

2010

Chartbook - Older Adults and Adults with Disabilities: Population and Service Use Trends in Maine 2010

Muskie School of Public Service, University of Southern Maine

Maine Department of Health and Human Services

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C H A R T B O O K

Older Adults and Adults with Disabilities: Population and Service Use Trends in Maine

2010

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UNIVERSITY OF
SOUTHERN MAINE

This Chartbook was prepared under Cooperative Agreement between the Muskie School of Public Service, University of Southern Maine and the Maine Department of Health and Human Services. This work was funded under Cooperative Agreement numbers CA-MC-09-227C and CA-MC-10-227.

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This chartbook is an update to the “Assessment of Maine’s Long-term Care Needs Baseline Report: Demographics and Use of Long Term Care Services in Maine” report that was produced in 2007. The Chartbook provides historical and projected trends in the demographics of Maine’s population. With the aging of Maine’s population and its status as the “oldest” state in the nation, the use of long term services and supports surfaces as a key issue of public policy. We hope that the information contained in this report will be useful to state policy makers, legislators, providers, advocates and others with an interest in this subject. The use and expenditure data show historical trends while the population data includes projections. Where possible, national comparisons are provided to show Maine relative to other states.

As noted in the data section in the Appendix, the use, expenditure and other trend data come from the following sources: MaineCare claims data, nursing facility and residential care assessment data; and MeCare assessment data. We have provided extensive footnotes and explanations of the data sources and the method of data analysis. When we have had a choice between claims data and assessment data, we chose to use claims data. The assessment data is generally used to provide an overview of the characteristics of the populations of interest. The claims data is generally used to provide trends in the use of MaineCare services and expenditures.

We hope that this chartbook will be a useful reference and a tool for planning for future services.

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Acknowledgements

Many people contributed to the conception, analysis, design and presentation of the data in this chartbook. I would like to thank Jaspar Ziller and Tina Gressani for their diligence in abstracting and constructing the analytic files that were used for the MaineCare claims level data that was included in this report. They patiently responded to questions, reviewed data for accuracy and consistency, and provided explanations for the complexities of MaineCare billing and changes in claims processing likely to impact the data analysis.

Karen Mauney, Kerry Sullivan and Catherine Gunn provided invaluable support in producing assessment-level and other data for nursing facilities and residential care facilities. Again, their understanding and knowledge of the assessment data systems were critical in producing the charts and graphs that rely on assessment level information.

Louise Olsen, as usual, provided critical insights into the core information we reported and the impact of policy changes on historical trends. As an accomplished editor, she always provides a critical review of the accuracy and relevancy of the data.

Catherine McGuire is the master of all things related to claims and assessment data. She provided overall support, quality assurance and general supervision of the data management and analysis

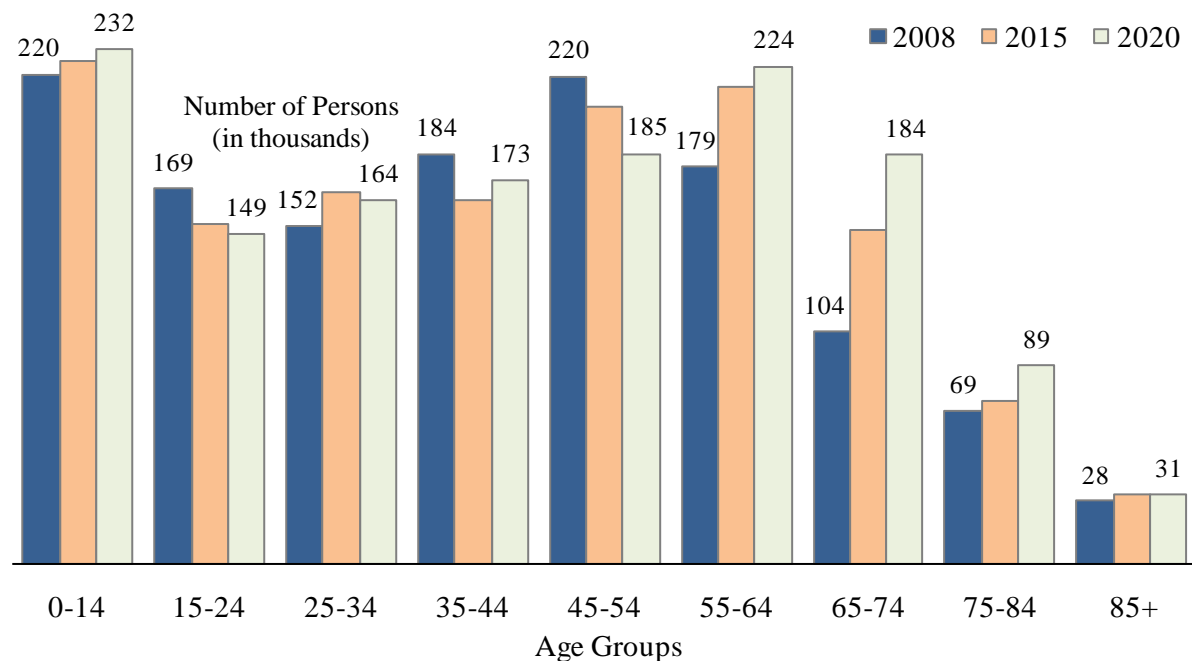
And last but not least, this report would not have been possible without the constancy, persistence, and mastery of graphic design of Stuart Bratesman. His attention to detail and skills in data analysis and data presentation are evident throughout the chartbook. He worked tirelessly and with humor throughout the many iterations and revisions of this chartbook.

