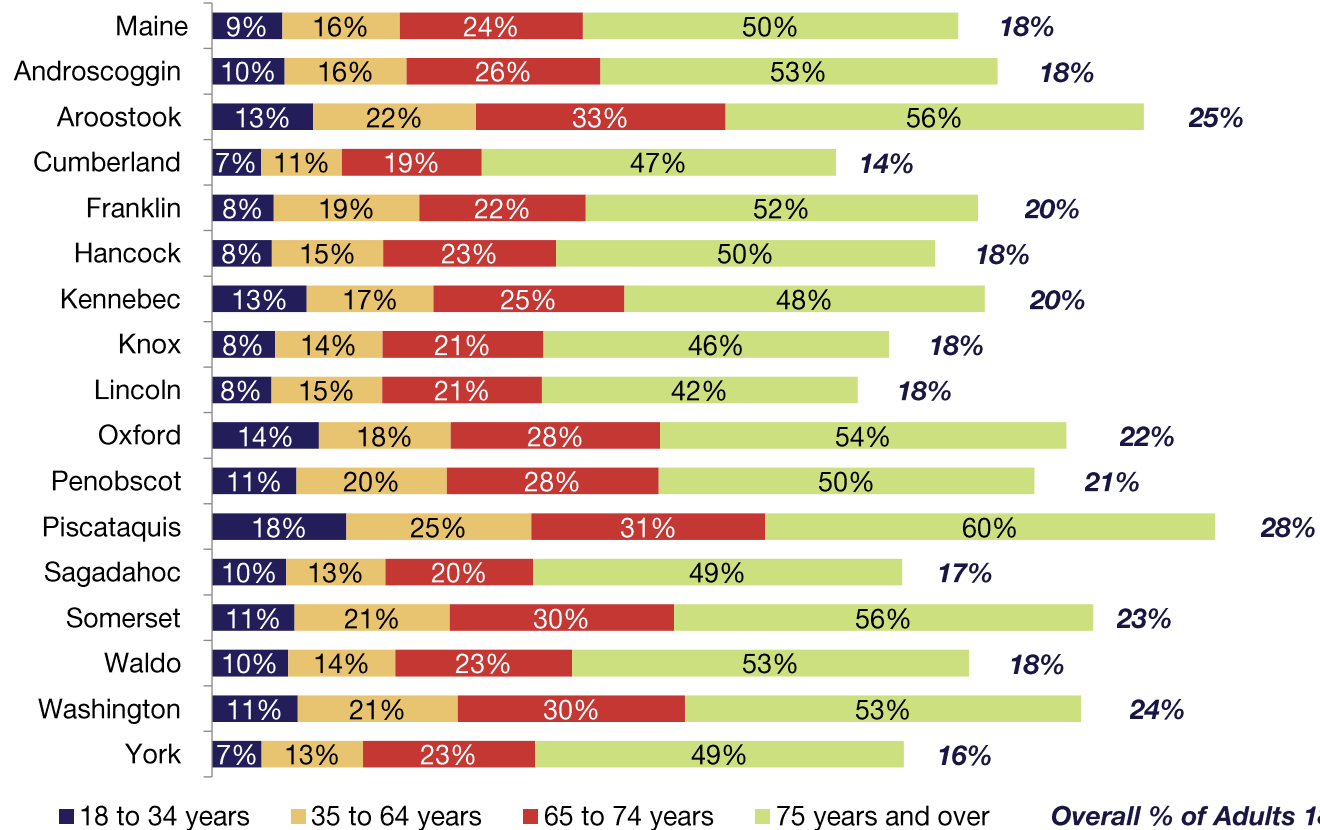
Figure 2.1 Percentage of Maine’s Adult Population with a Disability by Age Group, 2015 ACS 5-Year Estimate



United States Census Bureau/American FactFinder. “B18101; Sex by Age by Disability.” 2011-2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, 2016. Web. 5 September 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B18101&prodType=table.

The percentage of adults having a disability increases with age. The 2015 ACS 5-Year Estimate of the percentage of population with any type of disability was highest (50%) among Mainer 75 years and older.

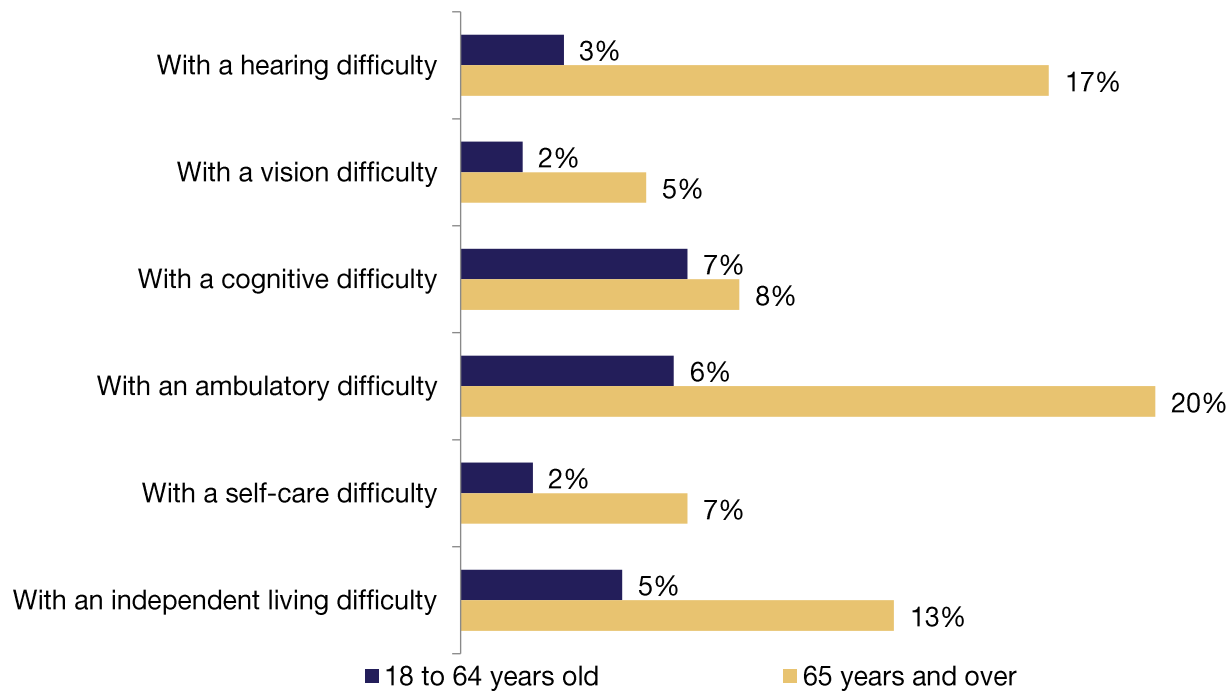
Figure 2.2 Percentage of Maine’s Adult Population with any Disability by Age Group and Percent of Total Adult Population with a Disability, by County, 2015 ACS 5-Year Estimates



United States Census Bureau/American FactFinder. “B18101; Sex by Age by Disability.” 2011-2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, 2016. Web. 5 September 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B18101&prodType=table.

Maine’s more rural counties have higher rates of disability across different age groups than the state average. Piscataquis County has some of the highest percentages of adults with disabilities across all age groups and the highest percentage of adults 75 years and older with a disability.

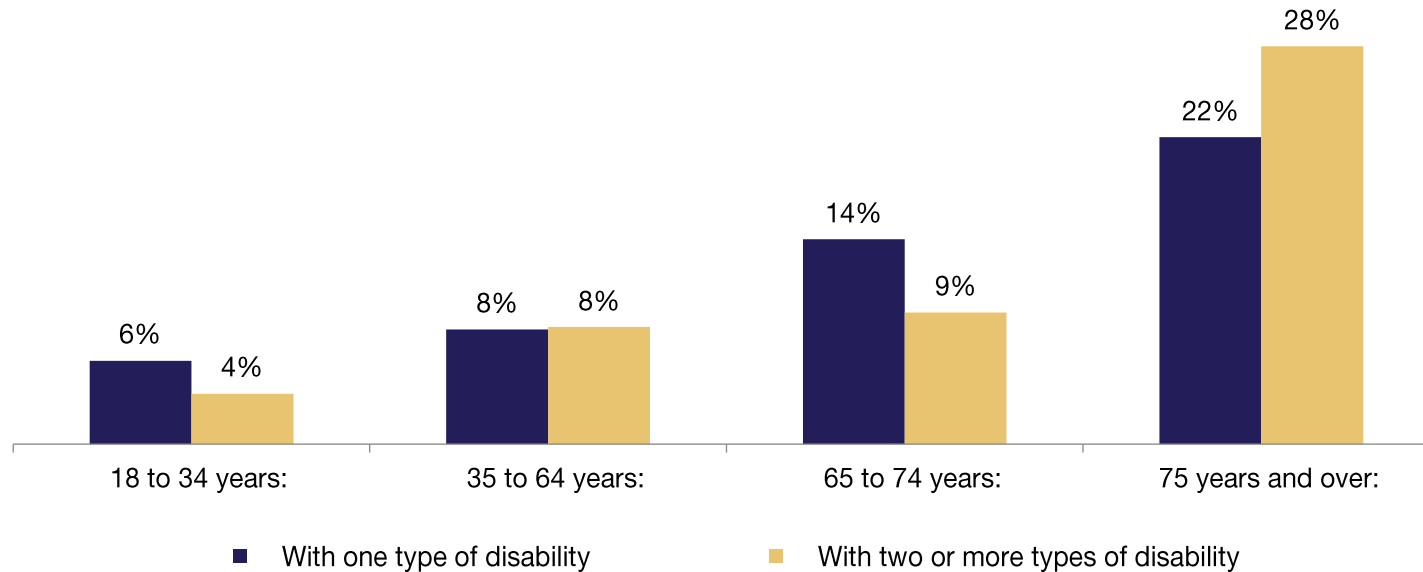
Figure 2.3 Percentage of Maine’s Younger and Older Adult Population with a Disability by Type, 2015 ACS 5-Year Estimates



United States Census Bureau/American FactFinder. “S1810 Disability Characteristics” 2011-2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, 2016. Web. 6 September 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1810&prodType=table.

Figure 2.3 shows higher percentages of older adults having each of the disability types identified by the American Community Survey, with older adults having much higher rates of hearing, ambulatory, and independent living disabilities than their younger counterparts. Note that the question on “self-care difficulty” on the ACS asked respondents only about bathing and/or dressing. Therefore, this measure is not a proxy for measuring the level of limitation in other activities of daily living such as eating or using the toilet.

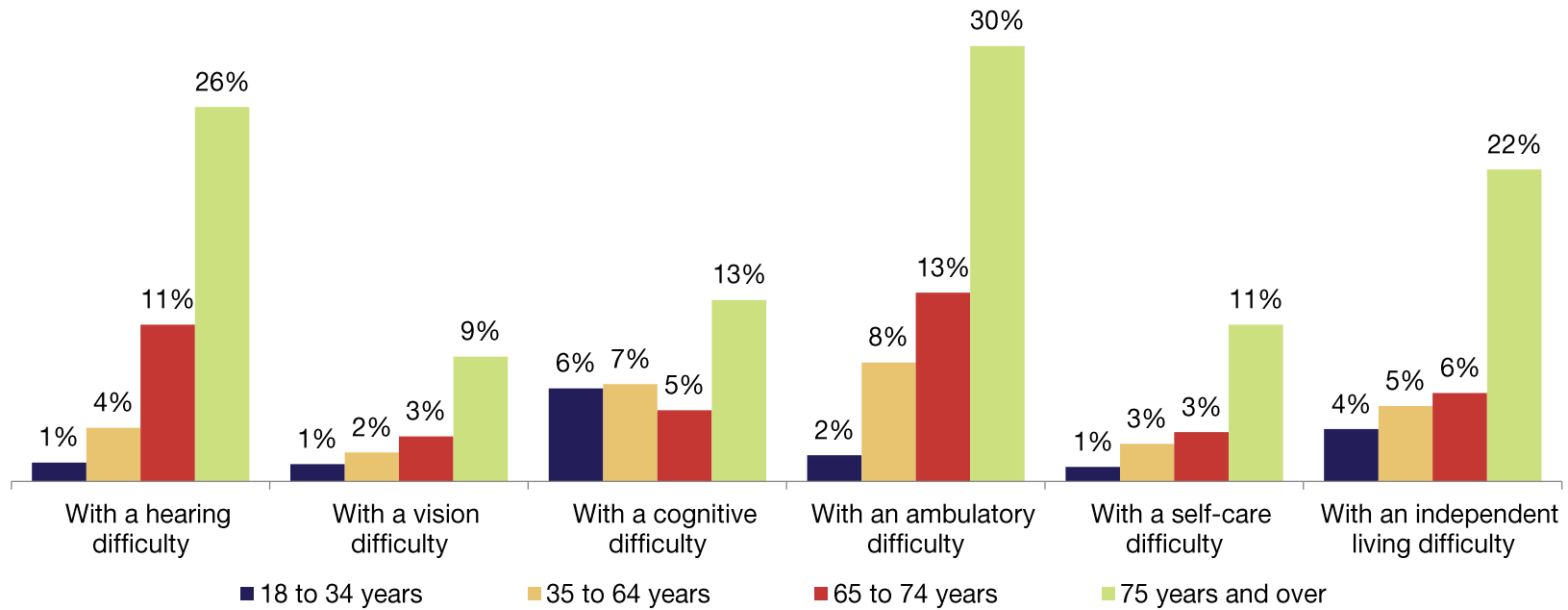
Figure 2.4 Percentage of Maine's Adult Population with One Type Only or Two or More Types of Disabilities, 2015 ACS 1-Year Estimates



United States Census Bureau/American FactFinder. "B18108 Disability Characteristics" 2015 *American Community Survey*. U.S. Census Bureau's American Community Survey Office, 2016. Web. 6 September 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B18108&prodType=table.

The percentage of population having more than one type of disability also increases with advancing age. The ACS 2015 1-Year Estimates indicate that the percentage of people having two or more types of disabilities increases markedly for the population over 75 compared to the younger adults.

Figure 2.5 Percentage of Maine’s Adult Population with Disability, by Age Group and Type, ACS 2015 5-Year Estimates

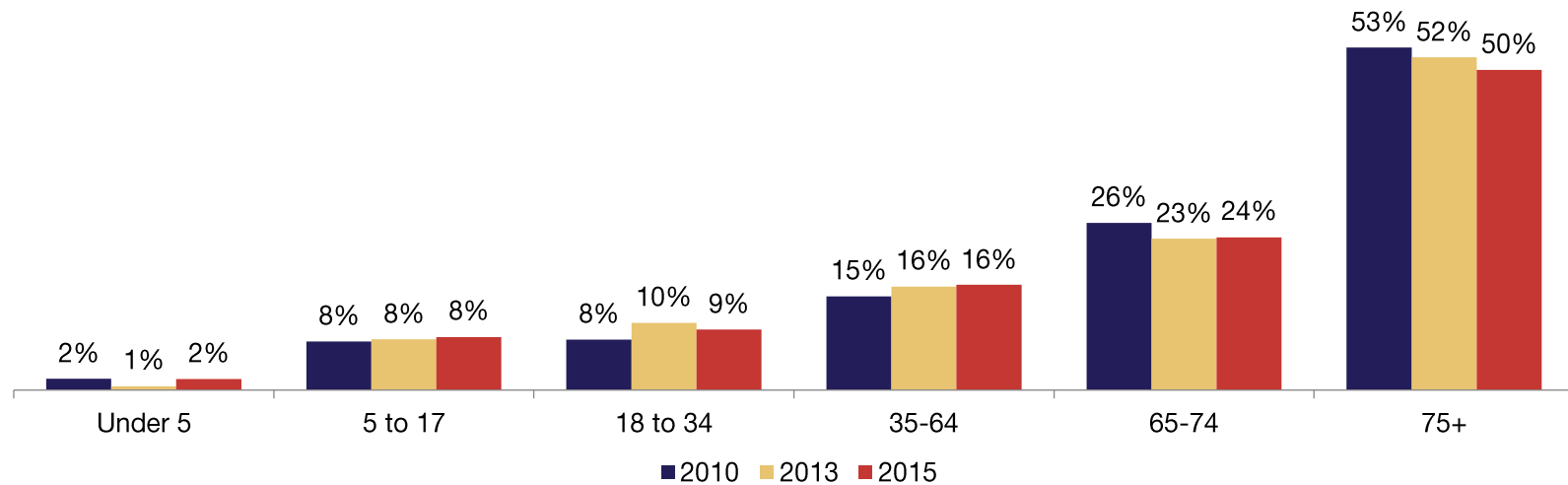


United States Census Bureau/American FactFinder. “S1810 Disability Characteristics” 2011-2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, 2016. Web. 6 September 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1810&prodType=table.

Figure 2.5 shows the different types of disability by age group. A higher percentage of older adults have a disability of some type identified by the American Community Survey, with adults age 75 and older having much higher rates of hearing, ambulatory, and independent living disabilities than younger adults.

Changes in Maine Disability Rates over Time

Figure 2.6 Changes in Rates of Disability in Maine’s Adult Population over Time, by Age, 2010, 2013, 2015 ACS 1-Year Estimates



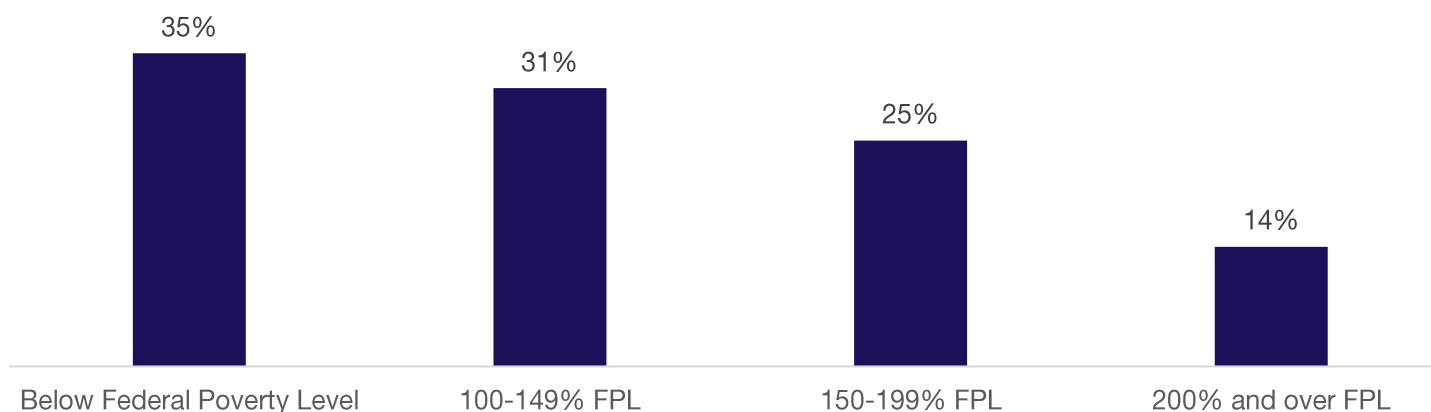
United States Census Bureau/American FactFinder. “B18108 Disability Characteristics” for the years 2010, 2013, 2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, Web. 10 November 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B18108&prodType=table, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_B18108&prodType=table, and https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B18108&prodType=table.

The rate of disability among Maine’s older adults has shown slight decreases over the past several years. As the generation of baby boomers has entered this age, many may be healthier than their predecessors.

Poverty and Disability in Maine

Poverty and disability are often interrelated. The following charts show that adults with disabilities experience higher rates of poverty and unemployment than those without disabilities.

Figure 2.7 Disability Rate in Maine’s Adult Population 18 and Over, By Income Relative to the Federal Poverty Level, 2015 ACS 1-Year Estimates

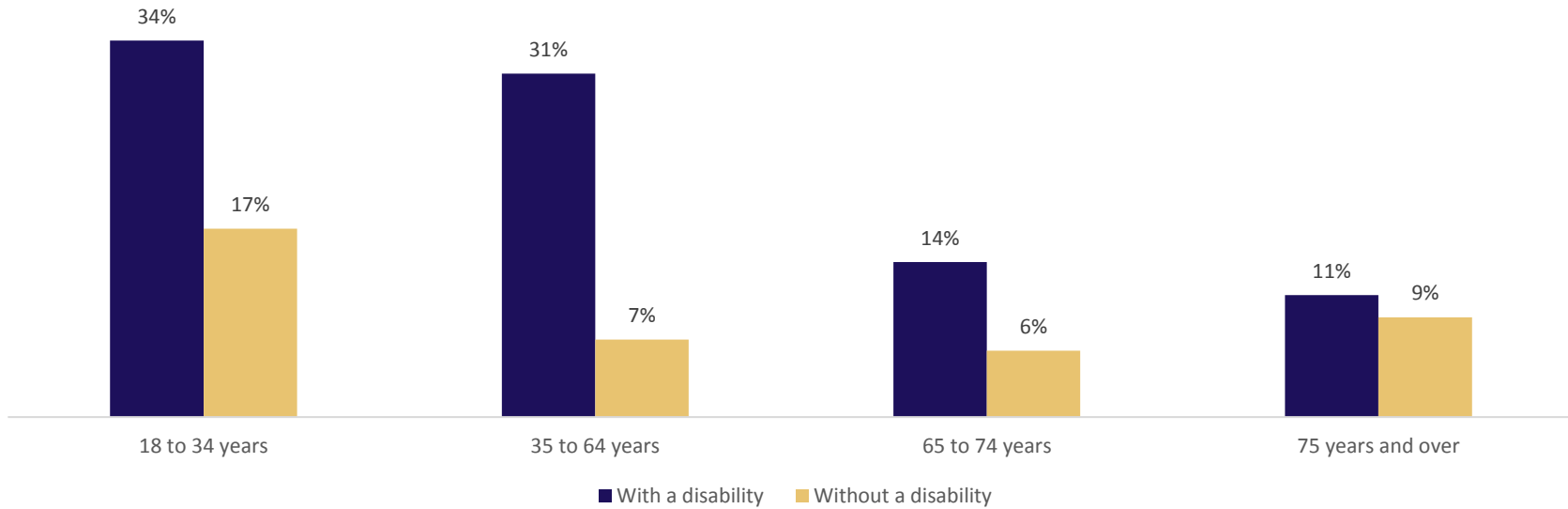


United States Census Bureau/American FactFinder. “B18131 Age by Ratio of Income to Poverty Level in the Past 12 Months by Disability Status and Type” 2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, Web. 23 November 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B18131&prodType=table.

A higher proportion of adults living in or close to poverty have disabilities, compared to adults who have incomes at least 200% of the federal poverty level (FPL). In Maine, 35% of adults 18 and over with income below the FPL reported having a disability, while 14% of those with income at least 200% of the FPL reported having a disability. The FPL for a single person in 2015 was \$11,770.⁴

⁴United States Department of Health and Human Services, 2015. Web. 16 March 2018 <https://www.federalregister.gov/documents/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines>.

Figure 2.8 Percentage of Maine’s Adult Population under the Federal Poverty Level with and without Disabilities by Age Group, 2015 ACS 1-Year Estimates

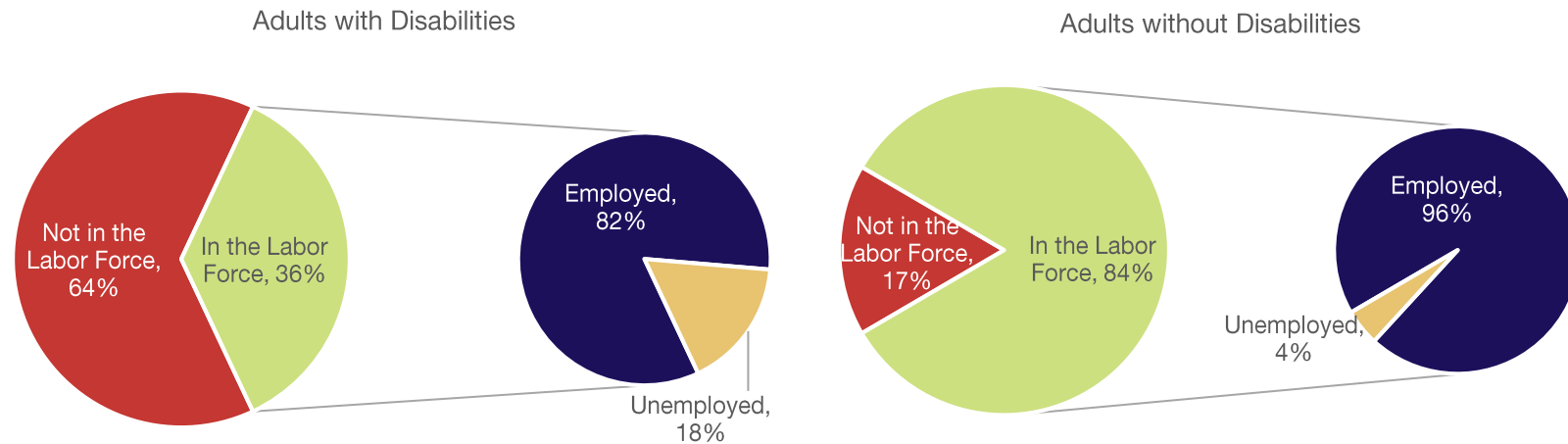


United States Census Bureau/American FactFinder. “B18130 Age by Disability Status by Poverty Status” 2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, Web. 23 November 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B18130&prodType=table.

Among adults living in poverty, a higher percentage have disabilities than do not across all age groups. The differences are most pronounced among adults under 75 years old. Among working age adults age 18 to 64 living in poverty, nearly a third has a disability.

Work Status and Disability in Maine

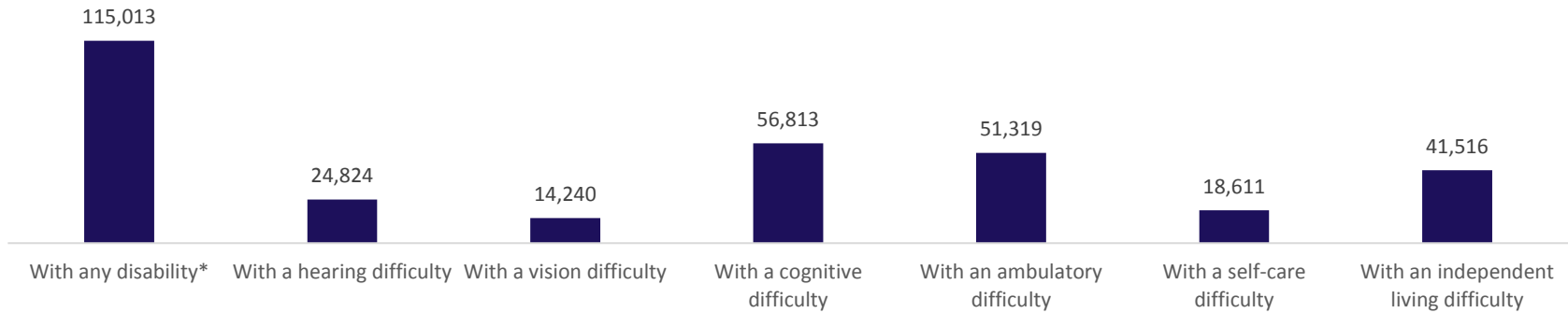
Figure 2.9 Percentage of Employment among Maine Adults 18-64 in the Labor Force, with and without Disabilities, 2015 ACS 1-Year Estimates



United States Census Bureau/American FactFinder. "B18120 Employment Status by Disability Status and Type" 2015 *American Community Survey*. U.S. Census Bureau's American Community Survey Office, Web. 23 November 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B18120&prodType=table.