And finally, these acknowledgments would not be complete without thanking Diana Scully and Romaine Turyn of the Office of Elder Services for their support in producing this chartbook and their understanding of the importance of using data to inform policy development and decision-making

Many thanks to all the Muskie and DHHS team members on this project.

Section 1: Maine has one of the oldest populations in the country

Figure 1-1
Projected changes in Maine's age profile from 2008 to 2020

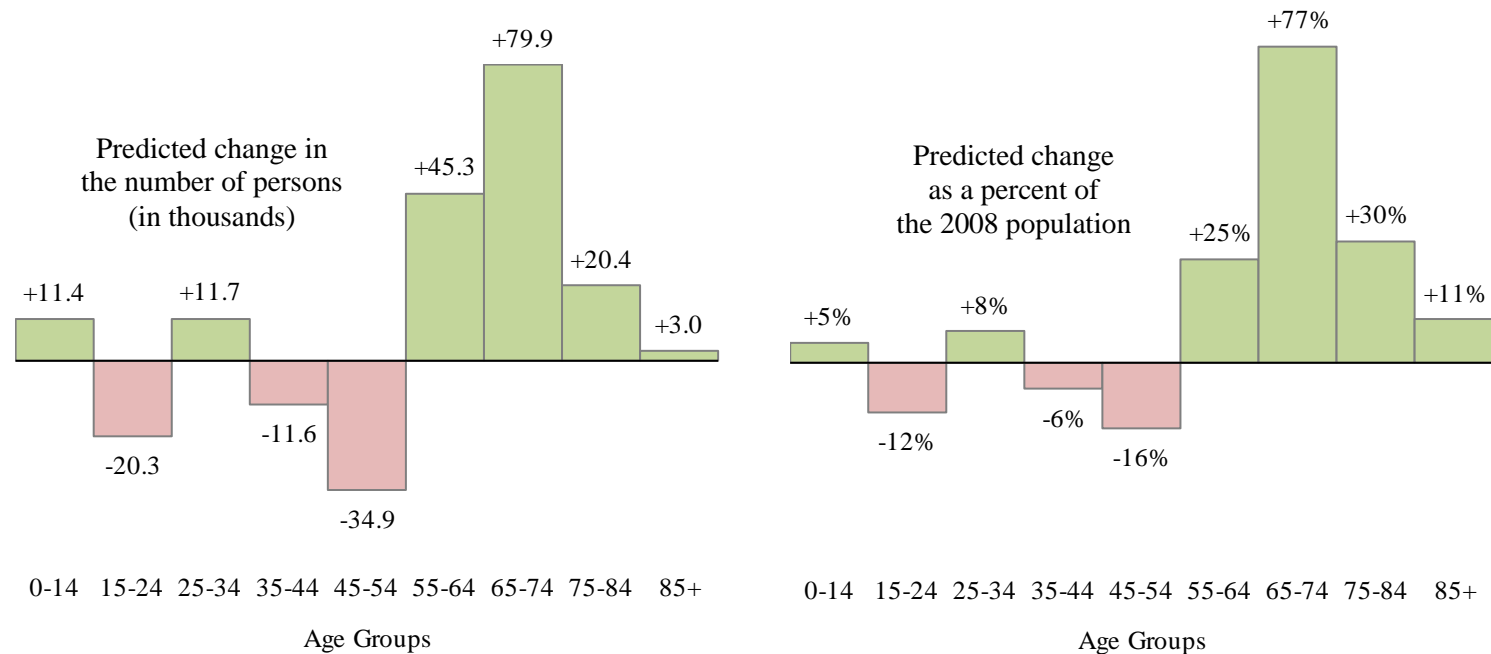


Current projections forecast that 65-to-74-year-olds will be Maine's fastest growing age group, rising from about 104,000 in 2008 to about 184,000 by 2020. Persons age 65 and older represented 15% of Maine's population in 2008. The 65-and-

older age group's share of the total population is projected to rise to over 18% by 2015 and over 21% of Maine's total population by 2020.

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Figure 1-2
Maine's older population is projected to grow quickly between 2008 and 2020

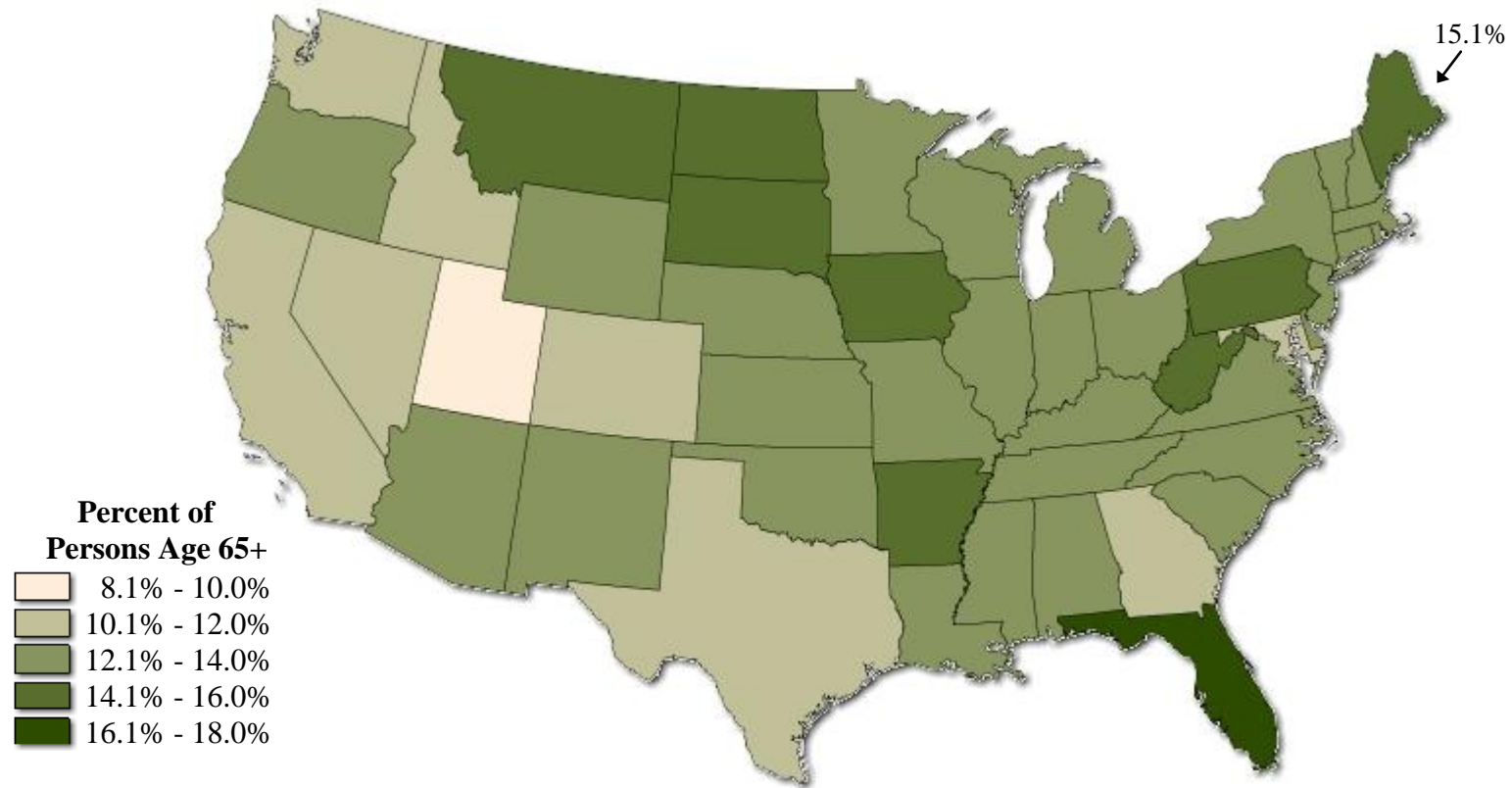


Between now and 2020, Maine's long term care system will need to accommodate the varied needs of an additional 103,000 persons age 65-or-higher. While all Maine age groups over age 55 are projected to grow between 2008 and 2020, Maine's 65-to-74-year-old age group is forecast to grow by 77% over 12 years, the fastest of any age group. This represents a total increase of 80,000 (77%) over 12 years.

The number of Mainers age 85-and-above, the age group with the highest demand for long term care, will grow by 3,000 persons, an 11% increase between 2008 and 2020. The reader should be aware that population forecasts do change over time. Back in 2005, the U.S. Census Bureau was forecasting slower growth in the 65-to-74 age group (66% instead of 77%), the 75-to-84 age group (19% vs. 30%), and faster growth in the 85+ age group (29% vs. 11%).

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040", and U.S. Census Bureau, Population Division, "Interim State Population Projections", 2005

Figure 1-3
Maine Ranked 4th among states in the percent of persons age 65+ in 2008