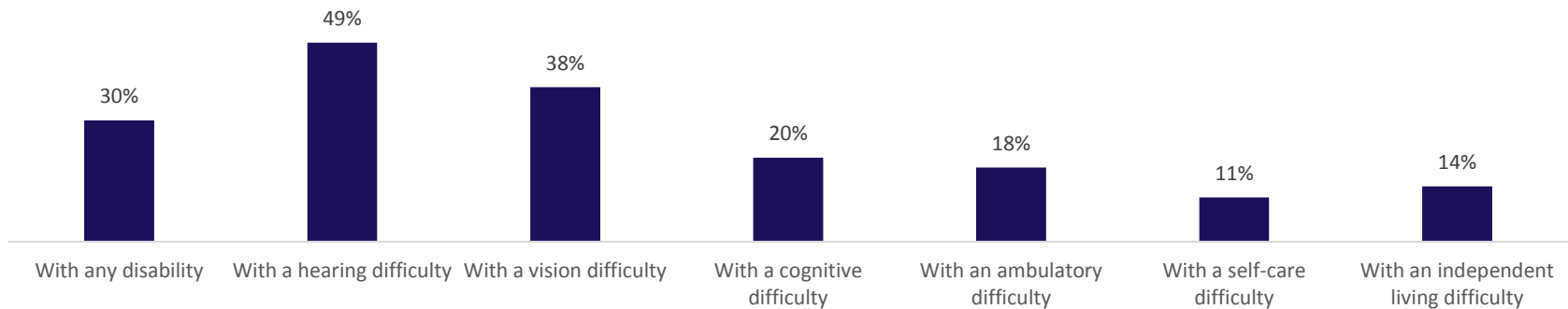
According to the American Community Survey, Maine adults with disabilities are less likely to participate in the labor force than adults without disabilities. In 2015, among adults with disabilities, 36% were in the labor force, either employed (30%) or looking for work (6%); 64% were not in the labor force. Among Maine adults with disabilities who were in the labor force, a higher percentage were unemployed compared to Maine adults without disabilities who were in the labor force, 18% vs. 4%.

Figure 2.10a Total Population of Working Age Maine Adults with Disabilities by Type of Disability, 2015 ACS 1-Year Estimates



* Total population with any disability is smaller than the sum of persons by type of disability because to some respondents have more than one type of disability.

Figure 2.10b Percentage of Employment by Type of Disability, among Working Age Maine Adults with Disabilities, 2015 ACS 1-Year Estimates

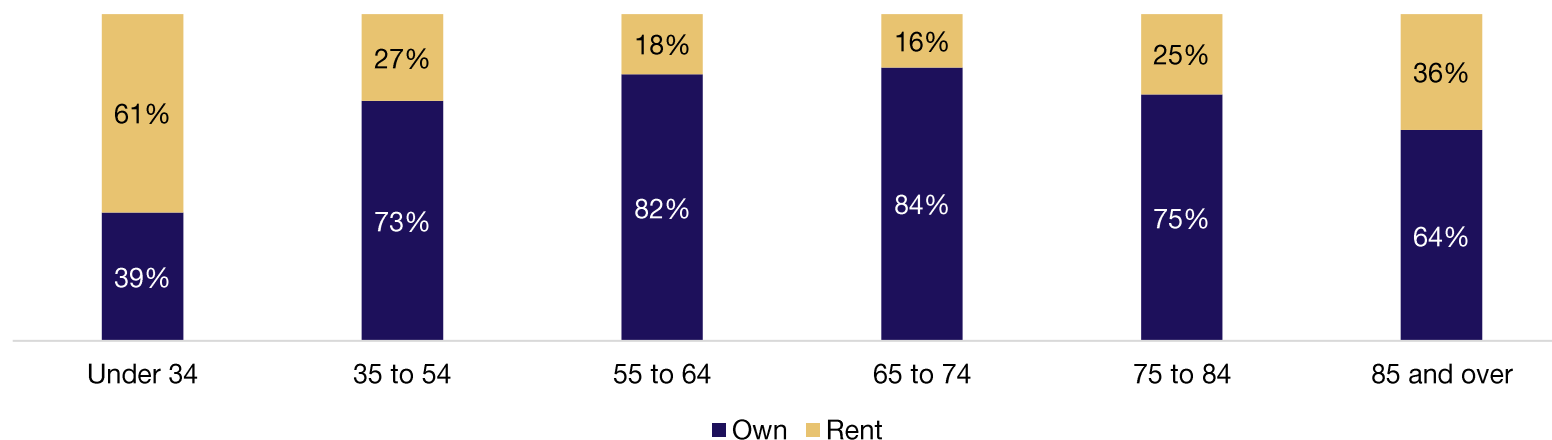


United States Census Bureau/American FactFinder. "B18120 Employment Status by Disability Status and Type" 2015 *American Community Survey*. U.S. Census Bureau's American Community Survey Office, Web. 23 November 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B18120&prodType=table.

Maine Housing Statistics

Housing can impact a person's need for assistance. For example, older homes with many stairs or narrow hallways are more difficult to move around in for adults with mobility impairments. The following charts describe homeownership statistics in Maine.

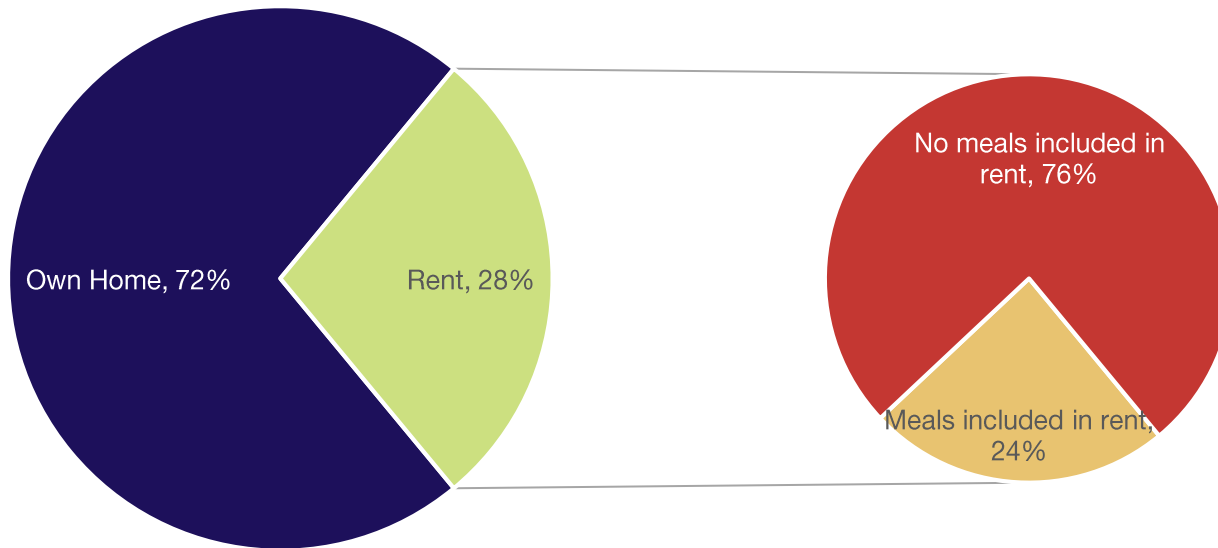
Figure 2.11 Percentage of Maine's Adult Population by Age Group who Rent or Own their Home, 2015 ACS 5-year Estimates



United States Census Bureau/American FactFinder. "B25007 Tenure by Age of Householder" 2015 *American Community Survey*. U.S. Census Bureau's American Community Survey Office, Web. 23 October 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B25007&prodType=table.

Figure 2.11 shows the percentage of Maine adults who own their home tends to increase with age. Younger adults are more likely to rent. However, the trend begins to decrease for adults over age 75 years old. For adults 85 and over, the percentage of adults who rent their home increases to 36% up from 16% among 65 to 74 year olds.

Figure 2.12 Percentage of Maine Adults 75 Years and Over who Rent their Homes, and the Percentage of the Rental Arrangements that Include Meals, 2015 ACS 5-Year Estimates



United States Census Bureau/American FactFinder. “B25055 Age of Householder by Meals Included in Rent” 2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, Web. 23 October 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B25055&prodType=table.

Among Maine adults who are 75 years or over, 28% rent their homes. Of this group of renters, 24% live in apartments or congregate housing arrangements where meals are provided as part of the rent. The ACS includes continuing care facilities in this data if the contracts cover meal services. The ACS considers congregate housing to be housing units where the rent includes meals and other services. While some older adults may live in rental properties where meals are included as part of the rent, the majority, 76%, do not have meals included in their rental fees.

Figure 2.13a Year of Construction of Owner-Occupied Housing Units in Maine and the United States, 2015 ACS 5-Year Estimates

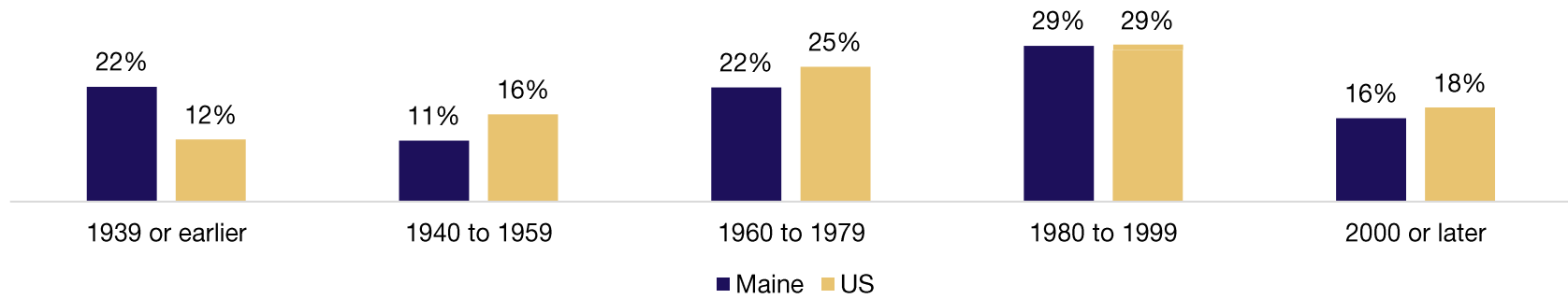
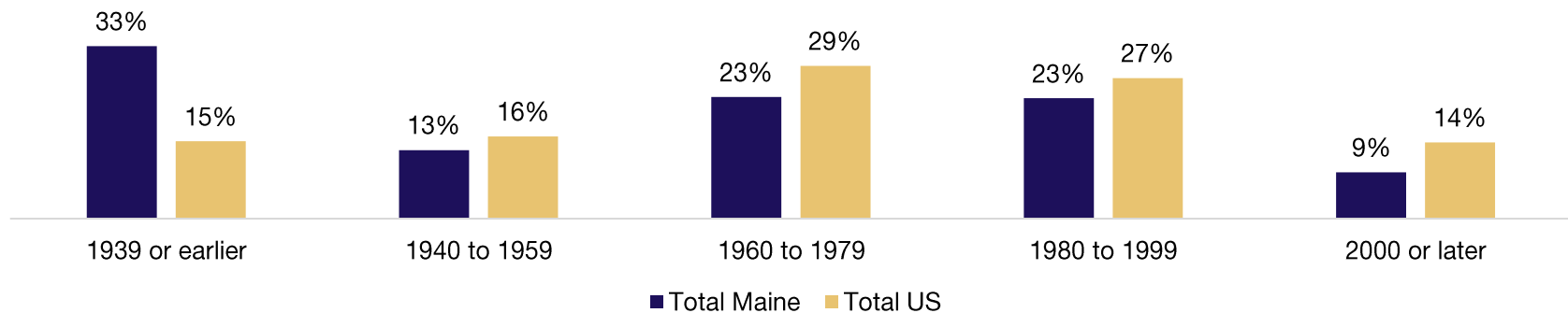


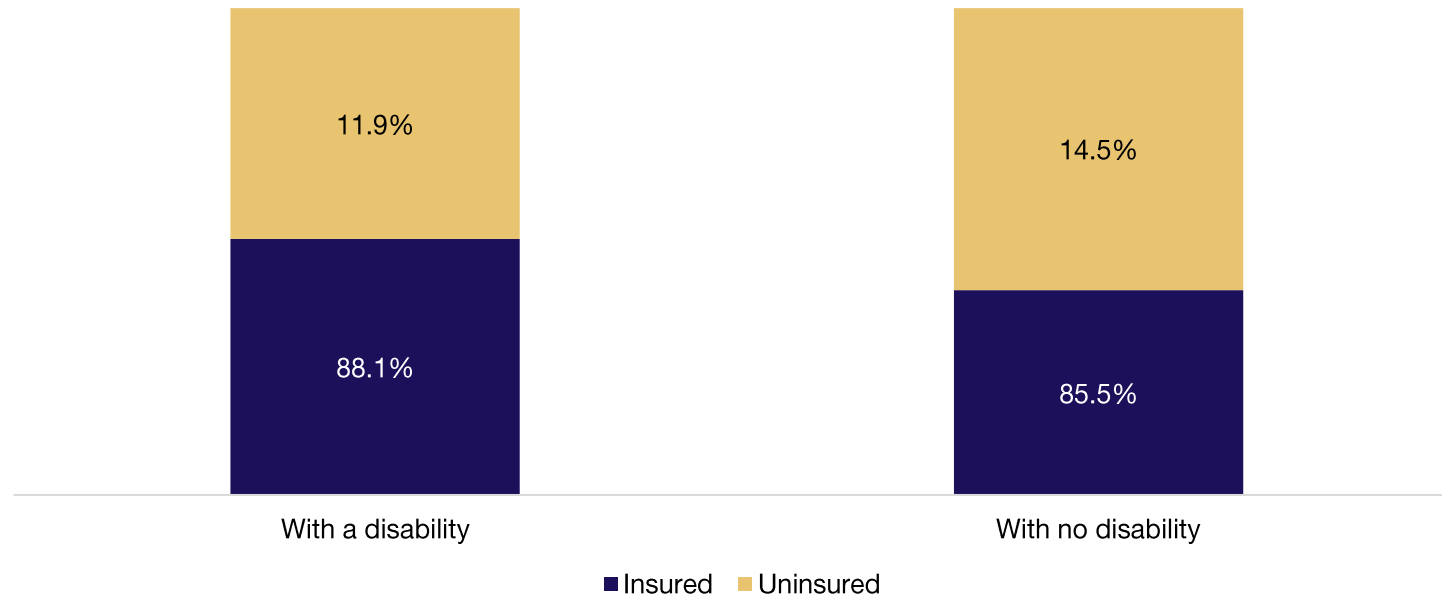
Figure 2.13b Year of Construction of Renter-Occupied Housing Units in Maine and the United States, 2015 ACS 5-Year Estimates



United States Census Bureau/American FactFinder. “B25036 Tenure by Year Built” 2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, Web. 23 October 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B25036&prodType=table.

Maine’s housing stock is older than the national average with 22% of owner-occupied and 33% of renter-occupied housing units in Maine being over 75 years old. The construction of newer homes built in 2000 or later also lags behind the national average.

Figure 2.14 Rate of Health Insurance Coverage by Disability Status among Maine Adults 18 to 64 Years Old, 2015 ACS 5-Year Estimates



United States Census Bureau/American FactFinder. “B18135 Age by Disability by Health Insurance Status” 2015 *American Community Survey*. U.S. Census Bureau’s American Community Survey Office, Web. 23 October 2017 https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B18135&prodType=table

Insurance coverage varies by disability status. In Maine, working age adults 18-64 years old with disabilities were more likely to have insurance coverage (either Medicaid, Medicare, or private coverage) than those without disabilities. Among adults over 65, insurance coverage is close to 100% for adults with and without disabilities, likely due to Medicare eligibility. Medicare covers primary and acute care services but does not cover the LTSS care that many people with disabilities require.

Social Security Disability Insurance and Supplemental Security Income

Social Security Disability Insurance and Supplemental Security Income are two federal programs that provide financial assistance to people with disabilities. In 2015, Maine had just over 100,000 adults receiving benefits from either of these programs.⁵

Social Security Disability Insurance

Social Security Disability Insurance (SSDI) provides monthly cash payments to several different groups of disabled workers and/or their families. It is an earned benefit tied to a person's history of employment under Social Security. Under SSDI, a person must be unable to engage in substantial gainful activity due to any medically determinable physical or mental impairment which has lasted or is expected to last at least a year or more. It is also available to blind individuals who are at least 55 and are also unable to engage in gainful activity.

Definition of Disability from the Social Security Administration*

The definition of disability under Social Security is different from that used by other disability programs. Social Security pays benefits only for total disability; it does not pay benefits for partial disability or for short-term disability.

To be eligible for benefits a person must:

- be insured for benefits,
- be younger than full retirement age,
- have filed an application for benefits, and
- have a Social Security-defined disability.

Meeting the insured requirement means that a person must have worked long enough—and recently enough—under Social Security. A medically determinable *physical or mental impairment* is an impairment that results from anatomical, physiological, or psychological abnormalities that can be shown by medically acceptable clinical and laboratory diagnostic techniques. An impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings.

* Social Security Administration. *Annual Statistical Report on the Social Security Disability Insurance Program, 2015*. Web 4 December 2017
https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/background.pdf.

⁵ Social Security Administration. *Annual Statistical Report on the Social Security Disability Insurance Program, 2015*. Web 4 December 2017
https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/; and *SSI Recipients by State and County, 2015*. Web 4 December 2017
https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2015/me.pdf.

After a five-month waiting period, funds are available through the Social Security Administration for a disabled worker and family; disabled widow(er) or a disabled surviving divorced spouse who is age 50 to full retirement age; and disabled adult children of disabled, retired, or deceased workers (provided the adult children are 18 or older and have been disabled prior to age 22). After a two-year waiting period, SSDI beneficiaries become eligible for Medicare benefits. And vocational rehabilitation services are available to disabled workers who can return to work with assistance.⁶

In 2015, Maine had 63,441 adults age 18-64 with disabilities who received SSDI benefits. This number is 7.7% of Maine’s total population age 18-64, the sixth highest percentage nationwide.

Table 2.1 States with the Highest and Lowest Percentage of their Adult Population Age 18-64 Receiving SSDI, 2015			
United States Average		4.7%	
Ten Highest States		Ten Lowest States	
West Virginia	8.9%	Nevada	3.8%
Alabama	8.4%	Maryland	3.7%
Arkansas	8.4%	Texas	3.6%
Kentucky	8.1%	District of Columbia	3.3%
Mississippi	7.9%	Colorado	3.2%
Maine	7.7%	North Dakota	3.2%
Tennessee	6.6%	California	3.1%
Missouri	6.4%	Utah	3.0%
South Carolina	6.4%	Alaska	2.8%
Michigan	6.3%	Hawaii	2.8%
Social Security Administration. <i>Annual Statistical Report on the Social Security Disability Insurance Program, 2015</i> . Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/ .			

⁶ Social Security Administration. *Annual Statistical Report on the Social Security Disability Insurance Program, 2015*. Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/background.pdf

Nationwide, among adults receiving SSDI in 2015, mental disorders was the most common diagnostic group with 34.7 percent of beneficiaries qualifying for SSDI with this diagnosis, followed by diseases of the musculoskeletal system and connective tissues. Maine’s distribution of qualifying diagnoses is presented in Table 2.2.

Diagnostic Group	Percentage of Beneficiaries
Mental disorders	42.8%
Musculoskeletal system and connective tissue disease	27.0%
Nervous system and sense organ disease	8.7%
Circulatory system disease	5.3%
Injuries	3.2%
Endocrine, nutritional, and metabolic diseases	2.6%
Respiratory system disease	2.5%
Neoplasms	2.4%
Digestive system disease	1.6%
Genitourinary system disease	0.7%
Infectious and parasitic diseases	0.5%
Congenital anomalies	0.3%
Skin and subcutaneous tissue disease	0.3%
Blood and blood-forming organ diseases	0.1%
Other	0.2%
Unknown	1.8%

Social Security Administration. *Annual Statistical Report on the Social Security Disability Insurance Program, 2015*. Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/.

The mental disorders diagnostic group includes developmental and autistic disorders as well as organic brain disease and psychotic disorders. The distribution of these different mental disorder diagnoses is detailed in Table 2.3.

Table 2.3 Maine’s SSDI Beneficiary Distribution of Diagnoses within the Mental Disorders Diagnostic Group, 2015	
Diagnosis	Percent Distribution
Mood disorders	16.5%
Other	9.4%
Intellectual disability	8.0%
Schizophrenic and other psychotic disorders	4.0%
Organic mental disorders	3.7%
Autistic disorders	0.9%
Childhood and adolescent disorders not elsewhere classified	0.2%
Developmental disorders	0.2%
Total percentage in the Mental Disorders Diagnostic Group	42.8%
Social Security Administration. <i>Annual Statistical Report on the Social Security Disability Insurance Program, 2015</i> . Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/ .	

While autistic disorders account for a small percentage of diagnoses of SSDI beneficiaries, there were 618 beneficiaries with this diagnosis in 2015, up from 465 in 2013, a 33% increase. This may be explained by increases in the number of children receiving these diagnoses in recent years and then aging into SSDI eligibility at age 18, if their parent was eligible. Estimates of the prevalence rate of autism have increased over the last decade and some experts attribute this to increased awareness of the disorder among clinicians, parents, and teachers which has led to increased identification.⁷ The most recent report from the Centers for Disease Control Autism and Developmental Disabilities Monitoring Network noted that the percentage of children identified with autism between 2010 and 2012 did not change significantly, but that it is too soon to tell if this indicates a stabilizing of the prevalence rate.⁸

⁷ Autism Speaks® Web 23 February 2018 <https://www.autismspeaks.org/blog/2016/04/01/cdc%E2%80%99s-new-update-autism-what-you-need-know>.

⁸ Centers for Disease Control. *Community Report from the Autism and Developmental Disabilities Monitoring (ADDM) Network, 2016*. Web 23 February 2018 <https://www.cdc.gov/ncbddd/autism/documents/comm-report-autism-full-report.pdf>

All six New England states are among the top ten states that have the highest percentage of SSDI beneficiaries in the diagnostic group “Mental Disorders”, with Maine having the ninth highest percentage in this category (Table 2.4). States with the lowest percentage of the “Mental Disorders” diagnostic group tended to be southern states.

Table 2.4 States with the Highest and Lowest Percentage of SSDI Beneficiaries in the Diagnostic Group “Mental Disorders”, 2015			
U.S. Average Percentage of SSDI Beneficiaries in the Diagnostic Group “Mental Disorders”		34.8%	
Ten Highest States		Ten Lowest States	
New Hampshire	50.6%	North Carolina	30.9%
Massachusetts	49.6%	Tennessee	30.5%
Rhode Island	47.0%	Nevada	30.5%
Minnesota	46.0%	Arkansas	30.4%
Vermont	45.6%	West Virginia	30.0%
Hawaii	44.7%	Louisiana	30.0%
Connecticut	43.7%	Florida	29.9%
District of Columbia	42.9%	South Carolina	28.9%
Maine	42.8%	Alabama	28.6%
North Dakota	39.5%	Georgia	28.6%
Social Security Administration. <i>Annual Statistical Report on the Social Security Disability Insurance Program, 2015</i> . Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/ .			

The average monthly and median monthly benefit received by Maine’s SSDI population tends to be lower than the national average across all three eligibility groups, disabled workers, disabled widow(er)s, and disabled adult children. The table below shows these amounts for the different groups.

Table 2.5 Average and Median Monthly SSDI Benefit Amount in the United States and Maine, 2015		
	Average Benefit	Median Benefit
Disabled Workers		
United States	\$1,166	\$1,074
Maine	\$1,088	\$1,010
Disabled Widow(er)s		
United States	\$719	\$670
Maine	\$667	\$621
Adult Disabled Children		
United States	\$755	\$739
Maine	\$687	\$669
Social Security Administration. <i>Annual Statistical Report on the Social Security Disability Insurance Program, 2015</i> . Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/ .		

Supplemental Security Income

Supplemental Security Income (SSI) is available to people with low-incomes who are 65 or older, blind, or disabled. Most recipients are adults, but children with disabilities may qualify as well, as long as they meet income and resource limits.

Determinations of Eligibility from the Social Security Administration*

SSI recipients are required to have their nonmedical eligibility factors redetermined periodically, generally every 1 to 6 years depending on their specific situation.

In addition to these nonmedical reviews, medical reviews are conducted on disabled or blind recipients to determine whether they continue to be disabled or blind. For administrative efficiency the medical reviews are done most often on disabled or blind recipients whose medical conditions are considered likely to improve. Medical reviews are required for disabled or blind recipients, for example, under the following circumstances:

- when earnings of recipients exceed the substantial gainful activity level
- at least once every 3 years for recipients under age 18 whose medical conditions are considered likely to improve
- within 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability unless the commissioner determines that the impairment is not expected to improve within 12 months of the child's birth
- within 1 year after attaining age 18 and using the adult eligibility criteria for recipients whose eligibility for SSI benefits was established under the disabled child eligibility criteria

* Social Security Administration. *Annual Statistical Report on the Social Security Disability Insurance Program, 2015*. Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/di_asr/2015/background.pdf.

Thirty-two states, including Maine, and the District of Columbia provide automatic Medicaid eligibility to people who receive SSI. Of the Maine SSI recipients in 2015, there were

- 4,198 children in Maine under age 18
- 27,737 adults age 18-64, and
- 5,393 adults age 65 and older.⁹

⁹ Social Security Administration. *SSI Recipients by State and County, 2015*. Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2015/me.pdf.

Using population estimates for 2015, Table 2.6 shows the percentage of the adult population who received SSI by county. Piscataquis County had the highest proportion (5.4%) of its younger adult population age 18-64 receiving SSI; Washington County had the highest proportion (4.0%) of its older adult population over 65 receiving SSI. Cumberland County had the lowest proportion (2.2%) of its adults 18-64 and Lincoln, Sagadahoc and York Counties tied for the lowest proportion (1.3%) of adults over 65 receiving SSI.

Table 2.6 Percentage of Maine Adults Receiving SSI, by County, 2015		
	Percentage of Adults 18-64 Receiving SSI, 2015	Percentage of Adults age 65+ Receiving SSI, 2015
Maine	3.4%	2.2%
Androscoggin	4.5%	2.9%
Aroostook	4.6%	3.3%
Cumberland	2.2%	2.0%
Franklin	3.8%	1.8%
Hancock	2.3%	1.4%
Kennebec	4.2%	2.2%
Knox	2.6%	1.6%
Lincoln	2.5%	1.3%
Oxford	4.2%	2.4%
Penobscot	4.4%	2.4%
Piscataquis	5.4%	2.4%
Sagadahoc	2.5%	1.3%
Somerset	5.2%	3.2%
Waldo	3.7%	2.7%
Washington	5.1%	4.0%
York	2.3%	1.3%
Social Security Administration. <i>SSI Recipients by State and County, 2015</i> . Web 4 December 2017 https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2015/me.pdf Population estimates are from 2017 Woods and Poole Economics, Inc., "2017 New England State Profile: State and county Projections to 2050". Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.		

Table 2.7 shows the distribution of Maine SSI beneficiaries under age 65 by diagnostic group; note that this includes nearly 4,200 Maine children under age 18 who also receive SSI. Diagnostic group data was not available for the separate age groups of adults, children, and adults over age 65.

Table 2.7 Distribution of all Maine SSI Beneficiaries under Age 65, by Diagnostic Group, 2015	
Total number of Maine SSI beneficiaries under 65	31,959
Diagnostic Group	Percent of Beneficiaries
Mental disorders	68.8%
Musculoskeletal system and connective tissue	11.9%
Nervous system and sense organs	5.8%
Circulatory system	2.1%
Unknown	1.9%
Endocrine, nutritional, and metabolic diseases	1.8%
Injuries	1.6%
Respiratory system	1.5%
Congenital anomalies	1.2%
Neoplasms	1.0%
Digestive system	0.8%
Other	0.7%
Infectious and parasitic diseases	0.3%
Genitourinary system	0.3%
Skin and subcutaneous tissue	0.2%
Blood and blood-forming organs	0.1%
Social Security Administration. <i>SSI Annual Statistical Report, Table 38, 2015</i> . Web 22 February 2018 https://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2015/ .	

As shown on Table 2.7, mental disorders was the most common diagnostic group among Maine’s SSI beneficiaries under 65, with nearly 70% falling into this category; nationwide, 60% of SSI recipients qualify with a mental disorder diagnosis. Table 2.8 shows the distribution of the different types of mental disorders within this diagnostic group. Note again, that SSI includes children under age 18. Intellectual disability and autistic disorders are more common diagnoses in the SSI population than the SSDI population.

Table 2.8 Distribution of Diagnoses within the Mental Disorders Diagnostic Group among Maine’s SSI Beneficiaries under Age 65, 2015	
Diagnosis	Percent Distribution
Mood disorders	24.4%
Intellectual disability	23.2%
Other	22.2%
Autistic disorders	11.7%
Schizophrenic and other psychotic disorders	6.6%
Organic mental disorders	6.2%
Childhood and adolescent disorders not elsewhere classified	3.6%
Developmental disorders	2.1%
Total percentage in the Mental Disorders Diagnostic Group	68.8%
Social Security Administration. <i>SSI Annual Statistical Report, Table 38A, 2015</i> . Web 22 February 2018 https://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2015/ .	

Table 2.9 shows a somewhat similar pattern of states with higher and lower percentages of beneficiaries qualifying for SSI due to mental disorders as those who qualify for SSDI in this diagnostic group (see Table 2.4). Note that this diagnostic group accounts for much higher percentages of SSI beneficiaries in all states than it does for the SSDI population. Additionally, these data include children under 18.

Table 2.9 States with the Highest and Lowest Percentage of SSI Beneficiaries in the Diagnostic Group “Mental Disorders”, 2015			
U.S. Average Percentage of SSI Beneficiaries in the Diagnostic Group "Mental Disorders"		60.0%	
Ten Highest States		Ten Lowest States	
New Hampshire	73.8%	California	57.4%
Rhode Island	71.3%	Delaware	57.3%
Vermont	69.8%	Louisiana	57.1%
Massachusetts	68.9%	Montana	57.1%
Maine	68.8%	Mississippi	56.0%
Minnesota	66.5%	Tennessee	55.4%
Hawaii	65.9%	Colorado	54.2%
Arkansas	65.8%	Alabama	53.7%
Pennsylvania	65.7%	South Carolina	53.0%
Wisconsin	65.6%	Georgia	50.9%
Social Security Administration. <i>SSI Annual Statistical Report, Table 38, 2015</i> . Web 22 February 2018 https://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2015/ .			

Compared to the national average, Maine beneficiaries receive lower monthly SSI payments, as seen in Table 2.10.

Table 2.10 Average Monthly SSI Benefit for Adults in the United States and Maine by Age Group, 2015		
	Average Benefit	
	Age 18-64	Age 65 or Older
United States	\$562	\$435
Maine	\$516	\$320
Social Security Administration. <i>SSI Annual Statistical Report, Table 11, 2015</i> . Web 22 February 2018 https://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2015/ .		

Likewise, monthly payments by eligibility category are lower in Maine compared to the national average, shown in Table 2.11. This data includes children under 18.

Table 2.11 Average Monthly SSI Benefit in the United States and Maine by Eligibility Category, 2015			
	Average Benefit		
	Aged	Blind	Disabled
United States	\$428	\$558	\$560
Maine	\$274	\$512	\$510
Social Security Administration. <i>SSI Annual Statistical Report, Table 11, 2015</i> . Web 22 February 2018 https://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2015/ .			

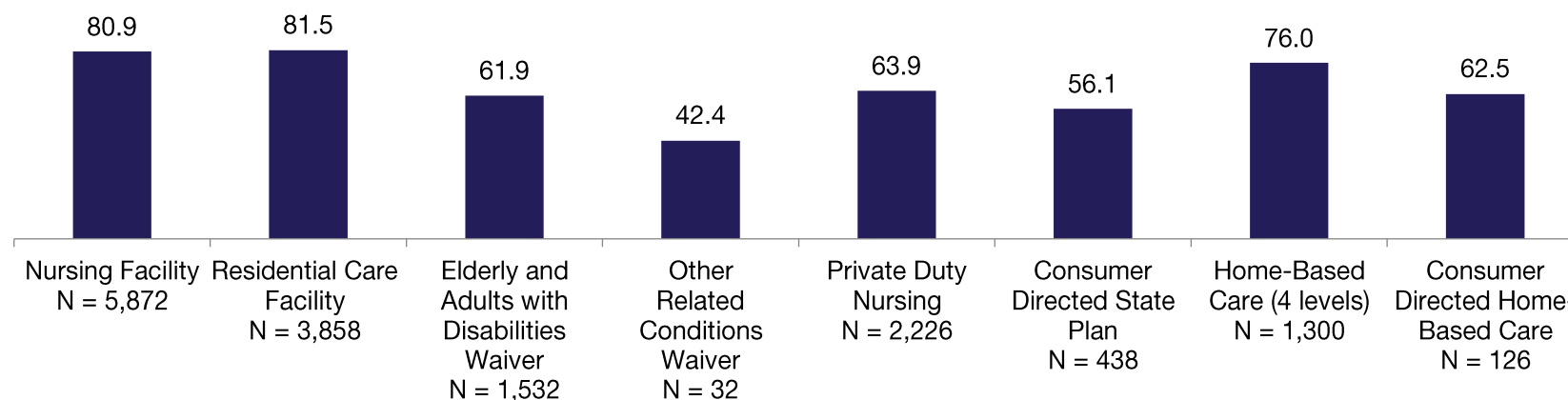
Income from SSI payments is used to offset room and board costs for MaineCare members living in nursing facilities and other institutional settings.

SECTION 3: CHARACTERISTICS OF MAINE ADULTS WHO USE LTSS

Maine’s Elders and Adults with Disabilities: Data from the MDS and MED

All residents of Nursing and Residential Care facilities and MaineCare community based care members are assessed for eligibility for care using the Medical Eligibility Determination tool. Once admitted to facilities, residents are also assessed using the Minimum Data Set (MDS) tool to establish a plan of care. The following charts are based on data obtained through these assessments.

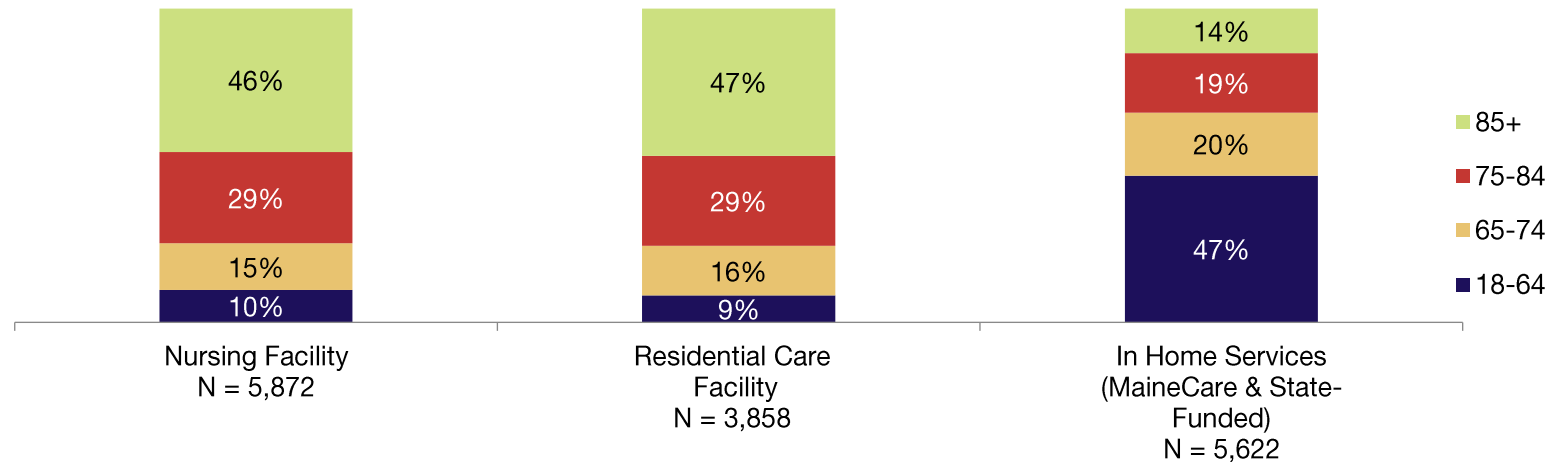
Figure 3.1 Average Age of Maine Long Term Services and Supports (LTSS) Users, Older Adults and Adults with Disabilities, 2016



Point-in-time count of nursing facility and residential care residents as of 3/15/2016. All home care data are based on the latest SFY 2016 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.

In 2016, the residents of Maine nursing facilities and case-mix reimbursed residential care facilities (Appendix C) had a similar average age of 80.9 and 81.5, respectively. Users of home and community-based care tended to be younger. The average age across the four levels of Home-Based Care program was 76.0. The Other Related Conditions Waiver serves the youngest population at 42.4.

Figure 3.2 Age Distribution of Maine LTSS Users by Setting, Older Adults and Adults with Disabilities, 2016

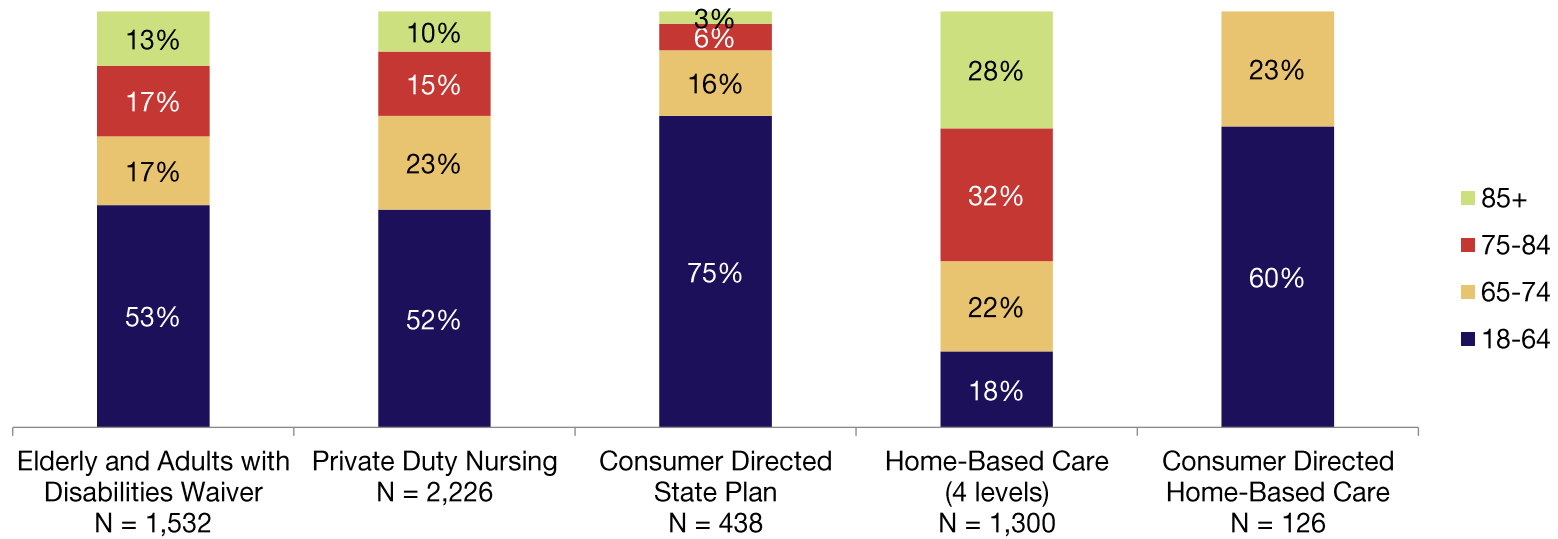


Point-in-time count of nursing facility and residential care residents as of 3/15/2016. All home care data are based on the latest SFY 2016 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.

In SFY 2016, close to half of all Maine nursing facility residents and case-mix residential care residents were age 85 or older. MaineCare and State-funded home care services tended to be younger with only 14% of users age 85 or older. Nearly half of the home care population was under 65; this percentage increased between 2010 and 2014 from 44% to 47%¹⁰ and has remained steady in 2016; In-Home Services shown on this chart includes Personal Care Services, Private Duty Nursing, Elderly and Adults with Disabilities Waiver, and Consumer Directed Attendant Services. The Other Related Conditions Waiver is not included on this chart, due to privacy regulations.

¹⁰ *Older Adults and Adults with Physical Disabilities: Population and Service Use Trends in Maine—2012 Edition*, University of Southern Maine, Muskie School of Public Service. Available at <https://usm.maine.edu/muskie/cutler/older-adults-and-adults-disabilities-population-and-service-use-trends-maine-2012-edition> and *Adults Using Long Term Services and Supports: Population and Service Use Trends in Maine, SFY 2014*, University Of Southern Maine, Muskie School of Public Service. Available at <http://muskie.usm.maine.edu/Publications/DA/Long-Term-Services-Supports-Use-Trends-Chartbook-SFY2014.pdf>.

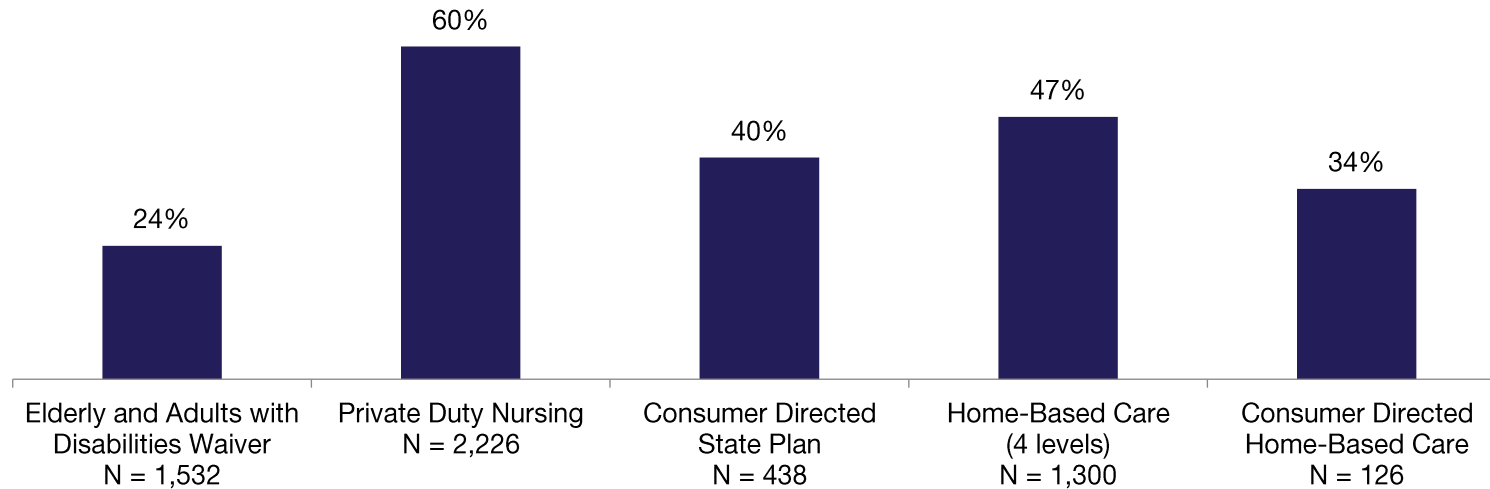
Figure 3.3 Age Distribution of Community-Based MaineCare and State-Funded LTSS Users by Program, Older Adults and Adults with Disabilities, 2016



All home care data are based on the latest SFY 2016 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.

There is variation in the age distribution across the different home and community based LTSS settings serving older adults and adults with physical disabilities. In SFY 2016, the four levels of State-funded Home-Based Care had the highest proportion of users who were 75 or older at 60%. Seventy-five percent of those using Consumer Directed State Plan services were between age 18 and 65. Eighty-three percent of state-funded Consumer Directed Home-Based Care members were age 74 or younger; due to privacy regulations, we cannot show the percentage of members who used these services who were 75 or older or who used the Section 20 Other Related Conditions Waiver.

Figure 3.4 Percentage of MaineCare Community-Based and State-Funded LTSS Users who Lived Alone, by Program, Older Adults and Adults with Disabilities, 2016

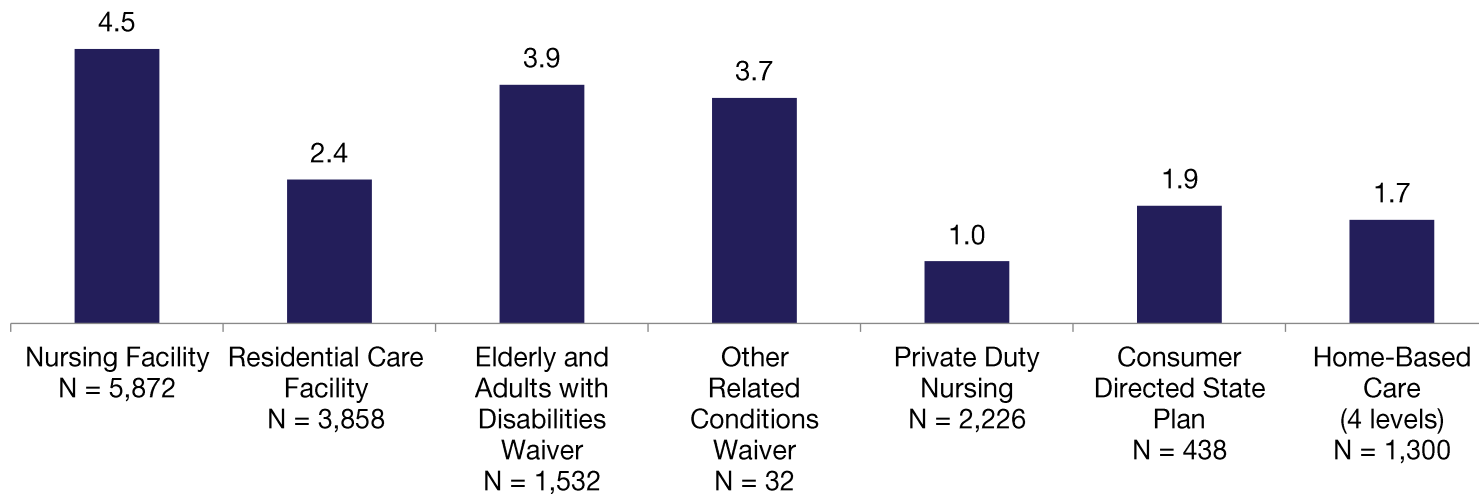


All home care data are based on the latest SFY 2016 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.

The proportion of MaineCare and State-funded home and community-based LTSS users who lived alone varied widely by program in SFY 2016. Users of Private Duty Nursing were the most likely to live alone, at 60%. Users of the Elderly and Adults with Disabilities Waiver were least likely to live alone, at 24%; this percentage increased from 20% in SFY 2014. The percentage of users of the State-funded Home-Based Care (across the four levels) who lived alone has been decreasing over the past several years from 54% to 49% to 47% in 2010, 2014, and 2016 respectively.¹¹ The Section 20 Other Related Conditions Waiver is not included on this chart, due to privacy regulations.

¹¹ *Older Adults and Adults with Physical Disabilities: Population and Service Use Trends in Maine—2012 Edition*, University of Southern Maine, Muskie School of Public Service. Available at <http://muskie.usm.maine.edu/Publications/DA/Adults-Disabilities-Maine-Service-Use-Trends-chartbook-2012.pdf> and *Adults Using Long Term Services and Supports: Population and Service Use Trends in Maine, SFY 2014*, University of Southern Maine, Muskie School of Public Service. Available at <http://muskie.usm.maine.edu/Publications/DA/Long-Term-Services-Supports-Use-Trends-Chartbook-SFY2014.pdf>.

Figure 3.5 Average Number of Activities of Daily Living (ADLs) Requiring Supervision or Greater Levels of Assistance, among Maine Adults Using LTSS, 2016



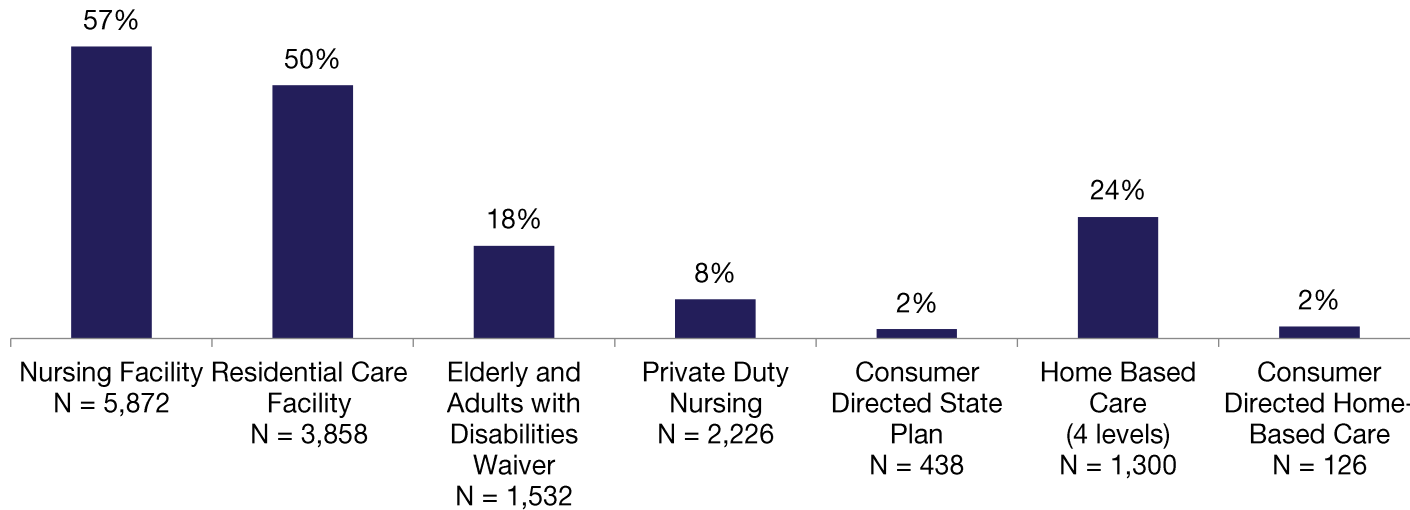
Point-in-time count of nursing facility and residential care residents as of 3/15/2016. All home care data are based on the latest SFY 2016 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.

The five ADLs measured include bed mobility, transferring, locomotion, eating, and toileting.

Compared to SFY 2014, there was little change in the average number of ADLs requiring supervision or hands on assistance in SFY 2016 across the LTSS settings. The two State-funded settings, Home-Based Care and Consumer Directed Home-Based Care, showed small increases, from 1.5 and 2.3 ADLs in SFY 2014 to 1.7 and 2.5 in SFY 2016 respectively.¹²

¹² *Adults Using Long Term Services and Supports: Population and Service Use Trends in Maine, SFY 2014*, University of Southern Maine, Muskie School of Public Service. Available at <http://muskie.usm.maine.edu/Publications/DA/Long-Term-Services-Supports-Use-Trends-Chartbook-SFY2014.pdf>

Figure 3.6 Percentage of Maine LTSS Users who have Dementia by Setting, Older Adults and Adults with Disabilities, 2016



Point-in-time count of nursing facility and residential care residents as of 3/15/2016. All home care data are based on the latest SFY 2016 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.

The proportion of Maine LTSS users who have dementia varies by program. Those using Private Duty Nursing had the lowest reportable percentage of dementia at 8%, while those using nursing facility services had the highest at 57%. While there were users of both Consumer Directed State Plan and state funded services who had dementia, privacy regulations prohibit us from reporting the percentage when it would show fewer than 11 people. No users of the ORC Waiver had dementia.