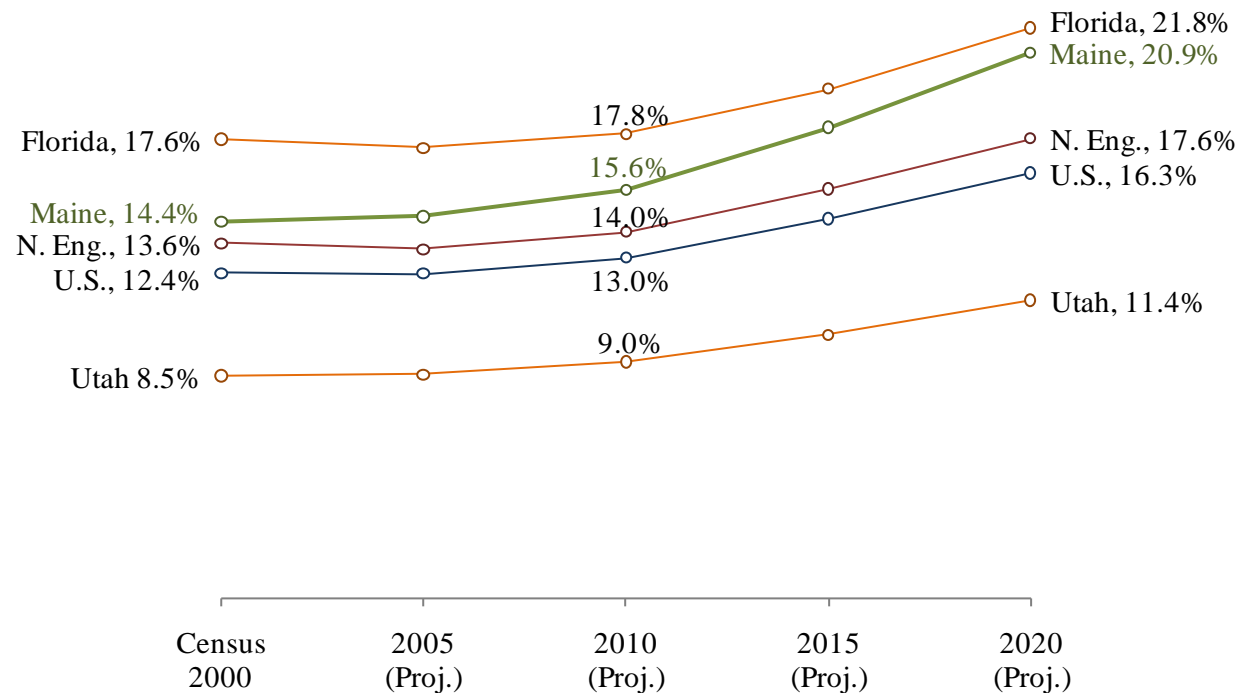
In 2008, only Florida (17.4%), West Virginia (15.7%), and Pennsylvania (15.3%) ranked ahead of Maine in the percent of population that was age 65 or above. Maine's level at 15.1%

placed it 2.3% above the national average of 12.8%. The New England average was 13.7%. Alaska ranked lowest at 7.3%.

Source: U.S. Census Bureau population estimates vintage 2008

Figure 1-4

When measured by percent of population age 65 and above, Maine ranked as the 4th oldest state in the nation in 2008 and is projected to reach 2nd oldest before 2020.



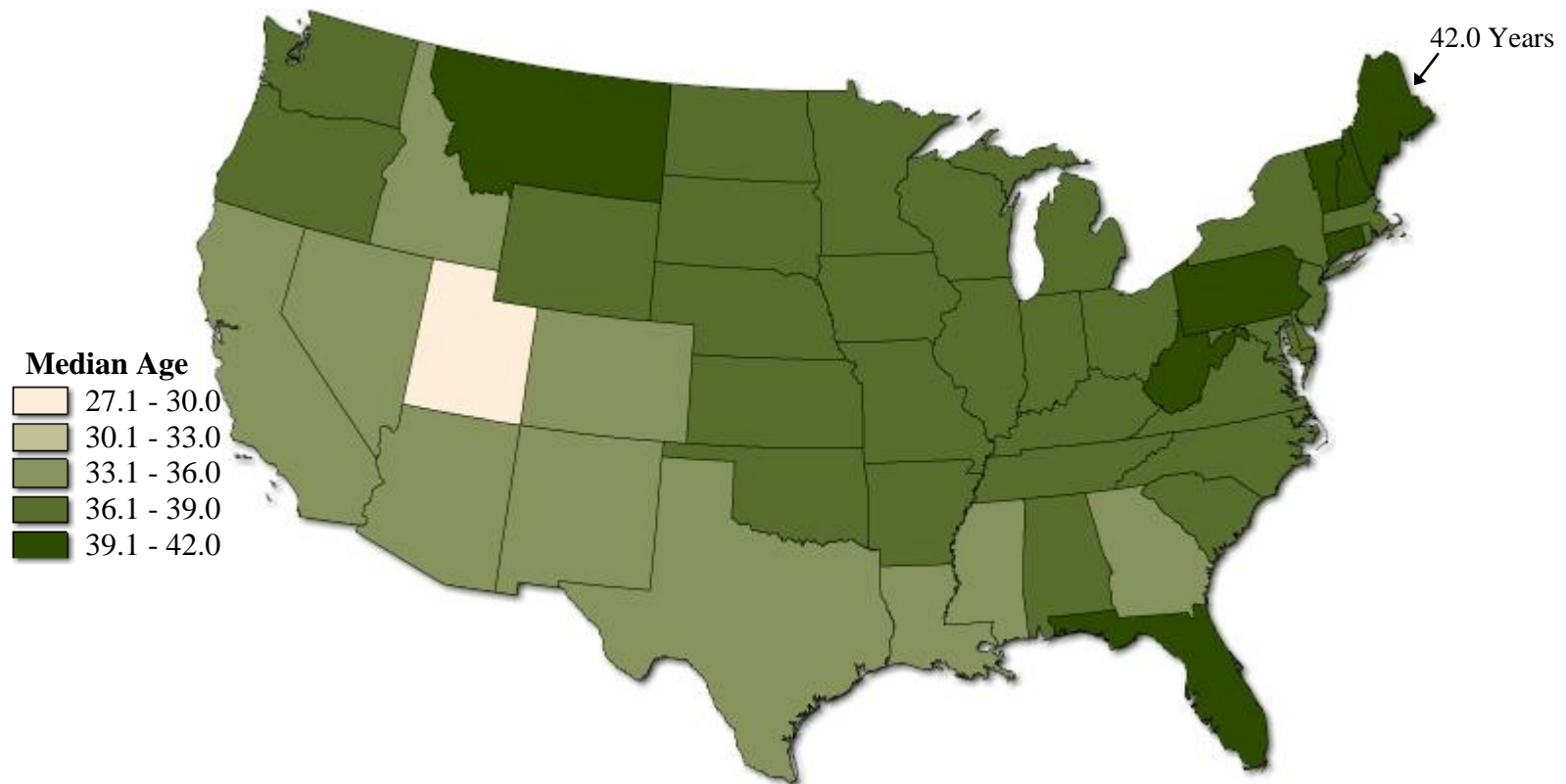
When measured by the percent of population age 65 or above, Maine has one of the fastest aging populations in the country, and the rate of change is accelerating. The U.S. Census Bureau projects that the share of Maine's population that is age 65 or