Table 3.1: Prevalence of Selected Diagnoses among Maine LTSS Users by Program, Elders and Adults with Disabilities, 2016

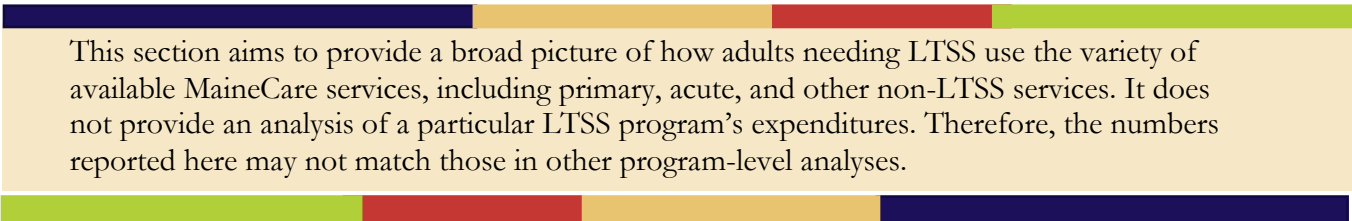
Diagnosis	Nursing Facility N = 5,872	Residential Care Facility N = 3,858	Elderly and Adults with Disabilities Waiver N = 1,532	Private Duty Nursing N = 2,226	Consumer Directed State Plan N = 438	Home Based Care (4 levels) N = 1,300	Consumer Directed Home Based Care N = 126
Hypertension	65%	71%	51%	62%	53%	71%	48%
Depression	54%	46%	47%	57%	63%	47%	49%
Any Dementia	57%	50%	18%	8%	NA	24%	NA
Anemia	22%	22%	13%	16%	13%	17%	13%
Diabetes	29%	30%	31%	40%	37%	35%	33%
Arthritis	17%*	24%	41%	55%	65%	60%	52%
Osteoporosis	10%*	20%	14%	16%	15%	19%	16%

Point-in-time count of nursing facility and residential care residents as of 3/15/2016. All home care data are based on the latest SFY 2016 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.
*Data on "Arthritis" and "Osteoporosis" for the NF population are from the most current comprehensive assessment available for each resident.

The MDS and MED collect information on different diagnoses among users of LTSS in different settings. Hypertension was one of the most common diagnoses across the different service settings, but this varied by setting from 48% of consumer directed home based care users to 71% of residential care facility and home based care users. Depression also ranked high among LTSS users, ranging from 46% of residential care facility users to 63% of consumer directed state plan users. The table shows NA when there were fewer than 11 members identified. There were too few users of the Other Related Conditions Waiver with these diagnoses to report on this chart, with the exception of depression; 41% of ORC Waiver users were diagnosed with depression.

SECTION 4: MAINECARE CLAIMS ANALYSIS OF ADULTS WHO USE LTSS, BY CATEGORY, SFY 2016

Adults who use LTSS in Maine vary in their use of MaineCare services and the expenditures associated with them. Some use a wide range of MaineCare services whereas others use fewer services. While the total number of adult MaineCare members who used LTSS in SFY 2016 and the expenditures on LTSS programs is shown on table I.1 in the Introduction, this next section describes a subset of LTSS users in different service settings and their use of all types of MaineCare services.



This section aims to provide a broad picture of how adults needing LTSS use the variety of available MaineCare services, including primary, acute, and other non-LTSS services. It does not provide an analysis of a particular LTSS program's expenditures. Therefore, the numbers reported here may not match those in other program-level analyses.

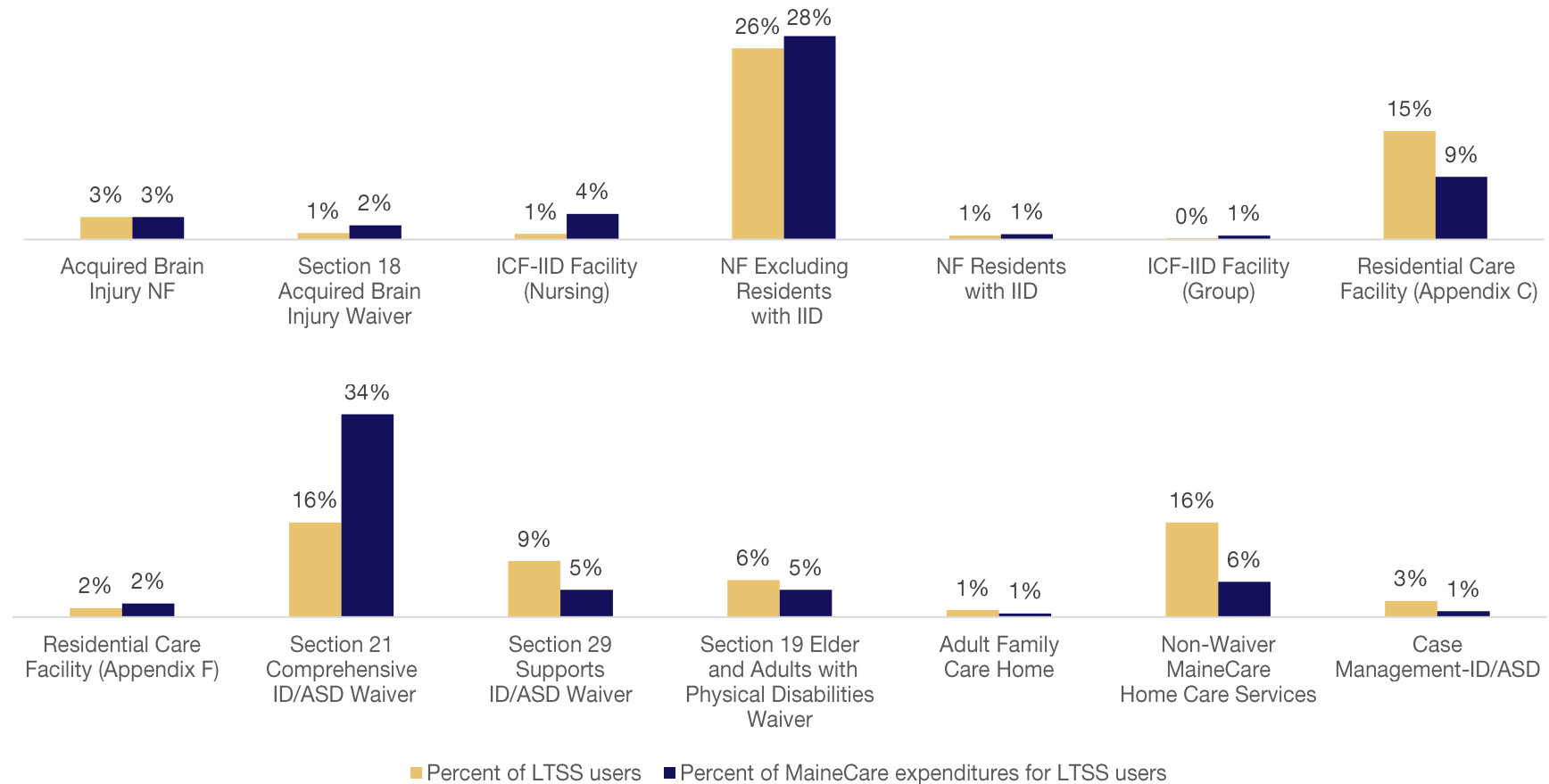
In order to conduct this focused analysis of the claims experience of members using different MaineCare LTSS programs, we established a hierarchy of adult MaineCare LTSS users based on the intensity of the services provided by setting, and the members' eligibility for MaineCare for at least eleven months during the SFY 2016. Members were placed in the hierarchy according to whether they had a MaineCare coverage code for and used a particular LTSS service, such as nursing facility care, for 6 or more months during the year.

The members in higher intensity categories were then excluded from the categories of lesser intensity for the purposes of tracking the service use and expenditures associated with being a member of a particular category. Members of any one category may have used the services of one of the other programs during the year, but their placement in a particular category signifies that they were members of that category for a majority of the fiscal year. Two types of charts are shown for each category: 1) **total and top expenditures**; and 2) **service utilization rates**. Total and top service expenditures include both LTSS and non-LTSS MaineCare services. Service utilization rates are presented for services used by at least 20% of members of an LTSS category except when doing so would identify fewer than 11 people. Members who used Section 20 Adults with Other Related Conditions waiver were excluded from this analysis, as this population is very small. As the waiver grows, they may be included in future analyses. A more detailed description of how we determined the hierarchy groupings can be found in Appendix A at the end of this chartbook. Descriptions of many of the services noted on these charts can be found in the Glossary in Appendix B.

Table 4.1 shows the 14 hierarchical categories we established for this analysis, the distinct number of members in each category, and the total MaineCare dollars spent on the members in each category. Again, the total expenditures are not just for the LTSS, but also for the non-LTSS MaineCare services used by these members throughout the year. It includes medical and pharmacy costs.

Table 4.1 Hierarchical Categories of MaineCare Ltss users, SFY 2016		
LTSS Hierarchy Categories	Distinct members assigned to category	Total MaineCare expenditures for members using LTSS (includes non-LTSS spending)
Acquired Brain Injury Nursing, Rehabilitation Center, Residential Care	543	\$28,892,048
Section 18 Acquired Brain Injury Waiver	159	\$18,160,321
ICF-IID Facility (Nursing)	139	\$32,908,214
NF Excluding Residents with IID/ASD	4,629	\$260,303,221
NF Residents with IID/ASD	97	\$6,711,999
ICF-IID Facility (Group)	30	\$5,163,614
Residential Care Facility (Appendix C)	2,625	\$80,299,438
Residential Care Facility (Appendix F)	270	\$21,450,269
Section 21 Comprehensive IID/ASD Waiver	2,820	\$319,382,138
Section 29 Supports IID/ASD Waiver	1,668	\$42,733,335
Section 19 Elder and Adults with Physical Disabilities Waiver	1,102	\$42,763,342
Adult Family Care Home	206	\$5,783,903
Non-Waiver MaineCare Home Care Services	2,818	\$55,672,642
Case Management-IID/ASD	481	\$9,175,417
Total	17,587	\$929,399,902

Figure 4.1 Distribution of Adult MaineCare LTSS Users and Expenditures by LTSS Category, SFY 2016



Members, services, and expenditures identified through using a combination of MaineCare IDs, provider lists, data from MIHMS, SFY 2016.

Figure 4.1 shows the distribution of LTSS users and expenditures across the different LTSS categories in this analysis. The Nursing Facility Excluding Residents with IID category serves the most members in this analysis, and the Section 21 Comprehensive ID/ASD Waiver accounts for the highest percentage of expenditures.

Figure 4.2 Age Distribution of Adult MaineCare LTSS Users by Select Categories, SFY 2016

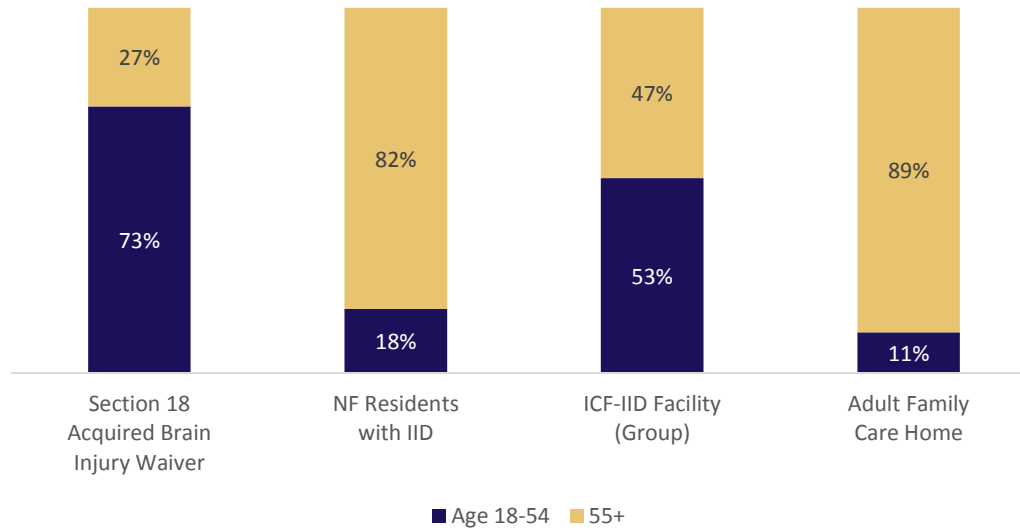


There is wide variation in ages among members who use different MaineCare LTSS services. Nursing Facility and Residential Care Facility (App. C) residents tend to be older, while users of ID/ASD programs and acquired brain injury services tend to be younger.

*Note: On this figure, the Nursing Facility Excluding Residents with IID and the Res. Care (App. C) categories had members who were younger than 35 who were included in the 35-54 age group percentage. The Case Management ID/ASD category had members who were older than 65 who were included in the 55-64 age group percentage. In both instances, there were too few members to report in their respective age category due to privacy regulations.

Members, services, and expenditures identified through using a combination of MaineCare IDs, provider lists, data from MIHMS, SFY 2016.

Figure 4.3 Age Distribution of Adult MaineCare LTSS Users by Select Categories, SFY 2016



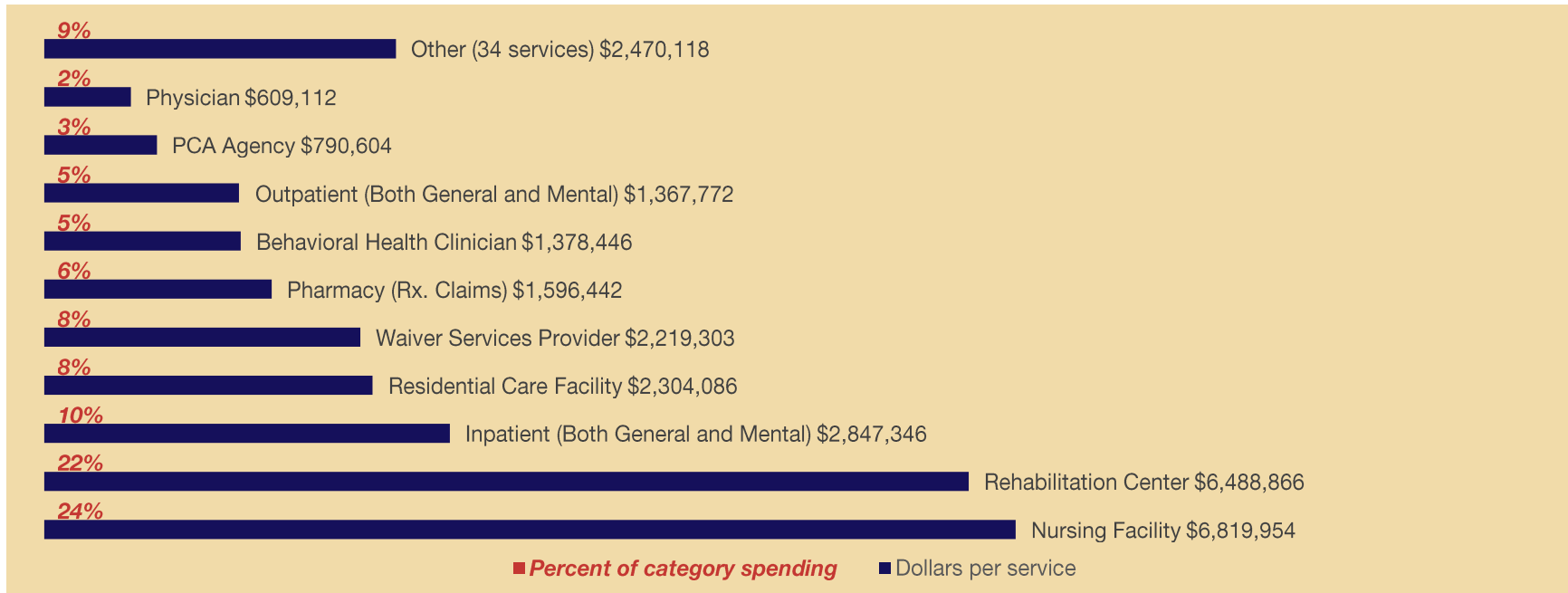
Members, services, and expenditures identified through using a combination of MaineCare IDs, provider lists, data from MIHMS, SFY 2016.

Due to privacy regulations, we are not able to provide the same detail on age group distribution for these smaller LTSS programs. There is similar age variation in these programs as seen in the larger categories. Members using Section 18 Acquired Brain Injury Waiver services and ICF-IID group facilities tend to be younger than those using nursing facility care.

Acquired Brain Injury Nursing Facility, Rehabilitation Center, Residential Care

Members in category: 543
 Total MaineCare expenditures on category: \$28,892,048
 Annual per person expenditure, including non-LTSS spending: \$53,208

Figure 4.4 Total MaineCare Expenditures for Adult LTSS Users in the Acquired Brain Injury NF, Rehab Center, Res. Care Category, SFY 2016



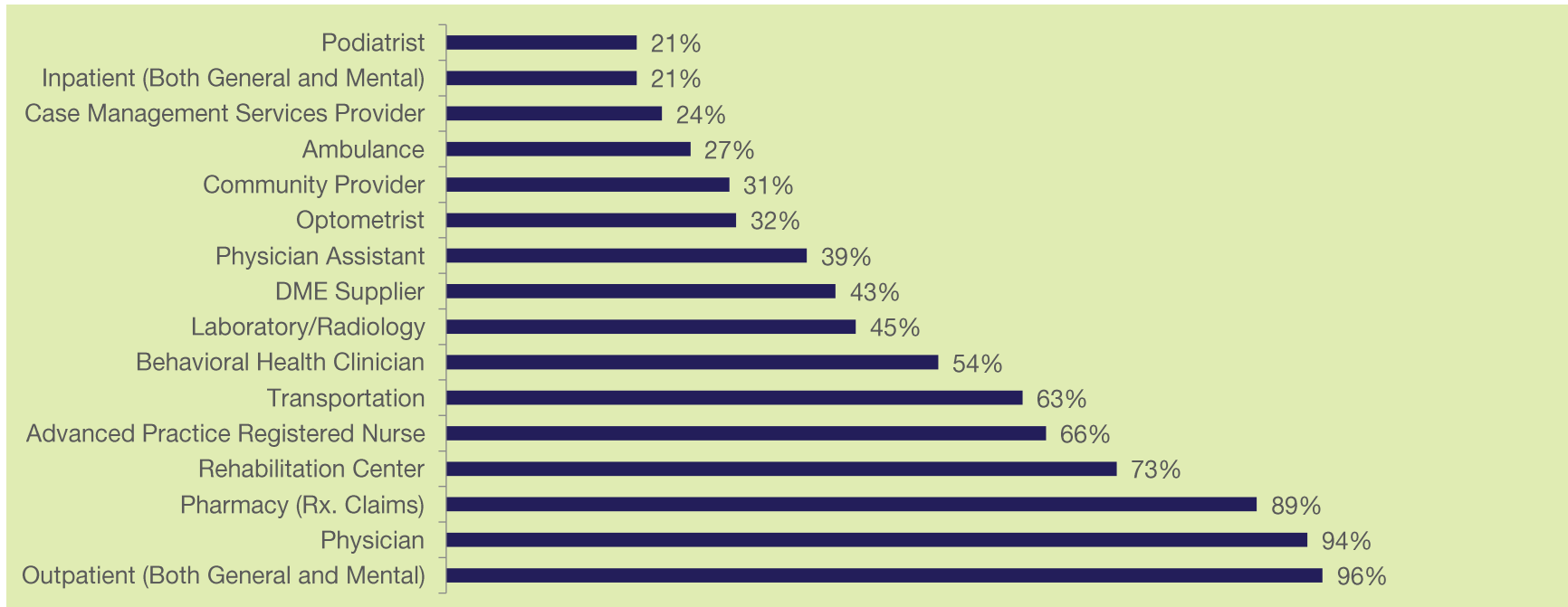
Members and services identified through using MaineCare IDs, coverage codes, provider lists and data from MIHMS for SFY 2016

Figure 4.4. shows the services accounting for the highest percentage of expenditures for this category. Members in this category may have had the coverage code for brain injury nursing facility care but did not use those services during the year; instead, they may have used traditional Nursing Facility, Rehabilitation Center, or Residential Care facilities specializing in brain injury care. The annual per person cost for these different services varies widely. For example, the per user cost for the 398 members who used Rehabilitation Center services was \$16,304. The per user cost for the 45 members who used brain injury nursing facility services, was \$114,720.

Acquired Brain Injury Nursing Facility, Rehabilitation Center, Residential Care

Members in category: 543
Total MaineCare expenditures on category: \$28,892,048
Annual per person expenditure, including non-LTSS spending: \$53,208

Figure 4.5 MaineCare Service Utilization Rates for LTSS Users in the Acquired Brain Injury NF, Rehab Center, Res. Care Category, SFY 2016



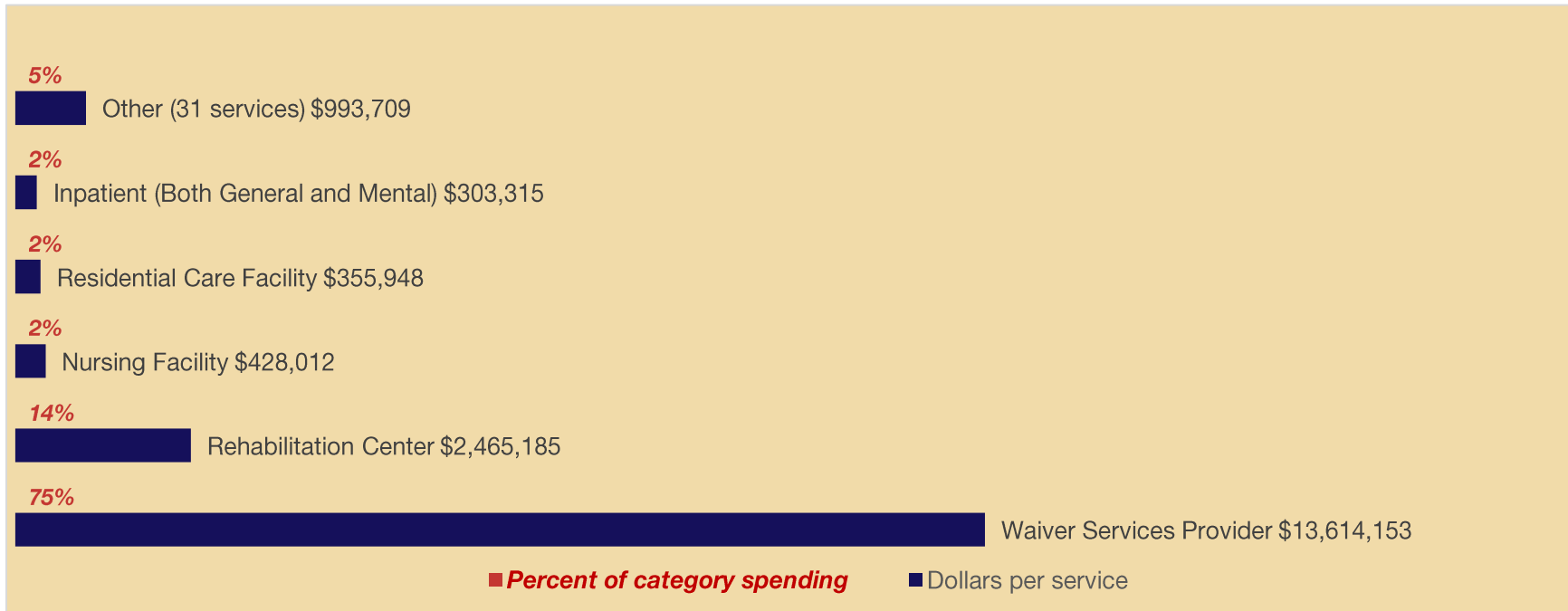
Note: Services shown are used by at least 20% of members in this category; members and services identified through using MaineCare IDs, coverage codes, provider lists and data from MIHMS for SFY 2016.

While expenditures for nursing facility services accounted for twenty-four percent of spending on this group, only thirteen percent of group members actually used this service. A much larger percentage (73%) used Rehabilitation Center services.

Section 18 Acquired Brain Injury Waiver

Members in category: 159
Total MaineCare expenditures on category: \$18,160,321
Annual per person expenditure, including non-LTSS spending: \$114,216

Figure 4.6 Total MaineCare Expenditures for Adult LTSS Users on the Section 18 Acquired Brain Injury Waiver Category, SFY 2016



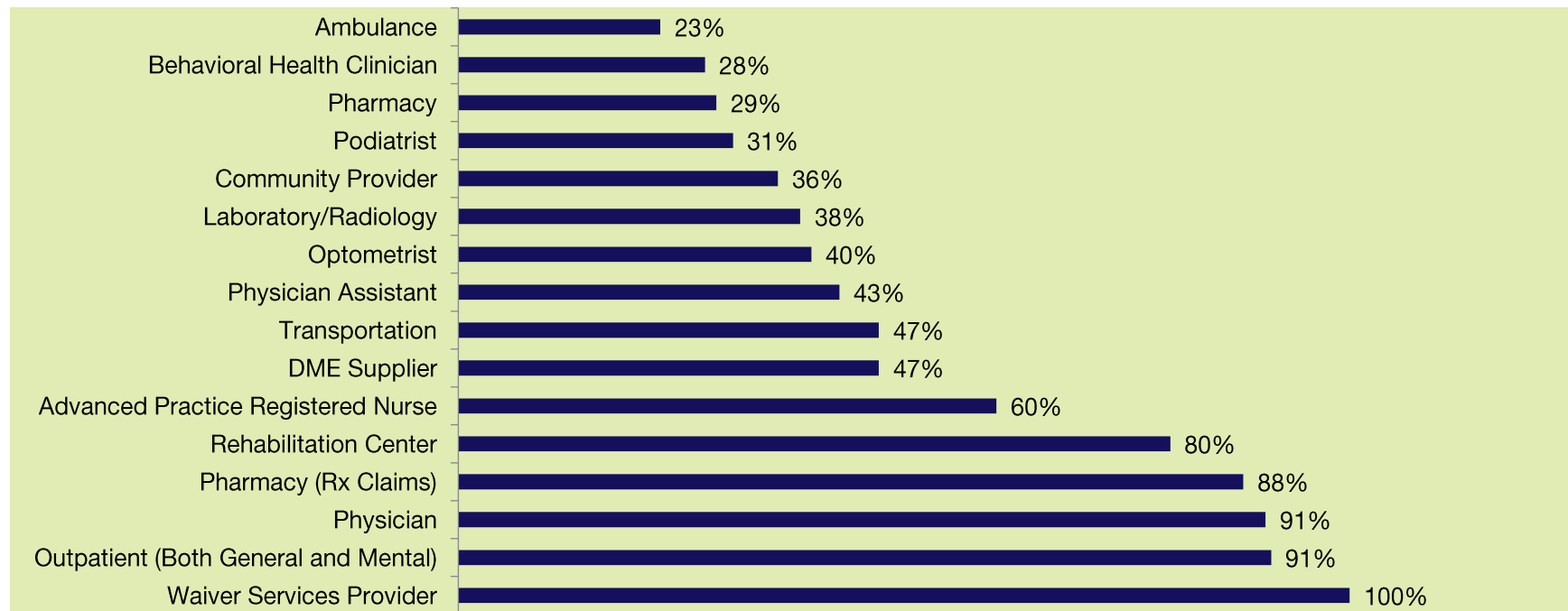
Members and expenditures identified in MIHMS for SFY 2016.

The majority of MaineCare spending on adults who used the Section 18 Acquired Brain Injury Waiver was for the waiver services themselves. The annual per person cost for users of this particular service in this category was \$85,624. This compares to the annual per person cost for brain injury nursing facility care noted in Figure 4.2 of \$114,720.

Section 18 Acquired Brain Injury Waiver

Members in category: 159
Total MaineCare expenditures on category: \$18,160,321
Annual per person expenditure, including non-LTSS spending: \$114,216

Figure 4.7 MaineCare Service Utilization Rates for Adult LTSS Users on the Section 18 Acquired Brain Injury Waiver Category, SFY 2016



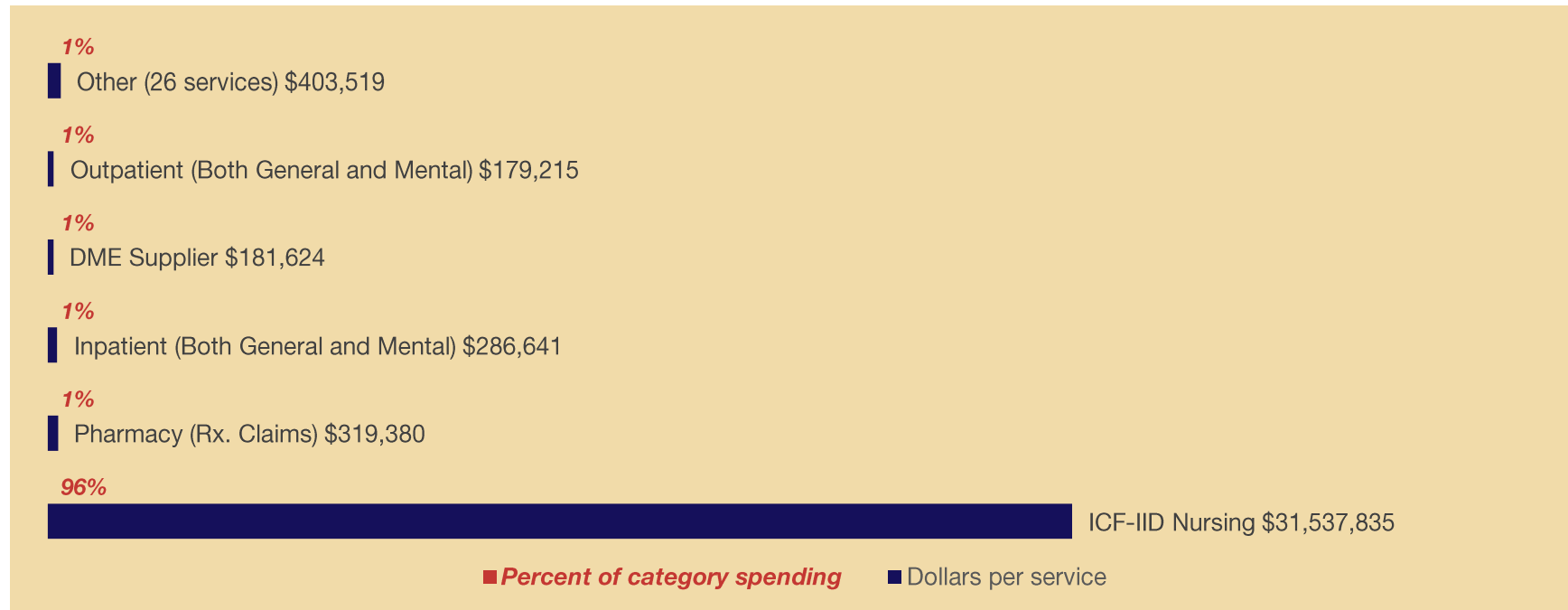
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

In addition to home support services provided under this waiver, most members in this category (80%) used rehabilitation center services. Members using these rehabilitation center services must require at least one of the three following types of covered services: 1) Intensive integrated neuro-rehabilitation; 2) Neurobehavioral rehabilitation; or 3) Community/work reintegration or self-care/home management reintegration.

ICF-IID Nursing

Members in category: 139
Total MaineCare expenditures on category: \$32,908,214
Annual per person expenditure, including non-LTSS spending: \$236,750

Figure 4.8 Total MaineCare Expenditures for Adult LTSS Users in the ICF-IID Nursing Category, SFY 2016



Members and expenditures identified in MIHMS for SFY 2016.

ICF-IID Nursing care is the most expensive LTSS category per person. The average per person cost just for the ICF-IID Nursing service in this analysis was \$226,891. ICF-IID Nursing care provides at least eight hours of licensed nursing care, physical and occupational therapies, speech and hearing services, as well as individual developmental training that can include ADL skills; communication skills; physical development; behavior modification; work adjustment and supported employment.

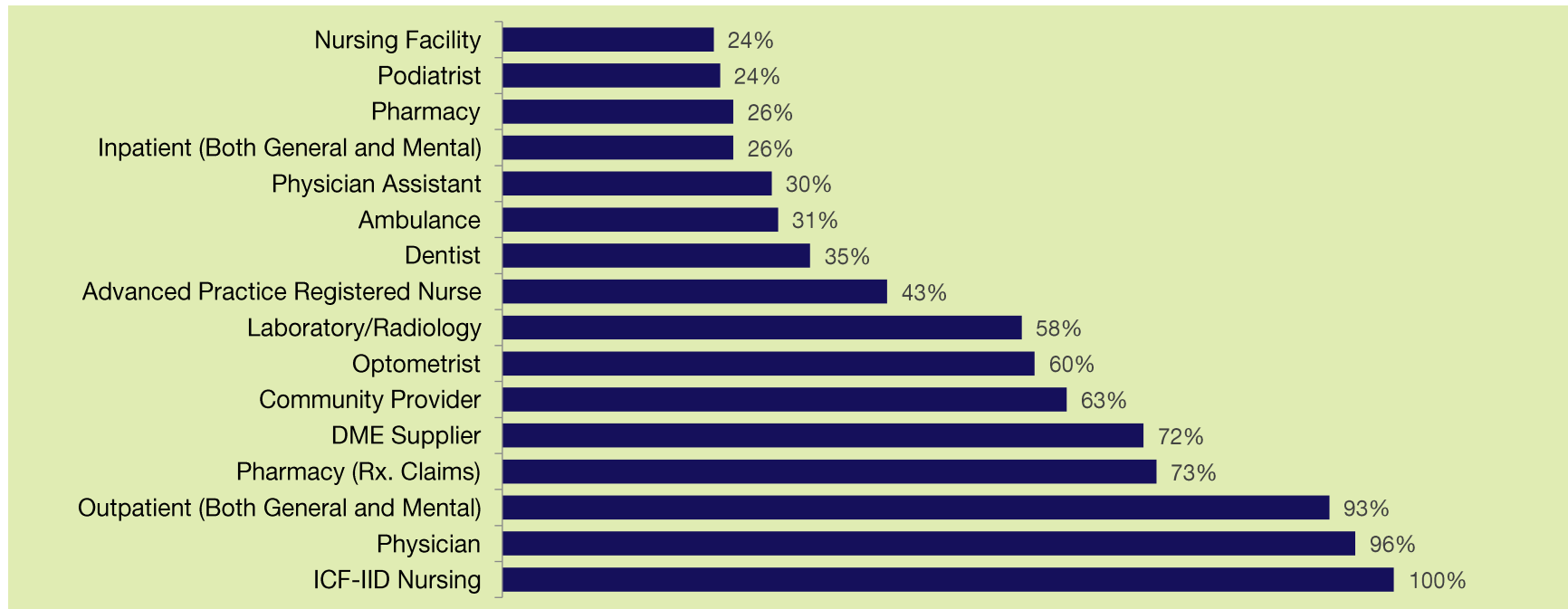
ICF-IID Nursing

Members in category: 139

Total MaineCare expenditures on category: \$32,908,214

Annual per person expenditure, including non-LTSS spending: \$236,750

Figure 4.9 MaineCare Service Utilization Rates for Adult LTSS Users on the ICF-IID Nursing Category, SFY 2016



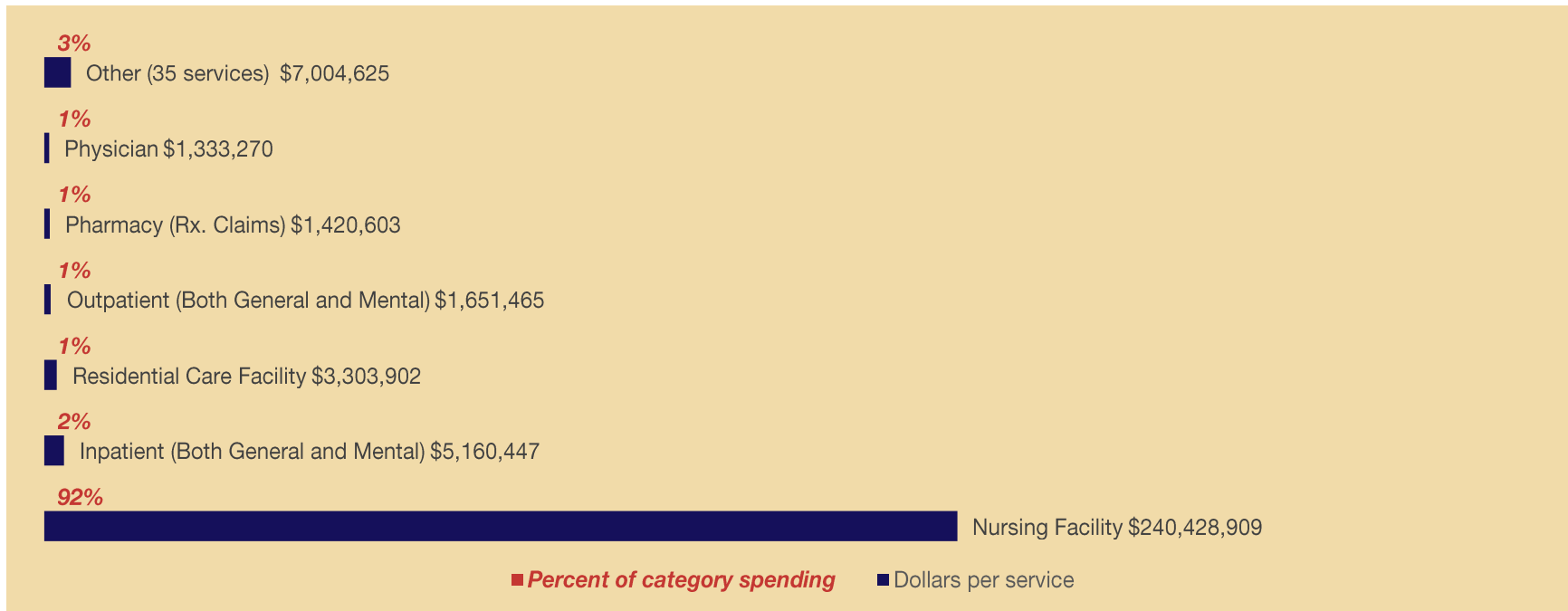
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Members in this LTSS category used a wide variety of MaineCare covered services. This category had a higher utilization rate of dental services than other categories in this analysis, reflecting broader eligibility criteria for dental care for members in ICF-IID facilities.

Nursing Facility Residents Excluding those with ID/ASD

Members in category: 4,629
Total MaineCare expenditures on category: \$260,303,221
Annual per person expenditure, including non-LTSS spending: \$56,233

Figure 4.10 Total MaineCare Expenditures for Adult LTSS Users in the Nursing Facility Residents Excluding those with ID/ASD Category, SFY 2016



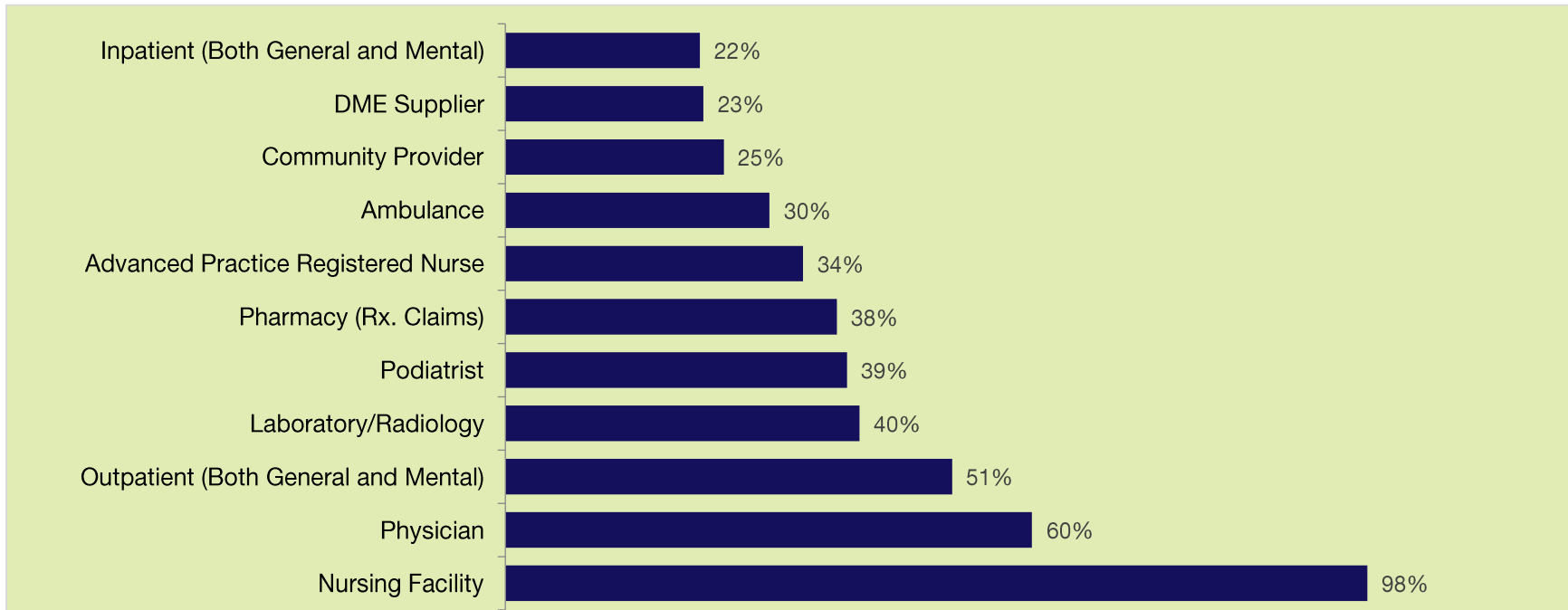
Members and expenditures identified in MIHMS for SFY 2016.

This is the largest category of adult MaineCare LTSS users. Expenditures for nursing facility services were the highest expense for this category. In this analysis, the average per person nursing facility expenditure was \$52,853.

Nursing Facility Residents Excluding those with ID/ASD

Members in category: 4,629
Total MaineCare expenditures on category: \$260,303,221
Annual per person expenditure, including non-LTSS spending: \$56,233

Figure 4.11 MaineCare Service Utilization Rates for Adult LTSS Users in the Nursing Facility Residents Excluding those with ID/ASD Category, SFY 2016



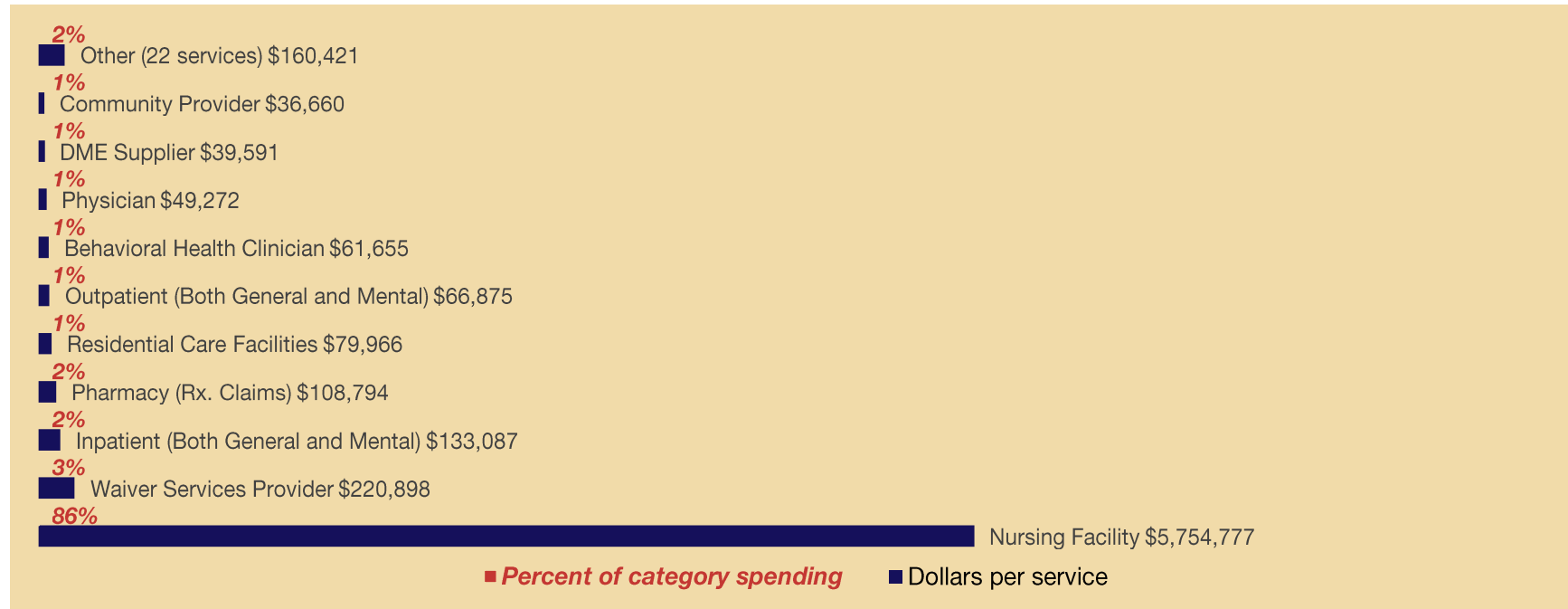
Note: Services shown are used by at least 20% of members in this category. Members identified through a combination of using MDS data and data from MIHMS; expenditures identified in MIHMS for SFY 2016.

Members of this LTSS category use a variety of MaineCare covered services. In this analysis, members were identified in this category through having a MaineCare coverage code for nursing facility care for at least 6 months in SFY 2016. It is possible that a person may have a coverage code for this service but may not have used the service during SFY 2016; this is reflected in the 98% utilization rate for nursing facility services.

Nursing Facility Residents with ID/ASD

Members in category: 97
 Total MaineCare expenditures on category: \$6,711,999
 Annual per person expenditure, including non-LTSS spending: \$69,196

Figure 4.12 Total MaineCare Expenditures for Adult LTSS Users in the Nursing Facility Residents with ID/ASD Category, SFY 2016



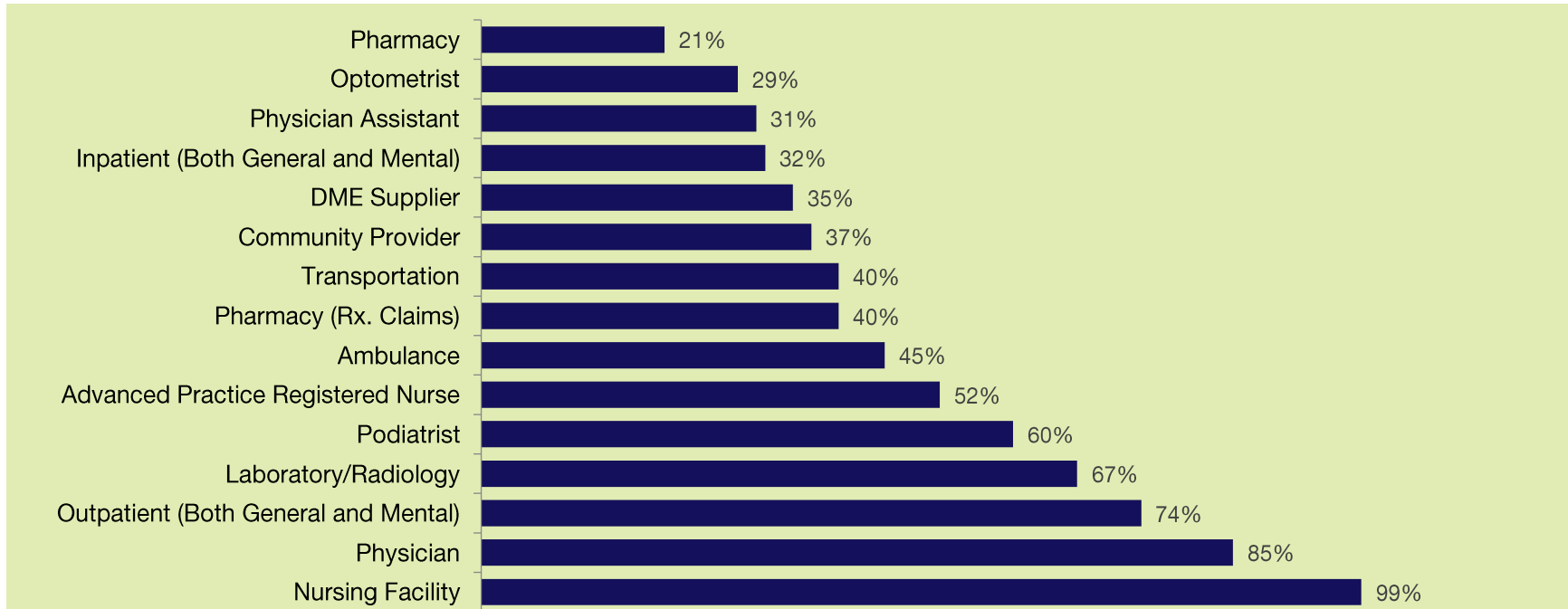
Members identified through a combination of using MDS data and data from MIHMS; expenditures identified in MIHMS for SFY 2016.

Members were identified in this LTSS category through information collected in MDS assessments and MaineCare coverage codes. The average annual MaineCare expenditure for this category including non-LTSS spending is \$69,196, almost \$13,000 more than for residents without ID/ASD as shown in Figure 4.10.

Nursing Facility Residents with ID/ASD

Members in category: 97
Total MaineCare expenditures on category: \$6,711,999
Annual per person expenditure, including non-LTSS spending: \$69,196

Figure 4.13 MaineCare Service Utilization Rates for Adult LTSS Users in the Nursing Facility Residents with ID/ASD Category, SFY 2016



Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

While this population of nursing facility residents is a small subset of total facility residents, it is interesting to note that as a whole, they have higher utilization rates than nursing facility residents without ID/ASD of several services, including podiatry, transportation, inpatient, outpatient, and physician services.

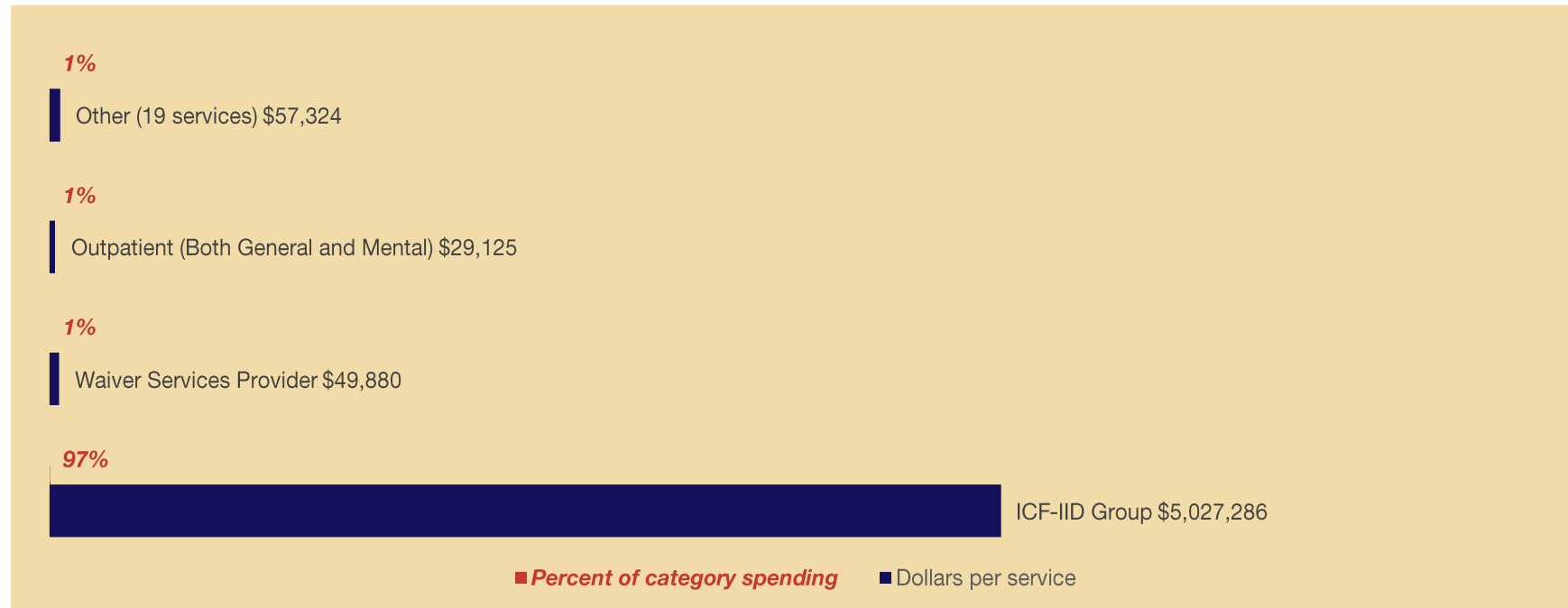
ICF-IID Group

Members in category: 30

Total MaineCare expenditures on category: \$5,163,614

Annual per person expenditure, including non-LTSS spending: \$172,120

Figure 4.14 Total MaineCare Expenditures for Adult LTSS Users in the ICF-IID Group Category, SFY 2016



Members and expenditures identified in MIHMS for SFY 2016.