above will have grown by 1.3 percentage points between 2000 and 2010, and by another 5.2 percentage points between 2010 and 2020.

Source: U.S. Census Bureau, Population Division, "Interim Projections of the Population by Selected Age Groups for the United States and States: April 1, 2000 to July 1, 2030", (April 2005,) <http://www.census.gov/population/www/projections/projectionsagesex.html>

Figure 1-5

Maine had the highest median age of any state in 2008



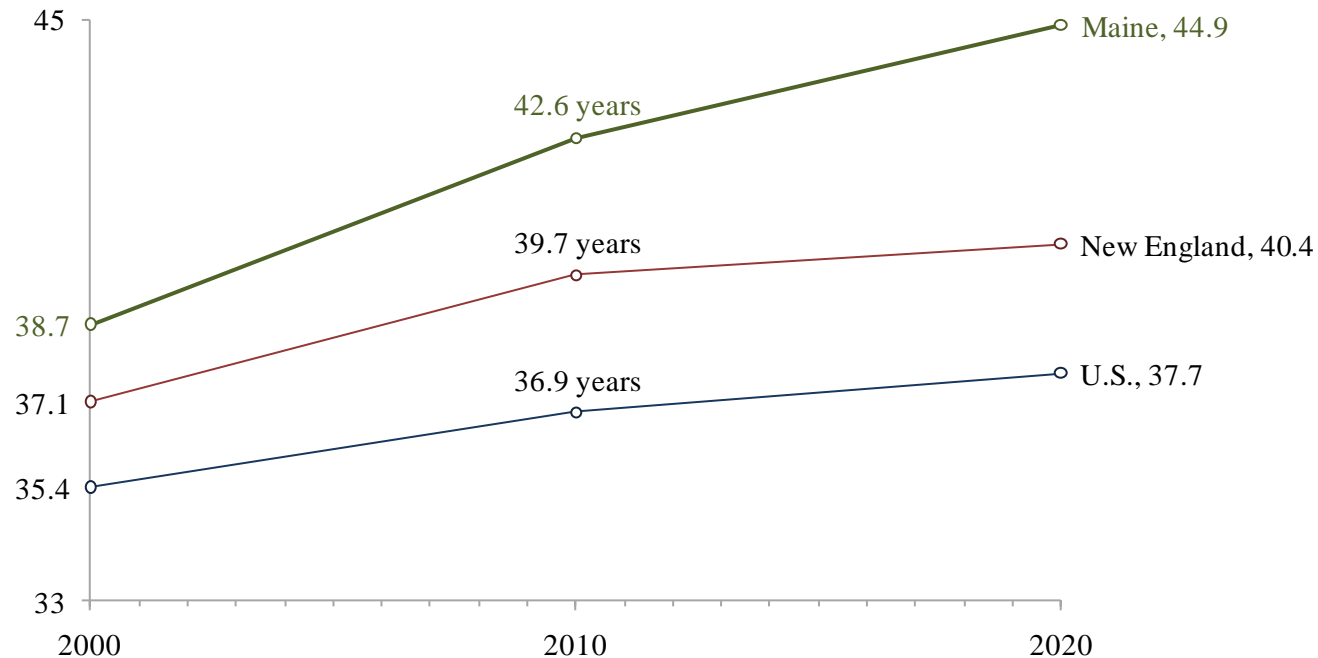
Maine's median age of 42.0 years made it the oldest state in the country in 2008, followed by Vermont at 41.2 years, West Virginia at 40.6 and Florida at 40.2. Maine's median age was 5.1

years higher than the national median of 36.1 years. Utah had the lowest median age at 28.7 years.

Source: U.S. Census Bureau, "Median Age of the Resident Population by Race and Hispanic Origin for the United States and States: July 1, 2008", <http://www.census.gov/popest/states/asrh/SC-EST2008-06.html>

Figure 1-6

Based on changes in median age, Maine is aging much faster than the rest of the country and the rest of New England.



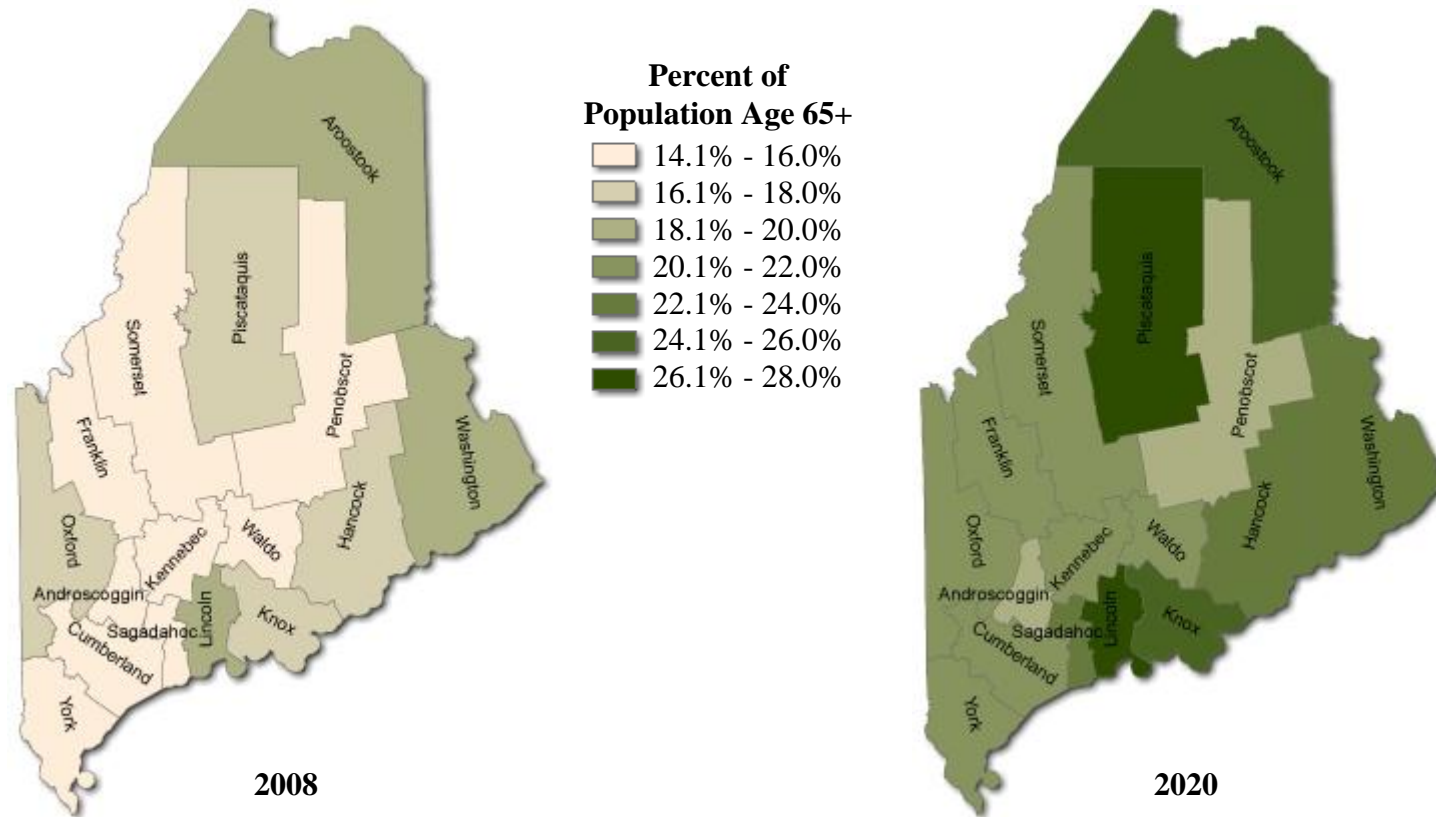
When measured by median age, not only is Maine the oldest state, but also between 2000 and 2008, Maine aged faster than all other states except Virginia. During that period, Maine's median age rose by 3.2 years, from 38.7 years to 42.6.

In the ten years between 2010 and 2020, Maine's rate of aging is projected to accelerate faster than both New England's and the nation's. During that time, the median age in Maine is projected to increase by 2.3 years while the median age for New England and the U.S. will only rise by 8 and 10 months respectively.

Sources: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"
Population Division, U.S. Census Bureau, "Annual Estimates of the Resident Population by Sex and Age", release date May 2009