This is the smallest group of adult LTSS users in this analysis. ICF-IID Group services are similar to those provided in ICF-IID Nursing Facilities except that members do not require at least eight hours of licensed nursing care on a daily basis. The expenditures for the ICF-IID Group services accounted for the vast majority of MaineCare spending on this category; the average annual per person cost for this service in this analysis was \$167,576.

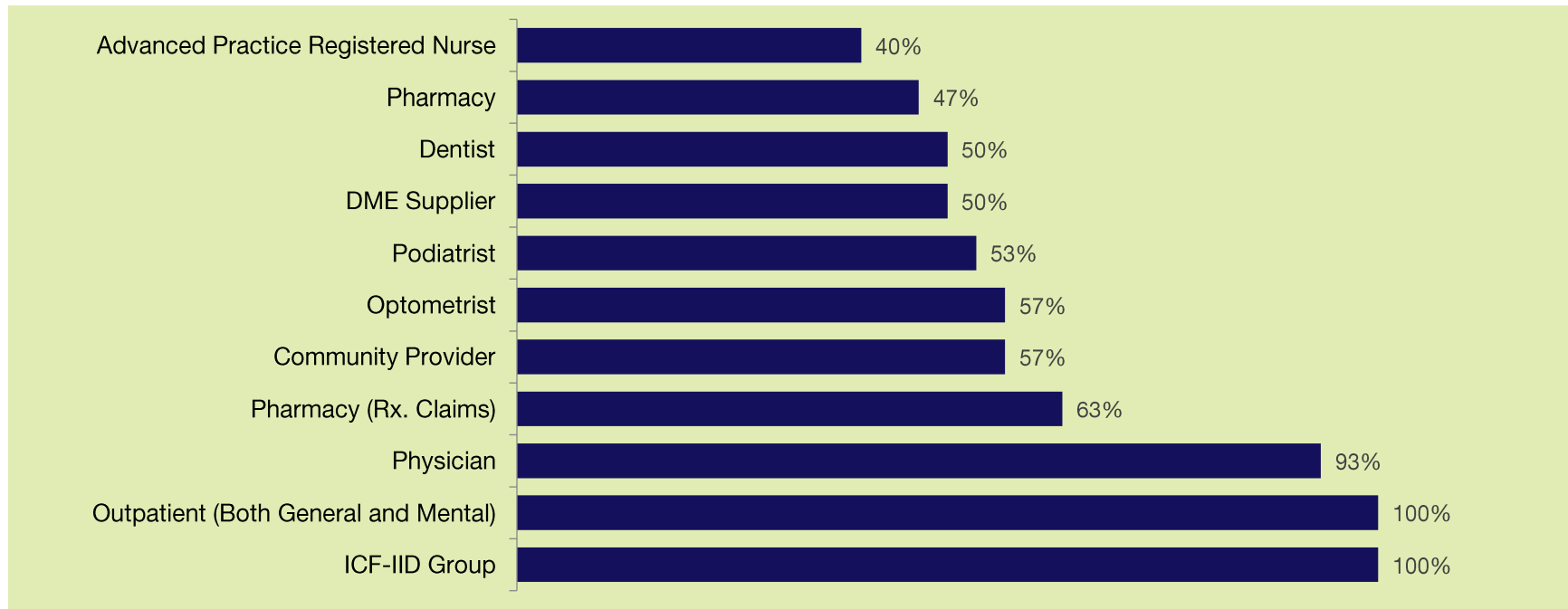
ICF-IID Group

Members in category: 30

Total MaineCare expenditures on category: \$5,163,614

Annual per person expenditure, including non-LTSS spending: \$172,120

Figure 4.15 MaineCare Service Utilization Rates for Adult LTSS Users in the ICF-IID Group Category, SFY 2016



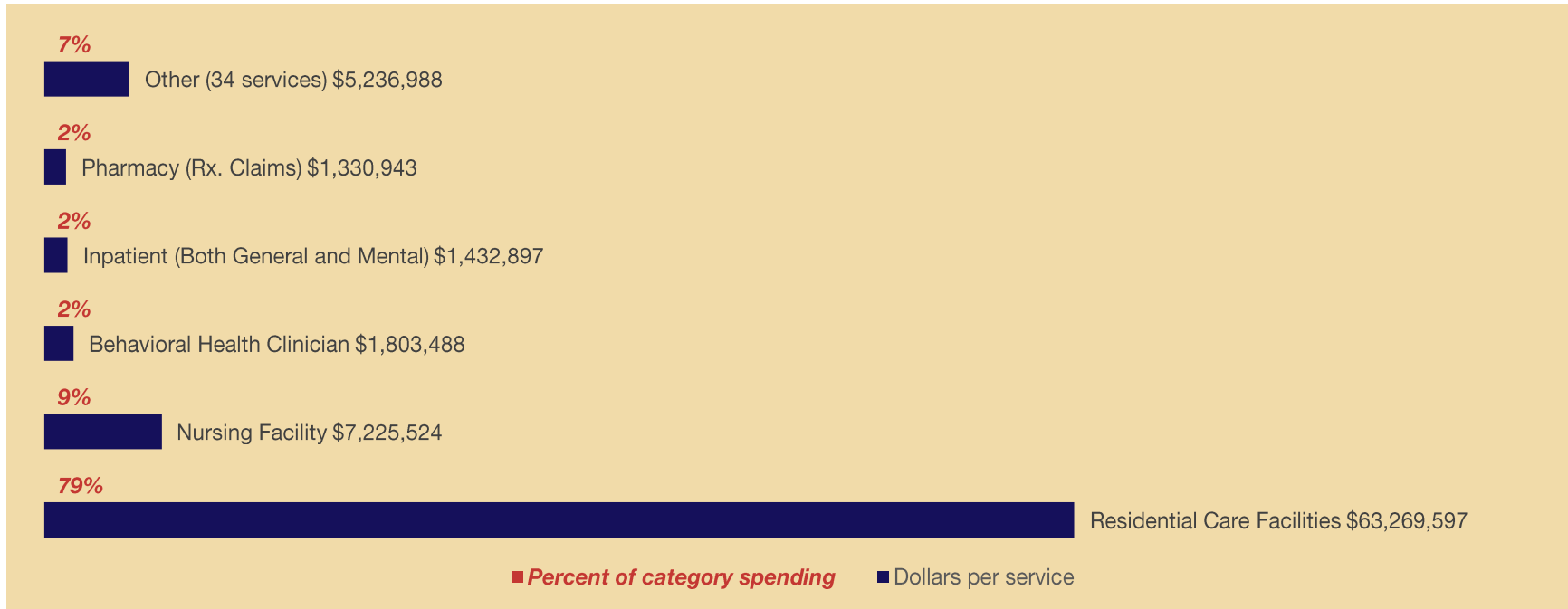
Note: Services shown are used by at least 40% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Due to the small number of members in this category, we are able to show only those services which were used by at least forty percent of category members.

Residential Care Facility (Appendix C)

Members in category: 2,625
Total MaineCare expenditures on category: \$80,299,438
Annual per person expenditure, including non-LTSS spending: \$30,590

Figure 4.16 Total MaineCare Expenditures for Adult LTSS Users in the Residential Care Facility (Appendix C) Category, SFY 2016



Members and expenditures identified in MIHMS for SFY 2016.

Residential care facilities (Appendix C) provide personal care, nursing, social work, and other support services. They are reimbursed according to the level of need of their residents, also known as case-mix reimbursement. The average per person cost for this service in this analysis was \$25,678 in SFY 2016.

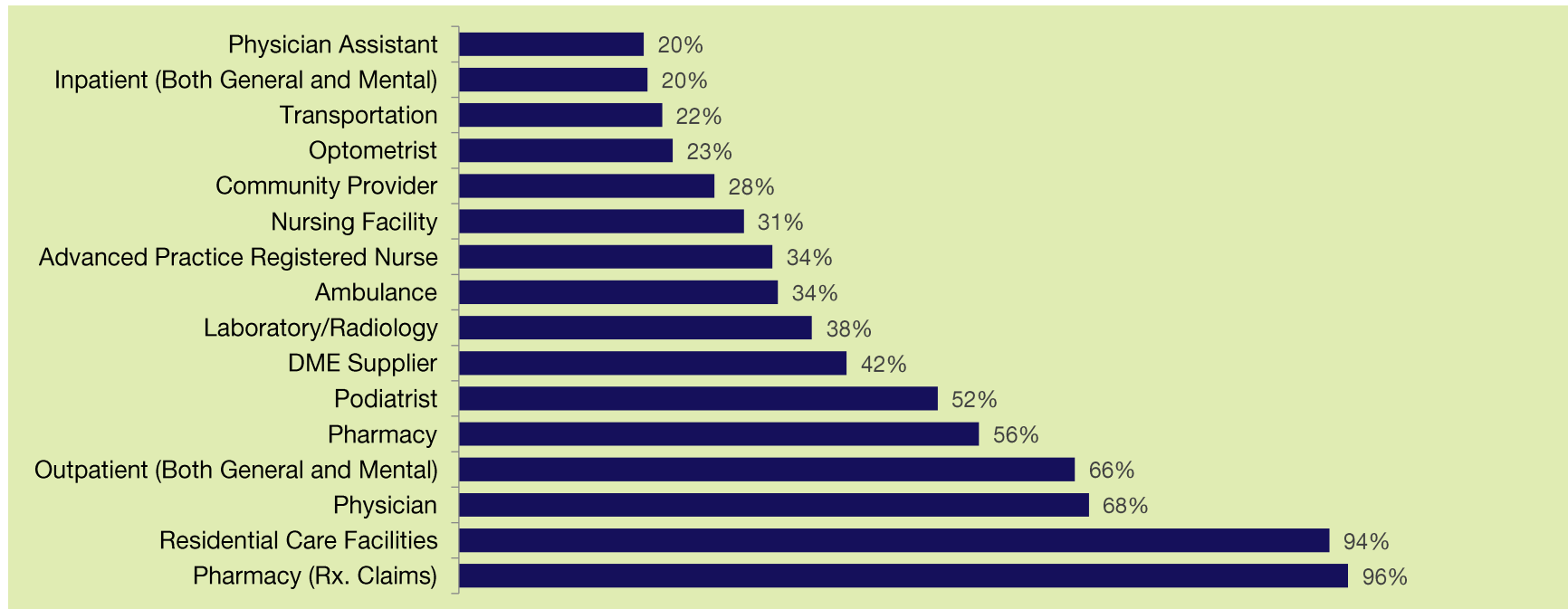
Residential Care Facility (Appendix C)

Members in category: 2,625

Total MaineCare expenditures on category: \$80,299,438

Annual per person expenditure, including non-LTSS spending: \$30,590

Figure 4.17 MaineCare Service Utilization Rates for Adult LTSS Users in the Residential Care Facility (Appendix C) Category, SFY 2016



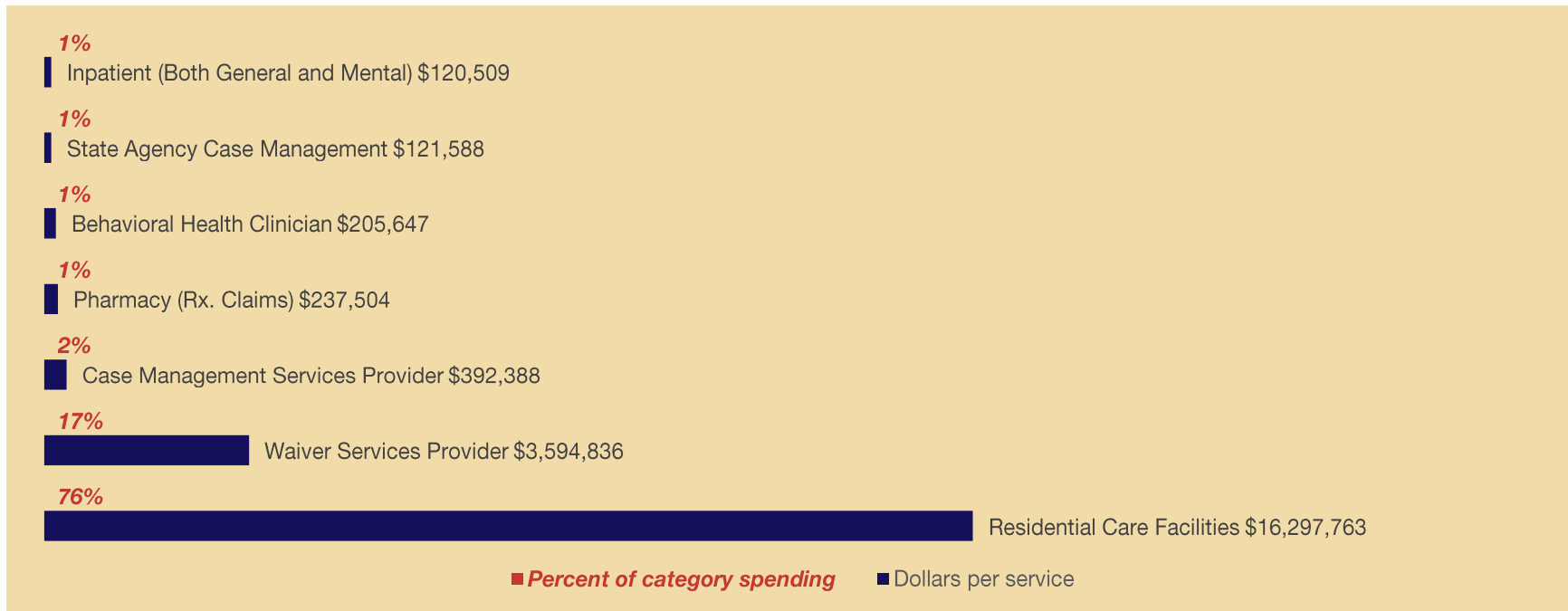
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Members of this category used a wide variety of MaineCare covered services and have utilization patterns similar to nursing facility residents.

Residential Care Facility (Appendix F)

Members in category: 270
Total MaineCare expenditures on category: \$21,450,269
Annual per person expenditure, including non-LTSS spending: \$79,445

Figure 4.18 Total MaineCare Expenditures for Adult LTSS Users in the Residential Care Facility (Appendix F) Category, SFY 2016



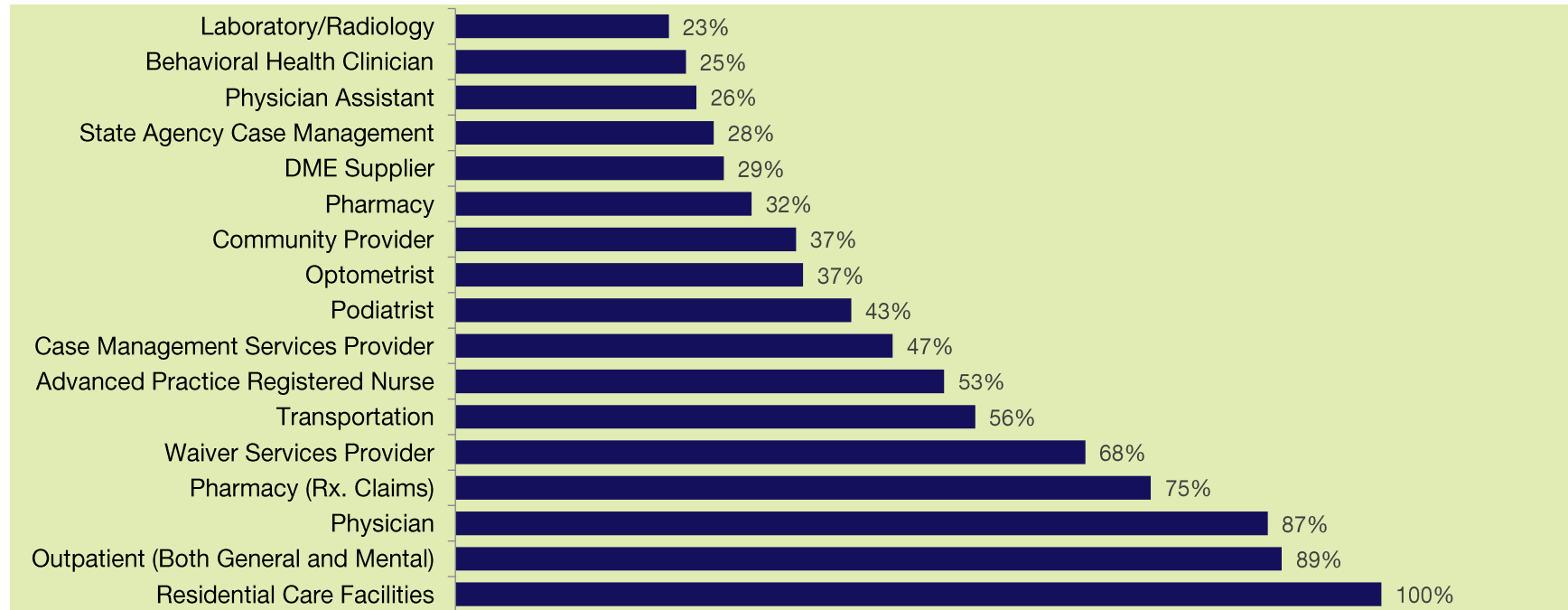
Members and expenditures identified in MIHMS for SFY 2016.

Residential care facilities (Appendix F) provide personal care and support services as well as occupational, physical, and speech therapies, social work, and other services to residents who have specific medical conditions such as acquired brain injury, mental illness, ID/ASD, or blindness. These facilities are not included in the case-mix reimbursement system for Appendix C facilities.

Residential Care Facility (Appendix F)

Members in category: 270
Total MaineCare expenditures on category: \$21,450,269
Annual per person expenditure, including non-LTSS spending: \$79,445

Figure 4.19 MaineCare Service Utilization Rates for Adult LTSS Users in the Residential Care Facility (Appendix F) Category, SFY 2016



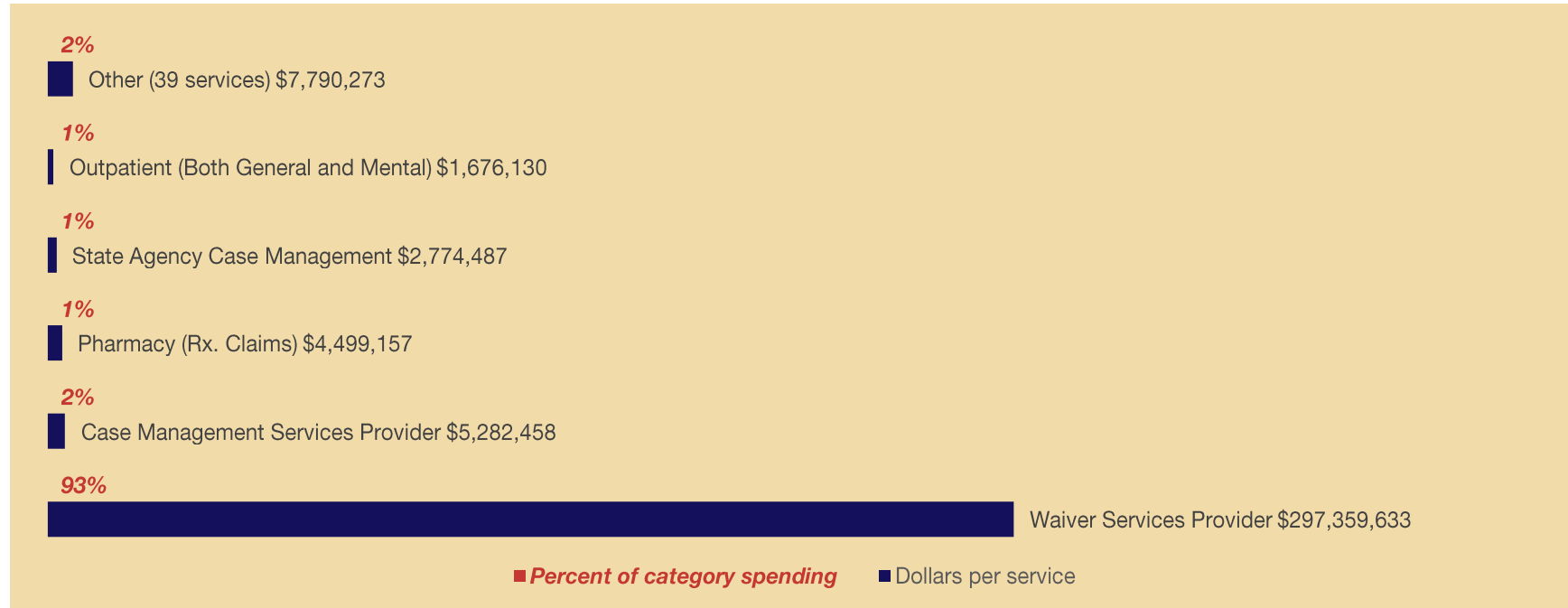
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Members of this LTSS category used a wide variety of MaineCare covered services, including home and community based waiver services, during the year. The waiver services used by members of this category were the Section 21 Comprehensive ID/ASD and the Section 29 Supports ID/ASD waivers. However, members of this group were identified as having six or more months of the coverage code for Residential Care Facility (App. F), and so were placed in this category and not one of the ID/ASD waiver categories.

Section 21 Comprehensive ID/ASD Waiver

Members in category: 2,820
Total MaineCare expenditures on category: \$319,382,138
Annual per person expenditure, including non-LTSS spending: \$113,256

Figure 4.20 Total MaineCare Expenditures for Adult LTSS Users in the Section 21 Comprehensive ID/ASD Waiver Category, SFY 2016



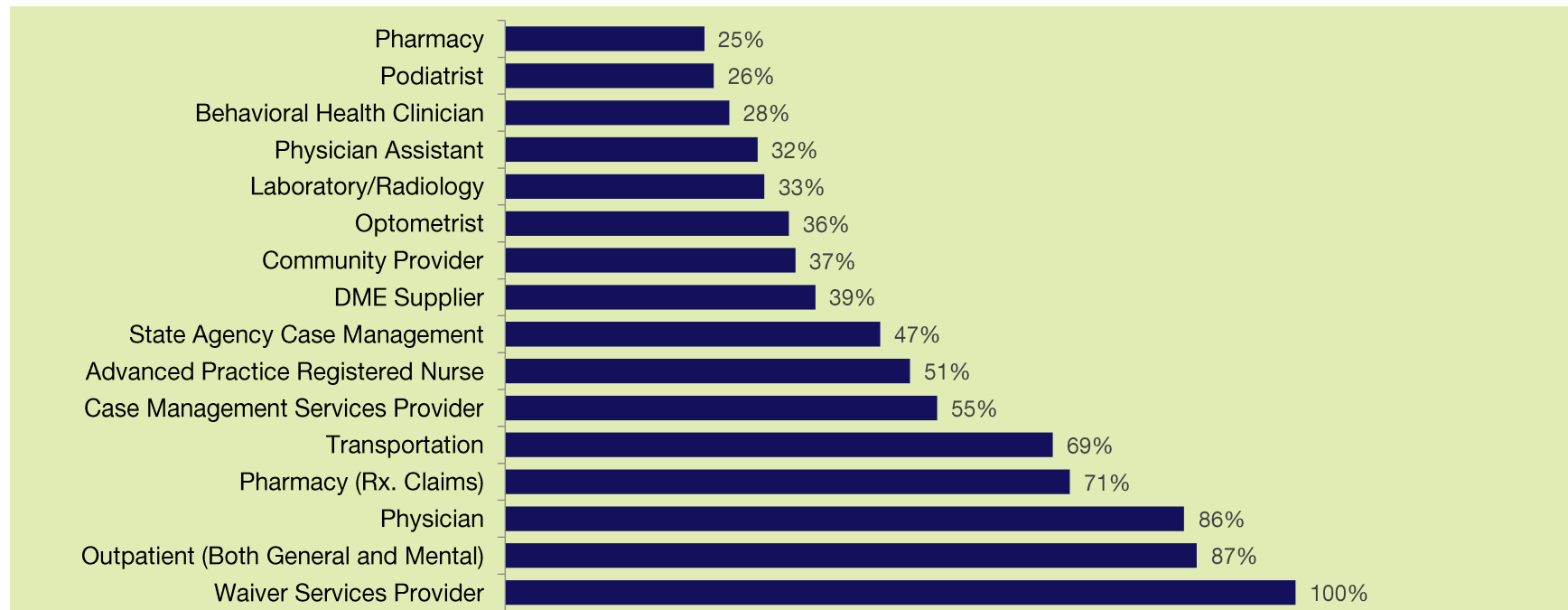
Members and expenditures identified in MIHMS for SFY 2016.

This category of MaineCare LTSS users was the most expensive overall in this analysis with close to \$320 million in MaineCare expenditures. The home and community based waiver services accounted for the vast majority of spending on this category and, in this analysis, had an average annual per person cost of \$105,559. This compares to the ICF-IID Nursing and Group annual per person cost of \$226,891 and \$167,576, respectively.

Section 21 Comprehensive ID/ASD Waiver

Members in category: 2,820
Total MaineCare expenditures on category: \$319,382,138
Annual per person expenditure, including non-LTSS spending: \$113,256

Figure 4.21 MaineCare Service Utilization Rates for Adult LTSS Users in the Section 21 Comprehensive ID/ASD Waiver Category, SFY 2016



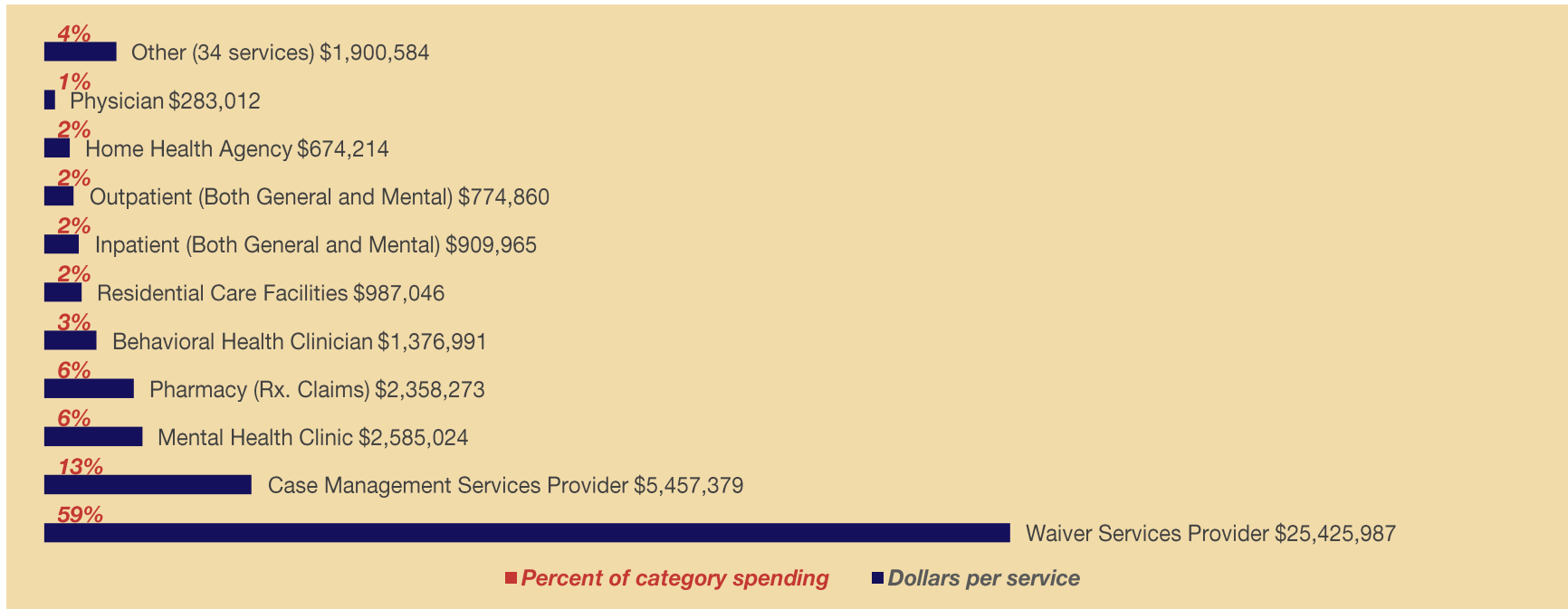
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Transportation services were used by 69% of members in this category, the second highest utilization rate for this service, behind members of the Section 29 Supports ID/ASD waiver category. Transportation is included as a component of the direct support activities under the waiver to help members live in the community.

Section 29 Supports ID/ASD Waiver

Members in category: 1,668
 Total MaineCare expenditures on category: \$42,733,335
 Annual per person expenditure, including non-LTSS spending: \$25,620

Figure 4.22 Total MaineCare Expenditures for Adult LTSS Users in the Section 29 Supports ID/ASD Waiver Category, SFY 2016



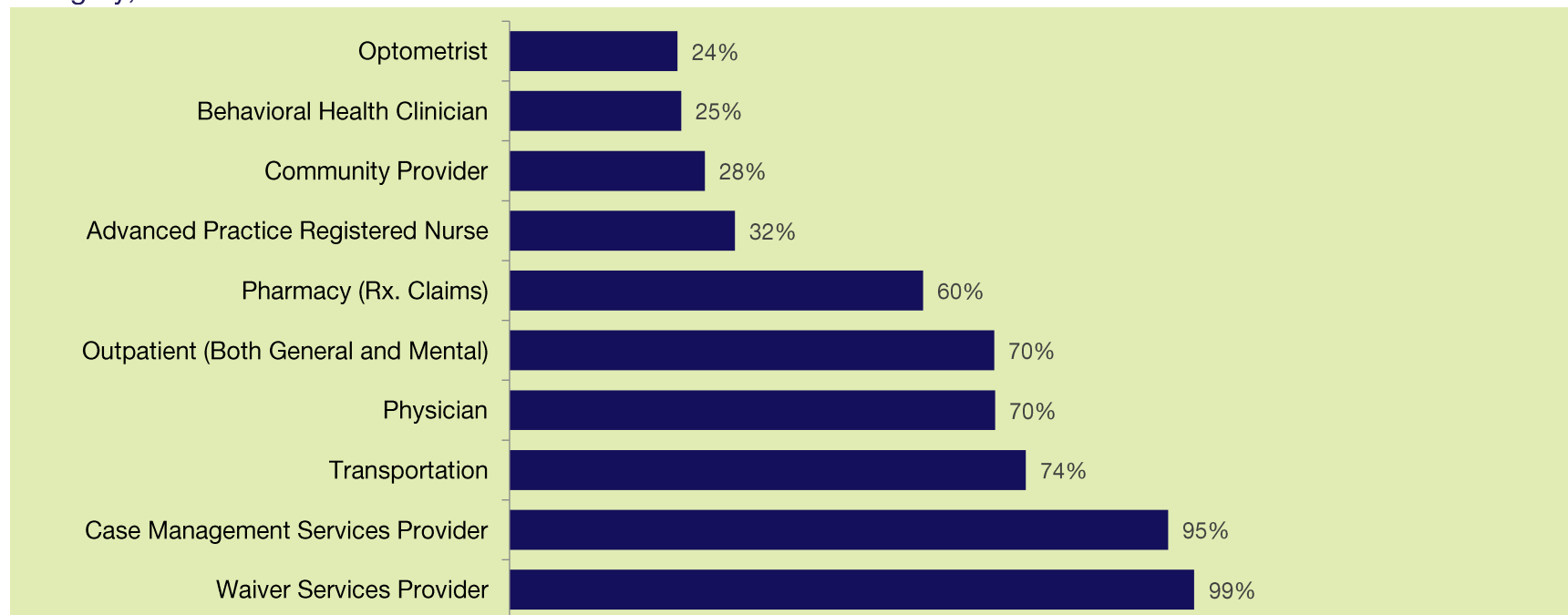
Members and expenditures identified in MIHMS for SFY 2016.

The Section 29 Supports ID/ASD waiver provides home and community based care, including work support services, to people with ID/ASD who qualify to live in an ICF-IID facility but who live either independently or with family members. Waiver services comprised the majority of MaineCare spending on this category in this analysis, with an annual per person cost of \$15,438.

Section 29 Supports ID/ASD Waiver

Members in category: 1,668
Total MaineCare expenditures on category: \$42,733,335
Annual per person expenditure, including non-LTSS spending: \$25,620

Figure 4.23 MaineCare Service Utilization Rates for Adult LTSS Users in the Section 29 Supports ID/ASD Waiver Category, SFY 2016



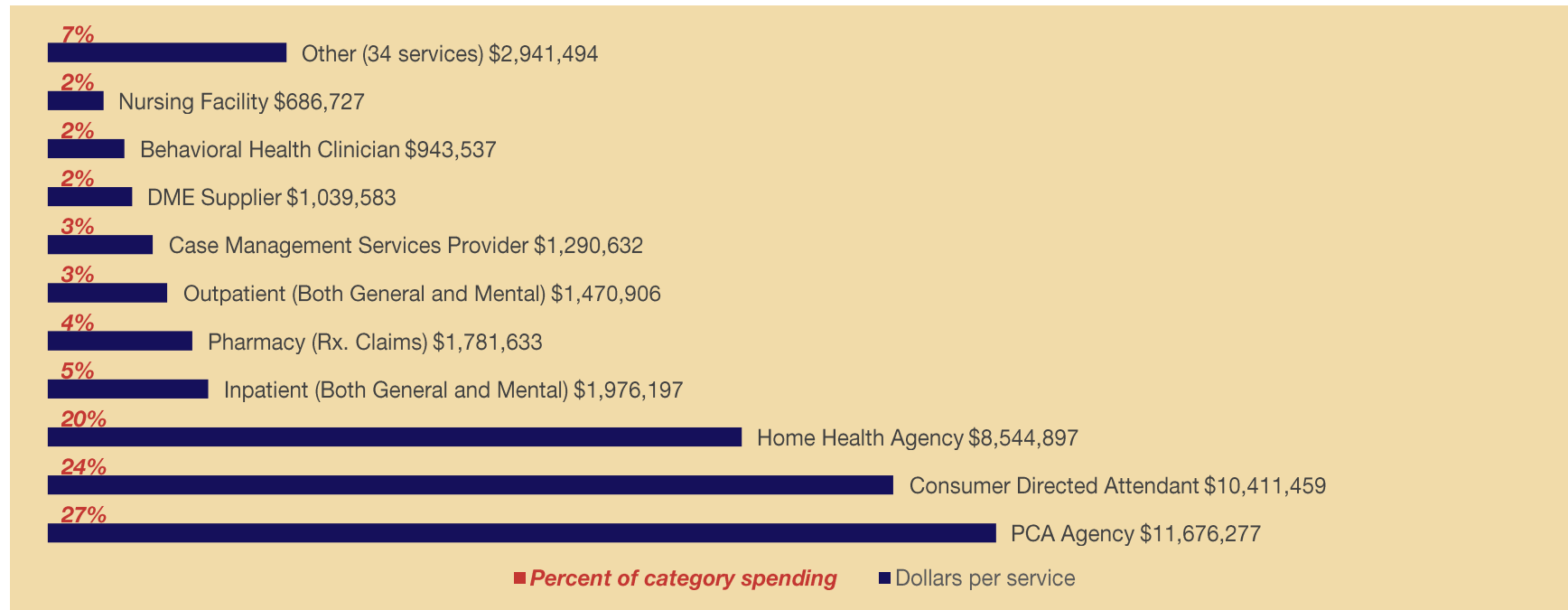
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Section 29 Supports ID/ASD Waiver category members had the highest utilization rate of transportation services. This service is offered under the waiver to support the member's Personal Plan. A member's Personal Plan outlines the support and therapeutic services and supplies to be provided with the overall goal of achieving community inclusion. The waiver services are intended to supplement rather than replace supportive, natural personal, family, work and community relationships.

Section 19 Elderly and Adults with Disabilities Waiver

Members in category: 1,102
Total MaineCare expenditures on category: \$42,763,342
Annual per person expenditure, including non-LTSS spending: \$38,805

Figure 4.24 Total MaineCare Expenditures for Adult LTSS Users in the Section 19 Elderly and Adults with Disabilities Waiver Category, SFY 2016



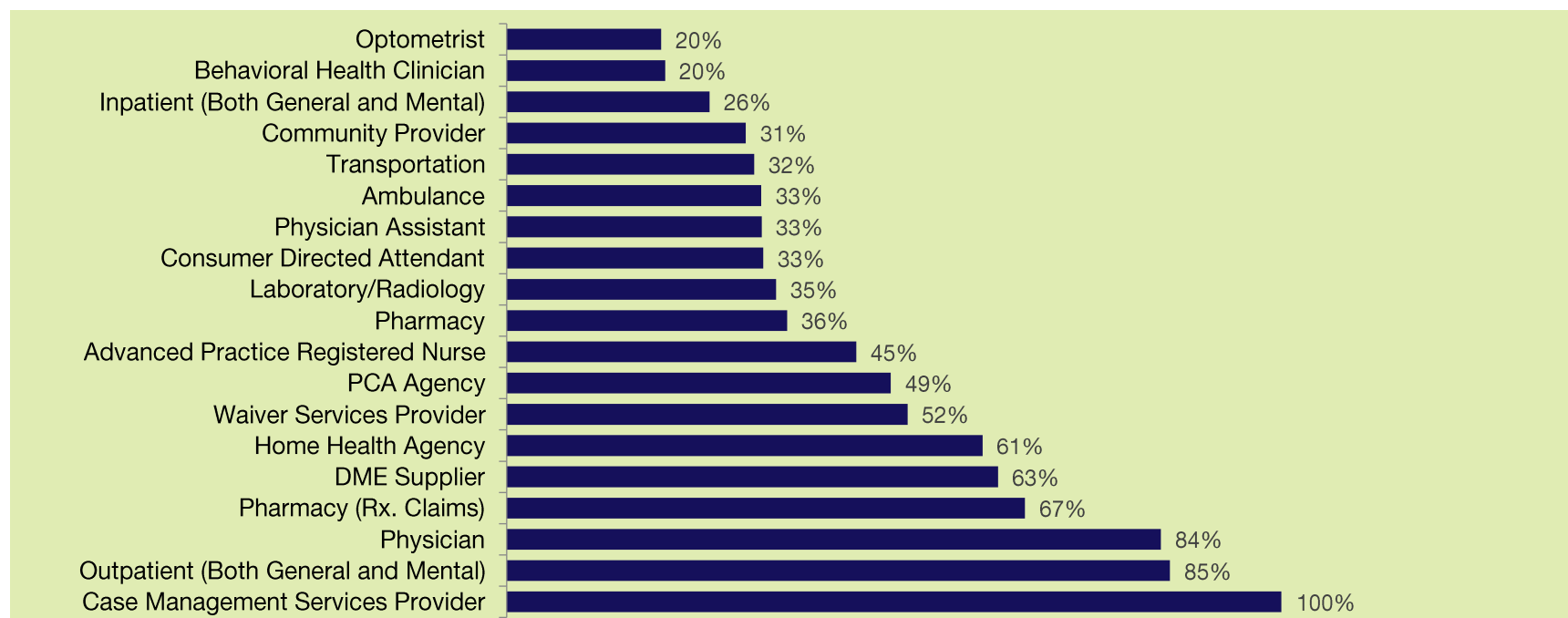
Members and expenditures identified in MIHMS for SFY 2016.

Members using the Section 19 Elderly and Adults with Disabilities Waiver must meet medical eligibility criteria for nursing facility care. As shown above, the average annual total MaineCare expenditure for members of this category was \$38,805 in this analysis. For comparison, the average annual total MaineCare expenditure for residents of nursing facilities who do not have ID/ASD was \$56,233 (see Figure 4.10). Over seventy percent of the MaineCare expenditures for members of this category were for home health or personal care services.

Section 19 Elderly and Adults with Disabilities Waiver

Members in category: 1,102
 Total MaineCare expenditures on category: \$42,763,342
 Annual per person expenditure, including non-LTSS spending: \$38,805

Figure 4.25 MaineCare Service Utilization Rates for Adult LTSS Users in the Section 19 Elderly and Adults with Disabilities Waiver Category, SFY 2016



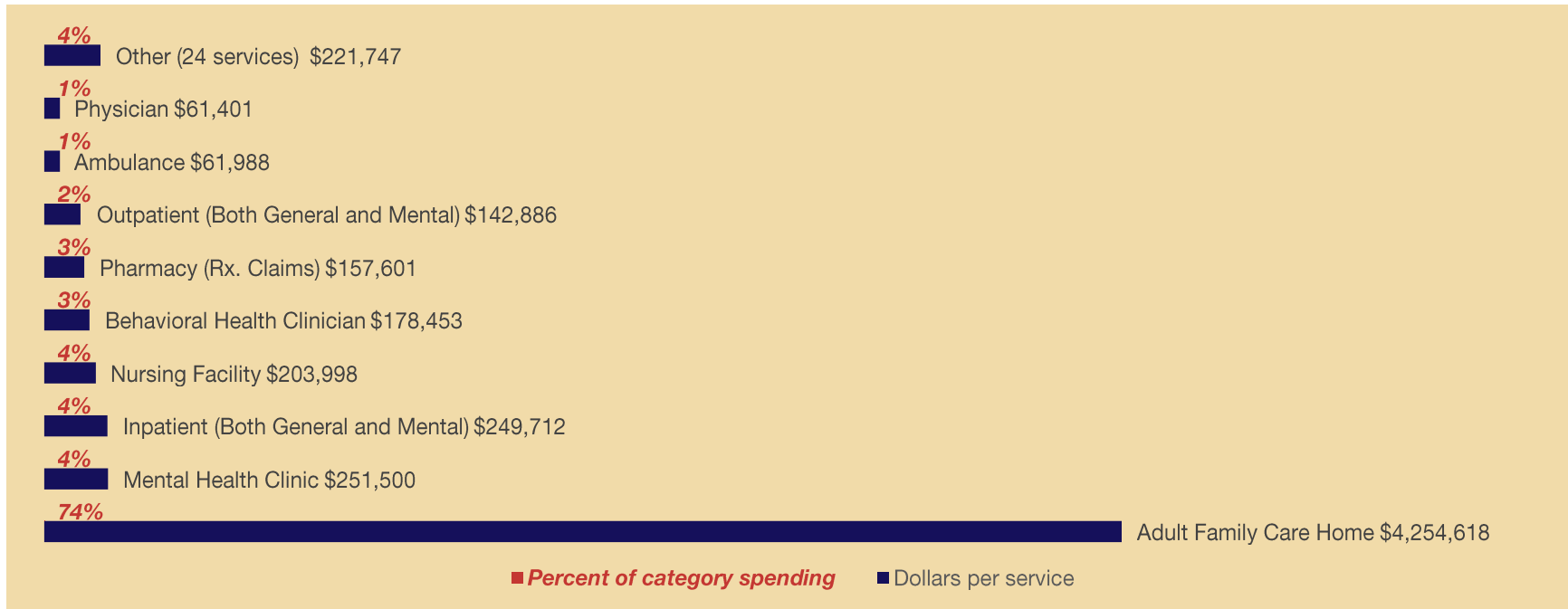
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

The personal care and support services covered by this waiver may be provided by a variety of agencies, including home health agencies. While these appear as separate types of services on Figures 4.24 and 4.25, they are all waiver covered services. By contrast, personal care and support services included under the ID/ASD waivers are provided almost entirely by entities defined in MIHMS as “waiver service providers”.

Adult Family Care Home

Members in category: 206
Total MaineCare expenditures on category: \$5,783,903
Annual per person expenditure, including non-LTSS spending: \$28,077

Figure 4.26 Total MaineCare Expenditures for Adult LTSS Users in the Adult Family Care Home Category, SFY 2016



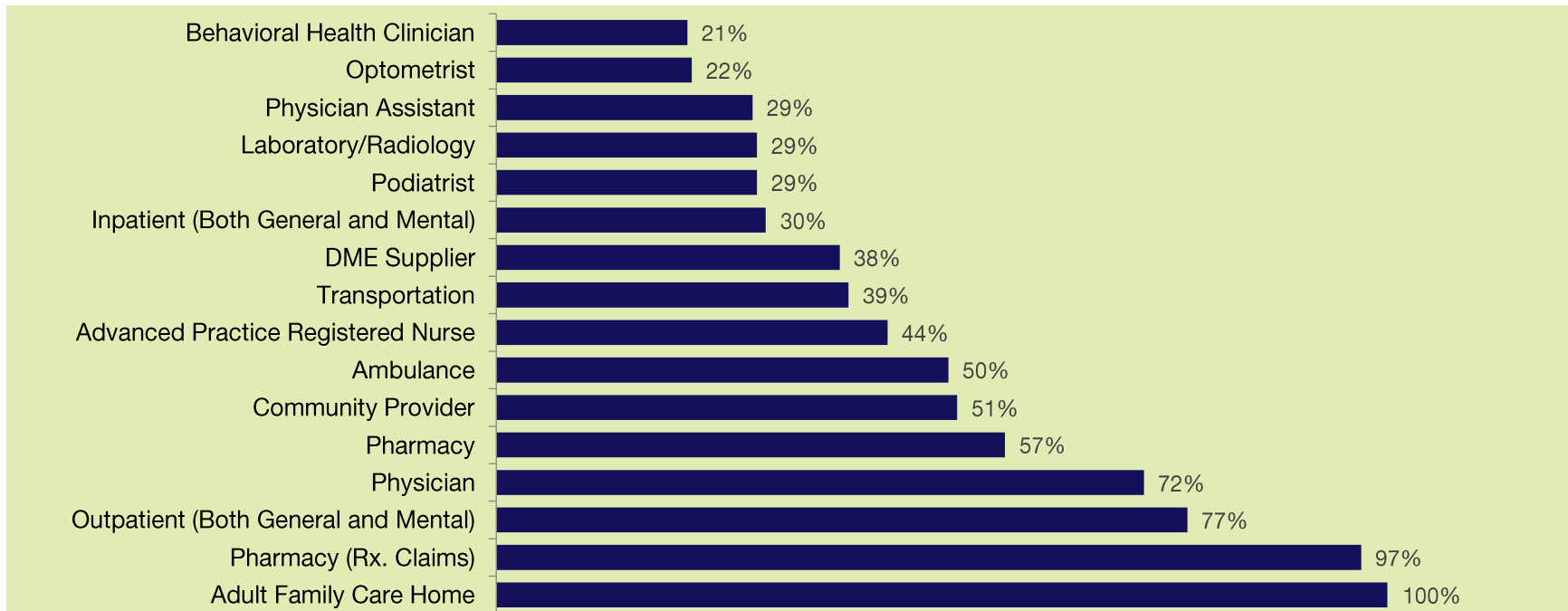
Members and expenditures identified in MIHMS for SFY 2016.

Adult family care homes are small residences that provide assistance with ADLs and IADLs to eight or fewer residents. Members of this category must need assistance with at least two ADLs. The SFY 2016 annual per person cost of this particular service in this analysis was \$20,754.

Adult Family Care Home

Members in category: 206
Total MaineCare expenditures on category: \$5,783,903
Annual per person expenditure, including non-LTSS spending: \$28,077

Figure 4.27 MaineCare Service Utilization Rates for Adult LTSS Users in the Adult Family Care Home Category, SFY 2016



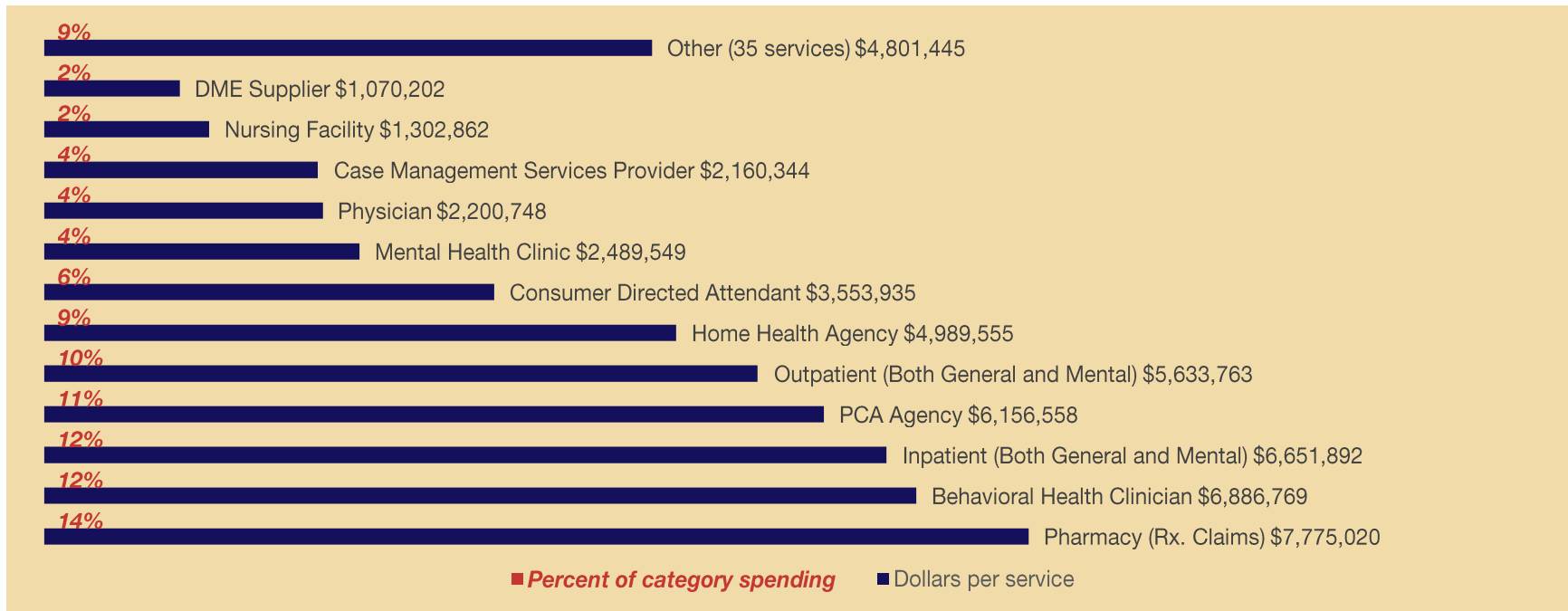
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Members of this category used Community Provider services at higher rates than members of other LTSS categories. Community providers include Federally Qualified Health Centers, Rural Health Clinics, and the Indian Health Service. This finding may be a result of these homes operating in more rural areas of the state.

Non-Waiver MaineCare Home Care Services

Members in category: 2,818
 Total MaineCare expenditures on category: \$55,672,642
 Annual per person expenditure, including non-LTSS spending: \$19,756

Figure 4.28 Total MaineCare Expenditures for Adult LTSS Users in the Non-Waiver MaineCare Home Care Services Category, SFY 2016



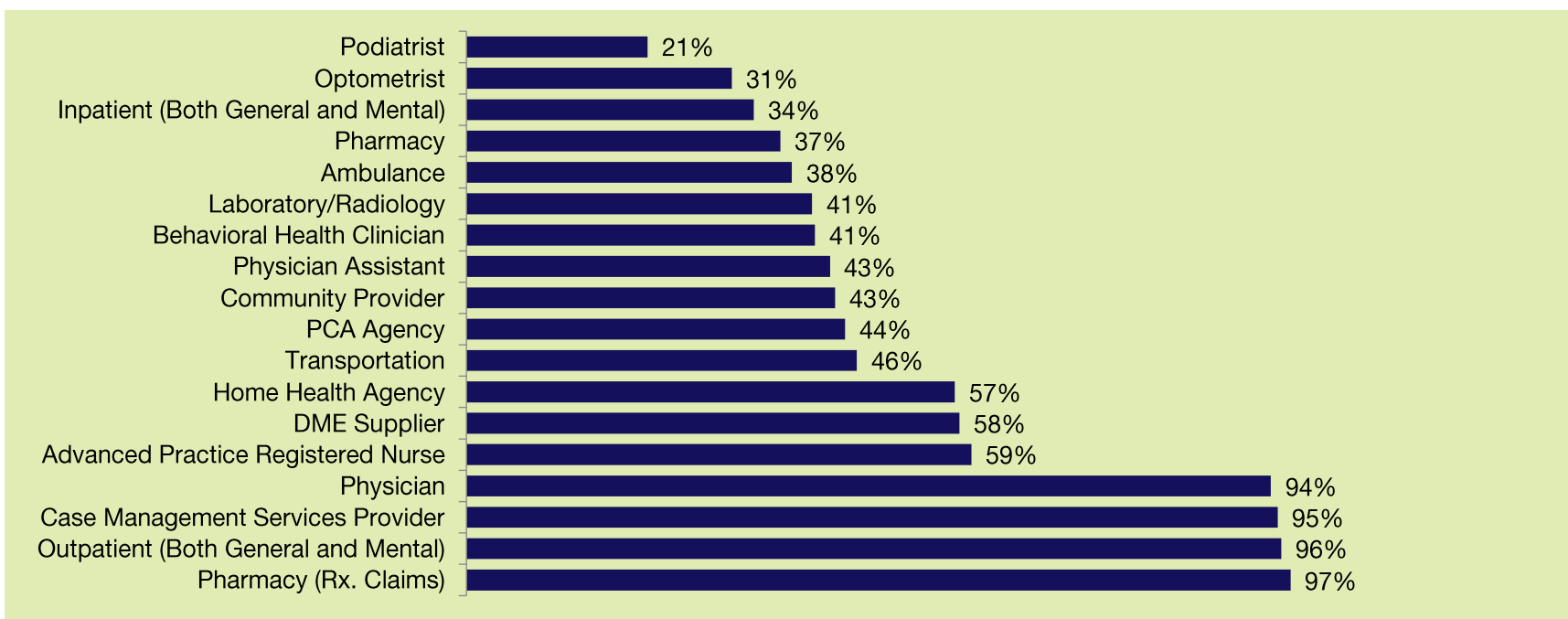
Members and expenditures identified in MIHMS for SFY 2016.