Section 2: Rural Maine has a higher proportion of older adults

Figure 2-1
Percent of population Age 65 and above by Maine county, 2008 to 2020

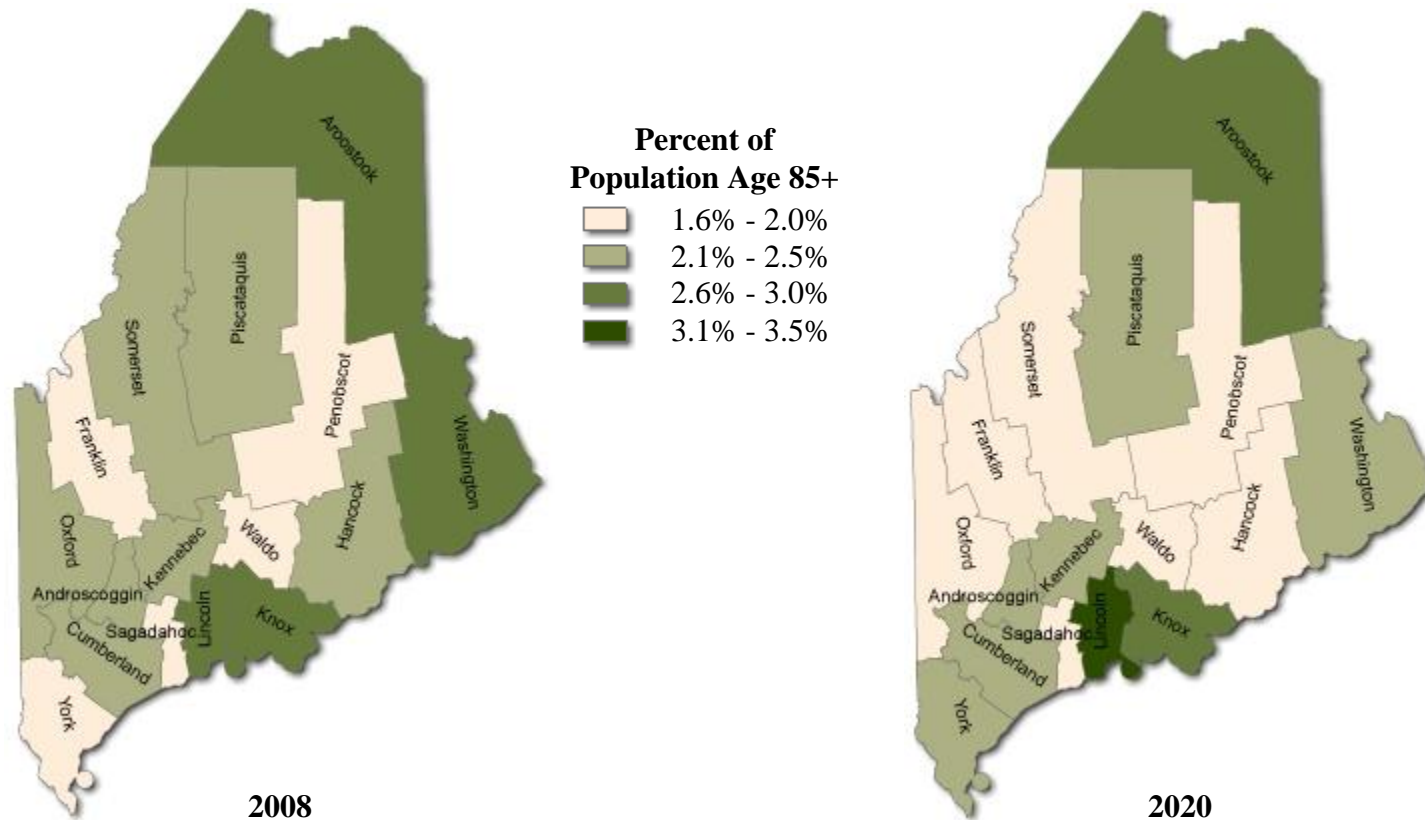


Lincoln County is estimated to have had the state's highest percent of population age 65 or above (19.5%) in 2008, while Washington County ranked second oldest with 18.2%. Lincoln is projected to remain the oldest county in 2020, with 27.0% of its population at age 65+ (an increase of 7.6%), followed by Piscataquis County at 26.3%. At the low end, Cumberland and

Penobscot Counties were tied in 2008 with 14.1% of their populations at age 65+. By 2020, Androscoggin is projected to have the lowest share (18.2%) followed by Penobscot at 19.2%. A table of numbers for all counties can be found in Appendix A, Table A-3.

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Figure 2-2
Percent of population Age 85 and above by Maine county, 2008 to 2020



Although the size of Maine's age 85-plus population is projected to rise by 11% between 2008 and 2020, this age group's share of overall population will only change from 2.1% of total population in 2008 to 2.2% in 2020. In 2008, Lincoln (2.8%) and Knox (2.7%) counties had the highest percent of population age 85 and above, while Penobscot and Waldo counties had the lowest at

1.7% each. After increasing to 3.1% by 2020, Lincoln is projected to remain with the highest percent of population age 85 and above. Aroostook is expected to climb from fourth to second place at 2.9% by 2020.

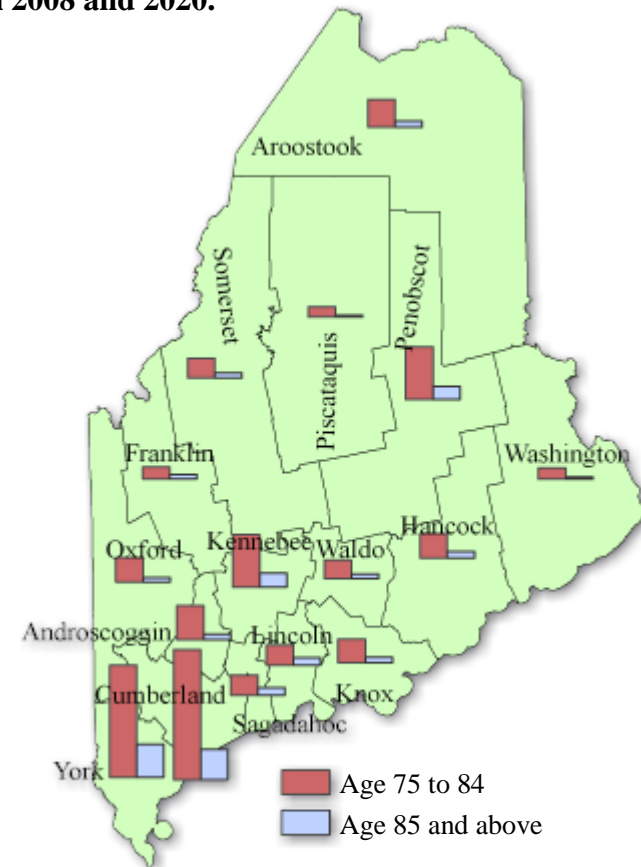
A table of projections for all counties can be found in Appendix A, Table A-3

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Figure 2-3

The forecast change in Maine's older population, by age groups, between 2008 and 2020.