This category had the overall highest expenditures for behavioral health clinician services. Members of this category who used this service had the highest per person expenditure for behavioral health clinician services across all LTSS categories in this analysis at \$5,973 per user.

Non-Waiver MaineCare Home Care Services

Members in category: 2,818
Total MaineCare expenditures on category: \$55,672,642
Annual per person expenditure, including non-LTSS spending: \$19,756

Figure 4.29 MaineCare Service Utilization Rates for Adult LTSS Users in the Non-Waiver MaineCare Home Care Category, SFY 2016



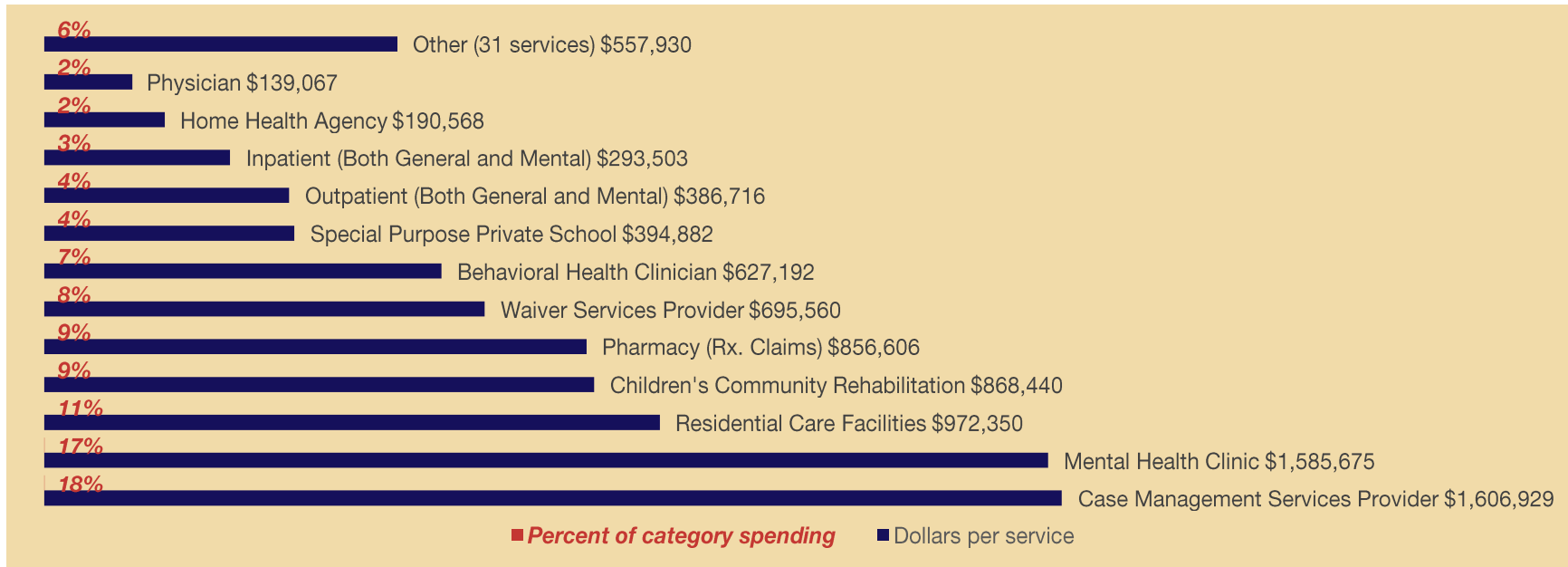
Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Non-waiver MaineCare Home Care services are personal care, skills training, care coordination, and nursing services provided under either Section 12 Consumer Directed Care Attendant Services or Section 96 Private Duty Nursing. Members are assessed for their need for assistance in ADLs and IADLs; members receiving Section 96 services are assessed for their need for nursing services as well. Members of this category have a wide range of needs from assistance with ADLs to intensive nursing services.

Case Management-IID

Members in category: 481
 Total MaineCare expenditures on category: \$9,715,417
 Annual per person expenditure, including non-LTSS spending: \$19,076

Figure 4.30 Total MaineCare Expenditures for Adult LTSS Users in the Case Management-IID Category, SFY 2016



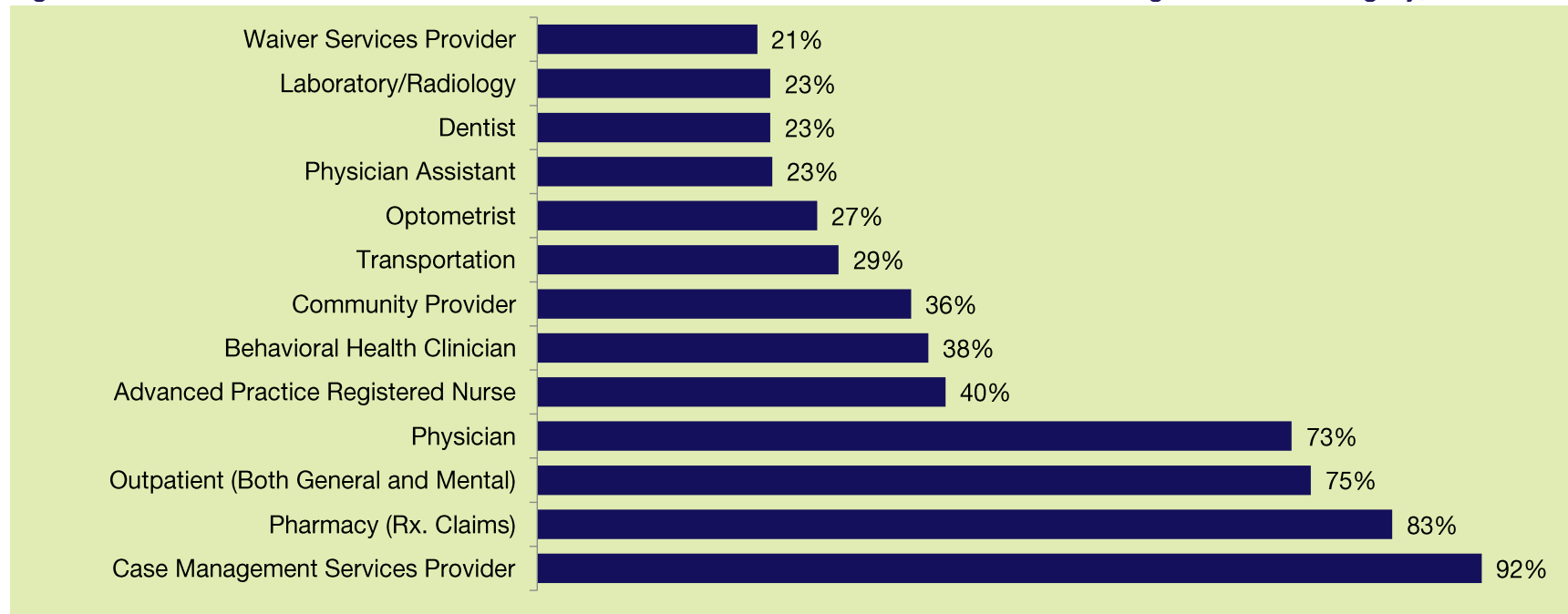
Members and expenditures identified in MIHMS for SFY 2016.

Children receiving developmental services can continue to receive them until they are 21, after which they can transition to adult ID/ASD services if they meet the eligibility criteria for adult services; because this analysis includes members 18+, some children’s developmental services appear on this figure. Members in this category who used mental health clinic services had the highest average cost for this service across all the LTSS categories in this analysis at \$25,169 per user. The next highest average cost for this service was \$16,896 for members of the Section 29 Supports Waiver category.

Case Management-IID

Members in category: 481
Total MaineCare expenditures on category: \$9,715,417
Annual per person expenditure, including non-LTSS spending: \$19,076

Figure 4.31 MaineCare Service Utilization Rates for Adult LTSS Users in the Case Management-IID Category, SFY 2016



Note: Services shown are used by at least 20% of members in this category. Members and expenditures identified in MIHMS for SFY 2016.

Twenty-one percent of members of this category were able to access home and community based waiver services during SFY 2016. Costs for these services accounted for only eight percent of expenditures, for this category, reflecting fewer than six months of eligibility for these services.

APPENDIX A: IDENTIFYING MAINECARE LONG TERM SERVICES AND SUPPORTS IN MIHMS

This appendix describes our approach to identifying MaineCare long term care services and members using those services in SFY2016. We used two methods to 1) identify all LTSS services – including members’ use of the service at all during the year and claims paid; and 2) identify “typical users” of the long term care services and place them in a hierarchy based on the intensity of the service or setting and duration of use.

Identifying LTSS – MIHMS Approach

In reviewing options to identify LTSS, several elements of the Maine Integrated Health Management Solution (MIHMS) claims and eligibility data extract the Muskie School receives were evaluated including:

- Allocation Provider Type and Specialty—data elements that are used for financial reporting by the Department;
- Coverage Codes – data elements that are assigned to a member to identify services they are financially or medically eligible to receive; and
- Procedure or Revenue codes – data elements that identify specific services provided to a member and billed on the claim. Each long term care service has specific codes that are allowed and identified in Chapter III of the MaineCare Benefits Manual.¹³

Allocation Provider Type and Specialty

As a first step to identifying LTSS, Muskie School staff reviewed Allocation Provider Types and Specialty codes. The combination of these two items are used for financial reporting by the Department. Table A.1 identifies the combinations of allocation provider type and specialty Muskie has identified as related to long term care services.

¹³ MaineCare Benefits Manual available at: <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

Table A.1: MaineCare Services by Allocation Provider Type and Specialty, Long Term Care Services, SFY 2016

Allocation Provider			
Provider Type Code	Provider Type Description	Specialty Code	Specialty Description
04	04-Alternative Residential Facility	000	No Specialty Required
07	07-Assisted Living Service Provider	000	No Specialty Required
13	13-Boarding Home	000	No Specialty Required
13	13-Boarding Home	022	Cost Reimbursed Boarding Homes (Case Mix)
13	13-Boarding Home	023	Cost Reimbursed Boarding Homes (Non-Case Mix)
14	14-Case Management Services Provider	021	Consumer Directed Attendant Services
14	14-Case Management Services Provider	042	Elderly and Adults with Disabilities Waiver
14	14-Case Management Services Provider	142	Private Duty Nursing
14	14-Case Management Services Provider	168	Homeward Bound (MFP)
31	31-Fiscal Employer Agent	047	Family Provider Service Option (FPSO)
31	31-Fiscal Employer Agent	115	Physically Disabled Waiver
31	31-Fiscal Employer Agent	141	EADW-FPSO
32	32-Group Home - IID	063	ICF/IID
33	33-Home Health Agency	042	Elderly and Adults with Disabilities Waiver
33	33-Home Health Agency	060	Home Health Agency
33	33-Home Health Agency	142	Private Duty Nursing
34	34-Hospice	000	No Specialty Required
41	41-Nursing Home	000	No Specialty Required

Allocation Provider			
41	41-Nursing Home	009	Brain Injury Facility
41	41-Nursing Home	022	Cost Reimbursed Boarding Homes (Case Mix)
41	41-Nursing Home	063	ICF/IID
41	41-Nursing Home	085	Nursing Home
62	62-Rehabilitation Center	113	Physical Medicine & Rehabilitation
73	73-Waiver Services Provider	000	No Specialty Required
73	73-Waiver Services Provider	042	Elderly and Adults with Disabilities Waiver
73	73-Waiver Services Provider	078	IID Supports Waiver
73	73-Waiver Services Provider	079	IID Waiver
73	73-Waiver Services Provider	115	Physically Disabled Waiver
73	73-Waiver Services Provider	134	Speech Therapy
73	73-Waiver Services Provider	167	Board Certified Behavior Analyst (BCBA)
73	73-Waiver Services Provider	168	Homeward Bound (MFP)
73	73-Waiver Services Provider	169	Adults with Other Related Conditions Waiver
73	73-Waiver Services Provider	174	Brain Injury Waiver
75	75-Adult Day Health	000	No Specialty Required
77	77-Multi-Disciplinary Provider	085	Nursing Home
78	78-Facility-Agency-Organization NR Provider	078	IID Supports Waiver
79	79-PCA Agency	000	No Specialty Required

When we reviewed the claims data with these code combinations against other financial reports provided by the Department, we found several discrepancies. Upon closer examination, we found that many providers are enrolled in MIHMS as one type of provider, but they render many different types of services. For example, a provider serving members who are either on the Section 21 Comprehensive ID/ASD waiver or the Section 29 Supports ID/ASD waiver may be enrolled as both a Section 21 and Section 29 provider, yet all the claims were attributed to one specialty code regardless of whether the member was on that particular waiver. To better assign the claims to one program or service, we found we needed to use the additional information from both coverage codes, procedure codes, and provider lists described below.

Coverage Codes

These data elements are captured in the eligibility data the Muskie School receives from MIHMS. Our understanding is that individuals receiving long term care services will have both a classification and financial coverage code. For LTSS, the financial coverage code is most often ME0001 Adult and Children Services that authorizes members to full MaineCare services as well as a classification coverage code that is specific to the LTSS program (e.g., Section 19 Home and Community Based Elder and Adults with Disability Waiver).

Initially, our understanding was that classification coverage codes for LTSS programs would be identified in the paid claims data and associated with the actual claim. While this is generally the case, there were enough exceptions that came through with only a financial coverage code and not the classification code. In these cases where the financial eligibility was associated with the claim, the classification code for LTSS programs from the eligibility file was used.

Procedure or Revenue Codes

Chapter III of the MaineCare Benefits Manual identifies the specific codes providers are to use when billing for LTSS services by section of policy. Most often the procedure and modifier combinations identify a specific service that can be provided under that section of policy. There are instances where these services however are not unique to one section of policy and may be reimbursed under a different section of policy. Defining a service only by procedure and revenue codes would not necessarily equate to a particular program.

Provider Lists

There were a few instances when using the combination of the various codes still returned results that were not in keeping with what we expected to find. After consulting with OADS staff, we determined that the most accurate method of identifying Residential Care Facilities (Appendix F) as well as the Group and Nursing level ICF-IIDs was to use provider lists obtained from OADS.

After using the above procedures based on provider types, coverage codes, procedure or revenue codes, and the provider lists, we found there were still instances where a claim for a type of procedure or service did not match up accurately with either the provider type or the member coverage code. In these instances, we relied on a manual assignment of the claim into the appropriate expenditure line based on our knowledge of the procedures provided by the various programs.

Claims Analysis Hierarchy Criteria SFY 2016

Conducting the claims analysis of typical members utilizing a specific LTSS service or program during the year required us to establish a hierarchy of members so that we could examine their service utilization throughout SFY 2016. We based placement in a particular group on whether a member had an open coverage code for a particular LTSS service or program for six or more months. The categories were hierarchical from most intensive to least; a member in one category would be excluded from the other categories. Adults in the Section 18 Acquired Brain Injury Waiver were identified through lists provided by the Department. Adults in nursing facilities who also had ID/ASD were identified in SFY 2016 through data from MDS assessments. The hierarchy with the coverage codes assigned to each category is shown in Table A.2.

Table A.2: LTC Hierarchy Criteria¹⁴

Order	Group	Coverage Codes (Based on Coverage Codes and eligibility dates in the Eligibility File)	Criteria
1	Acquired Brain Injury Nursing Facility, Rehabilitation Center, Residential Care	ME00063: Section 67 Nursing Facility Traumatic Brain Injury Services ME00067: Section 102 Brain Injury Services	11 months of MaineCare eligibility
2	Section 18 Acquired Brain Injury Waiver		Member list obtained from the Department; 11 months of MaineCare eligibility
3	ICF-IID (Nursing) ¹⁵	ME00068: Section 50 ICF-IID Nursing Home	6 or more months of coverage code; 11 months of MaineCare eligibility
4	Nursing Facility excluding residents with ID/ASD	ME00020: Section 67 - Nursing Facility ME00049: Community MaineCare Nursing Facility	6 or more months of coverage code ME00020 with 11 months of MaineCare eligibility and not in MDS; or 11 months of coverage code ME00049 and 11 months of MaineCare eligibility and not in MDS; or in

¹⁴ Population: Adult MaineCare members with 11 or more months of full MaineCare eligibility Adult: 18 years of age or older as of 7/1/2015.

¹⁵ Included in the listing are residents who had stays in one or more nursing homes during SFY 2016 that ran for 6 or more months. Some residents moved from one facility to another. These were treated as a continuous stay if they began the stay at the second facility within 30 days. If a resident was discharged with return anticipated and returned to the facility or another facility within 30 days that was counted as a continuous stay.

Order	Group	Coverage Codes (Based on Coverage Codes and eligibility dates in the Eligibility File)	Criteria
			MDS, but not with ID/ASD and having 6 months of enrollment; Other NF related coverage codes – Extraordinary Circumstances (ME00054), 30 day (ME00049) and bed holds (ME00056) placed based on the other qualifying hierarchy criteria.
5	Nursing Facility residents with ID/ASD		List of MaineCare members with ID/ASD from MDS with 6 or more months of MaineCare enrollment
6	ICF-IID (Group)	ME00019: Section 50 ICF-IID (Group)	6 or more months of coverage code;
7	Residential Care Facility Appendix C	ME00069: Section 97 - PNMI (Appendix C)	6 or more months of coverage code; ME00072 Awaiting placement for RCF will be placed based on the other qualifying hierarchy criteria.
8	Residential Care Facility Appendix F	ME00035: Section 97 PNMI (Appendix F) ME00070: Section 97 - PNMI (Appendix F Developmentally Disabled)	6 or more months of coverage code; Provider lists obtained from OADS were also used to identify members in this group.
9	Section 21 Comprehensive ID/ASD Waiver		Member list obtained from the Department
10	Section 29 Supports ID/ASD Waiver		Member list obtained from the Department
11	Section 19 Elder and Adults with Disabilities Waiver	ME00033: Section 19 HCB Elderly and Adults with Disabilities Waiver	6 or more months of coverage code; 11 months of MaineCare eligibility
12	Adult Family Care Home	ME00047: Section 2 Adult Family Care Home	6 or more months of coverage code, 11 months of MaineCare eligibility
13	Non-waiver MaineCare Home Care Services: includes personal care, PDN, hospice, day health, home health, consumer directed care attendant	ME00029: Section 26 Adult Day Health Level 1, 16 Hours per Week ME00030: Section 26 Adult Day Health Level 2, 24 Hours per Week	11 months of MaineCare eligibility; ME00046: Section 96 Private Duty Nursing Level 8 will be placed based on the other qualifying hierarchy criteria

Order	Group	Coverage Codes (Based on Coverage Codes and eligibility dates in the Eligibility File)	Criteria
		<p>ME00031: Section 26 Adult Day Health Level 3, 40 Hours per Week</p> <p>ME00032: Section 12 Consumer Directed Attendant Services Level 1</p> <p>ME00039: Section 96 Private Duty Nursing Level 1</p> <p>ME00040: Section 96 Private Duty Nursing Level 2</p> <p>ME00041: Section 96 Private Duty Nursing Level 3</p> <p>ME00051: Section 43 - Hospice - Routine</p> <p>ME00052: Section 12 Consumer Directed Attendant Services Level 2</p> <p>ME00053: Section 12 Consumer Directed Attendant Services Level 3</p> <p>ME00057: Section 96 Private Duty Nursing Level 9 (ALFs)</p> <p>ME00060: Section 43 Hospice - General Inpatient</p> <p>ME00062: Section 43 Hospice - Inpatient Respite</p>	
14	Case Management-ID/ASD	Procedure code G9012 HI	6 or more months of coverage code; 11 months of MaineCare eligibility

APPENDIX B: GLOSSARY

Table B.1 Definitions of LTSS settings and programs with section number references to the MaineCare Benefits Manual

available at: <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

Adult Day Health services are provided to adults who are assessed through the Medical Eligibility (MED) tool who require at least daily cuing for ADLs or limited assistance and a one-person physical assist in two ADLs. Day health services are provided outside the member's home and include monitoring of health care, supervision and assistance with ADLs, nursing, rehabilitation, health promotion activities, exercise groups, counseling, and noon meals and snacks. **Section 26**

Adult Family Care Homes are residential style homes for 8 or fewer residents, licensed by the State, that provide services primarily to the elderly. Services provided include personal care such as assistance with ADLs and IADLs, protection from environmental hazards, diversional and motivational activities, dietary services, and care management. **Section 2**

Case-Management-ID/ASD services are provided by a social services or health professional or other qualified staff to identify the medical, social, educational, and other needs such as housing and transportation of eligible members with intellectual disabilities or autism spectrum disorder. Case management activities consist of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation. These services are provided to all MaineCare members with ID/ASD, including those on the ID/ASD waivers. **Section 13**

Consumer-Directed Care Attendant Services are personal care services provided by attendants hired, trained, supervised, and if necessary, fired by the member requiring the services who live in the community and not in an institutional setting. Members are assessed for medical eligibility for this service and must require at least limited assistance plus a one-person physical assist with at least two ADLs. The members must also have the cognitive capacity, as measured on the MED form, to be able to self-direct the attendant. Members are given skills training in managing and directing personal care attendants. Family members are not eligible to serve as attendants. **Section 12**

ICF-IID Nursing and Group facilities serve members who have intellectual disabilities, autism spectrum disorder, or other related conditions. Residents of Nursing level facilities must require at least 8 hours of licensed nursing supervision on a daily basis; residents of Group level facilities must **not** need 8 or more hours of daily nursing care. Services in both levels include nursing, rehabilitation treatment, physical and occupational therapies, speech and hearing services, among others and are provided according to an individual's care plan. In addition, each resident must have a developmental training program designed to maximize a person's functioning capabilities. **Section 50**

Non-waiver MaineCare Home Care Services are those services provided under Section 12 Consumer Directed Care Attendant and Section 96 Private Duty Nursing. Please see those definitions for more details.

Nursing Facility services are those provided by licensed facilities and are primarily professional nursing care or rehabilitative services for injured, disabled, or sick persons; needed on a daily basis and as a practical matter can only be provided in a nursing facility; ordered and provided under the direction of a physician; and less intensive than hospital inpatient services. **Section 67**

Pharmacy services in the utilization charts refer to pharmacy services used by members when they are in the hospital.

Pharmacy (Rx claims) in the utilization charts refer to MaineCare covered pharmacy claims for a person outside the hospital, including claims for durable medical equipment.

Private Duty Nursing (PDN) services are those nursing services provided by a registered nurse or a licensed practical nurse, under the direction of the member's physician, in the member's place of residence or outside the residence such as at school or medical appointments; **Personal Care** services are assistance with ADLs or IADLs provided by a home health aide, certified nursing assistant, personal support specialist, or certified residential medication aide. There are nine levels of PDN care, and members are assessed through the MED tool for this service; levels 1-3 provide personal care and nursing services in the home to members with increasingly severe need; level 4 is for children under 21 who are medically eligible for nursing facility services; level 5 is for intensive nursing care for members who are ventilator dependent; levels 6 and 7 are focused on medication and venipuncture services; level 8 is limited to nursing services for members who receive personal care services under other programs such as the Section 21 Comprehensive IID waiver; level 9 is focused on personal care services for members with daily medication needs. For this chartbook, levels 4 and 5 were excluded from the hierarchy analysis of claims experience for adults who use LTSS; level 4 is for children under 21 and level 5 is more akin to hospital level of care. **Section 96**

Residential Care Facilities (Appendix C) provide medical and remedial treatment services to residents who are assessed through the MED tool assessment. Facilities provide personal care, nursing, and social work services, as well as arranging for other necessary clinical and therapeutic services. Appendix C facilities are reimbursed according to the severity of their case load of residents. **Section 97**

Residential Care Facilities (Appendix F) provide medical and remedial treatment services. These facilities specialize in the treatment of adults with ID/ASD, brain injury, mental illness or other disabilities. Facilities provide personal care, nursing, and social work services, as well as arranging for other necessary clinical and therapeutic services. The Appendix F facilities detailed in this chartbook serve adults with ID/ASD. **Section 97**

Section 18 Adults with Brain Injury Waiver provides home and community based services to adults 18+ with acquired brain injury who meet criteria for care in an intermediate care facility or nursing facility (as determined by the MED tool) and choose to live in the community with the support of this waiver. This Home and Community-Based Waiver is designed to maximize the opportunity for members to achieve the greatest degree of self-sufficiency and independence chosen by the member. Member choice in all services and components of services is a primary goal of this waiver. Additionally, the principles of conflict-free care coordination, services provided in the least restrictive modality and effective use of assistive technology for communication, environmental control and safety are inherent to this waiver. **Section 18**

Section 19 Elderly and Adults with Disabilities Waiver services are those home and community based services provided to members who are assessed through the MED tool and who meet the medical eligibility requirements for nursing facility care. Services include adult day health, care coordination, environmental modifications, homemaker services, home health services, financial management services to assist members directing their care attendants, personal support services, personal emergency response systems, respite services, transportation, skills training, supports brokerage and medical social services. Services are provided according to the member's plan of care. **Section 19**

Section 20 Other Related Conditions Waiver provides home and community based services to adults with cerebral palsy or epilepsy or any other condition closely related to intellectual disabilities whose condition manifested before age 21, is likely to continue indefinitely, and results in substantial functional needs. Services are provided according to an individual's care plan and can include assistive technology devices and services, care coordination, communication aides, community support services, employment specialist

services, home modifications, home support, transportation to gain access to Section 20 services, personal care, and work support services, among others. **Section 20**

Section 21 Comprehensive—ID/ASD Waiver services are home and community based services provided to adults with intellectual disabilities or autism spectrum disorder who are medically eligible for ICF-IID care. Services include home support, community support, employment specialist services, work support, home modifications, communication aids, counseling, crisis intervention services, transportation, OT, PT, and speech therapies, among other services. **Section 21**

Section 29 Supports—ID/ASD Waiver services are home and community based services provided to adults with intellectual disabilities or autism spectrum disorder who are medically eligible for ICF-IID care but who live in their own homes or with their families. Services include community support, employment specialist services, work support, home modifications, transportation, and respite services. **Section 29**