County	Age Groups		
	65-74	75-84	85+
Androscoggin	+4,528	+756	-46
Aroostook	+3,748	+792	+194
Cumberland	+17,563	+4,148	+1,082
Franklin	+1,599	+605	+46
Hancock	+3,336	+849	-30
Kennebec	+7,040	+1,849	+204
Knox	+3,172	+751	+66
Lincoln	+2,737	+1,011	+241
Oxford	+3,277	+546	-27
Penobscot	+7,122	+1,745	+38
Piscataquis	+1,327	+199	-14
Sagadahoc	+2,686	+1,000	+59
Somerset	+2,678	+684	+6
Waldo	+2,507	+654	+97
Washington	+1,481	+283	-50
York	+15,130	+4,487	+1,137
Maine	+79,931	+20,359	+3,003



Current population forecasts predict that Cumberland and York counties will experience the largest increases in the number of persons in all age groups age-65-and-above. Four counties are

likely to see small declines in the size of their age 85-and-above population.

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Section 3: The number of working age adults available to care for older adults is declining

Figure 3-1

Maine's elderly dependency ratio

The Number of Persons of Working Age (20-64) for Each Person Age 65+



Although Maine's elderly dependency ratio held fairly steady from 1970 to 2005, it is projected to be in steady decline through 2020. While Maine had an estimated number of 4.2 working age

(20-64) persons in 2005 for each person age 65-or-above, the ratio is projected to decline to just 2.7 working age persons in 2020 for each person age 65-or-above.

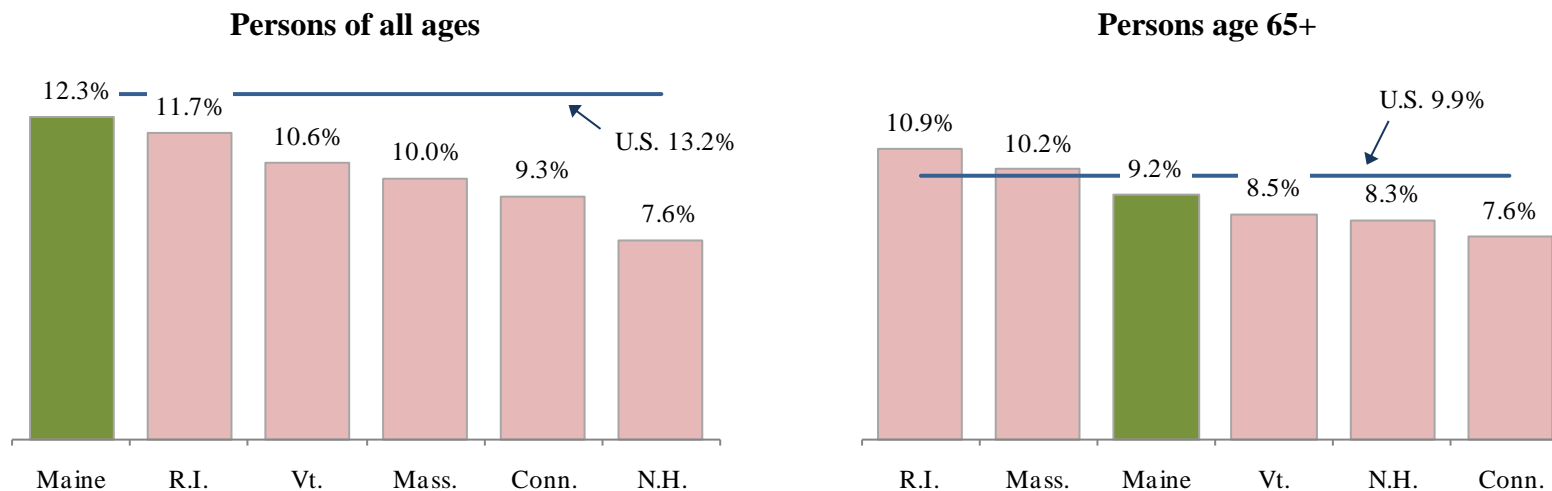
Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Section 4: Older adults in Maine often live in poverty and with a disability, particularly in rural areas

Figure 4-1

Percent of New England's population who had incomes below the federal poverty level in 2008

(Limited to persons for whom poverty status could be determined)



Although Maine had a larger share of its overall population (12.3%) living below the federal poverty level than any other New England state in 2008, the 9.2% poverty rate for Maine's older population (age 65-and-above) was just below the 9.3% elder poverty rate for all of New England. Maine's overall

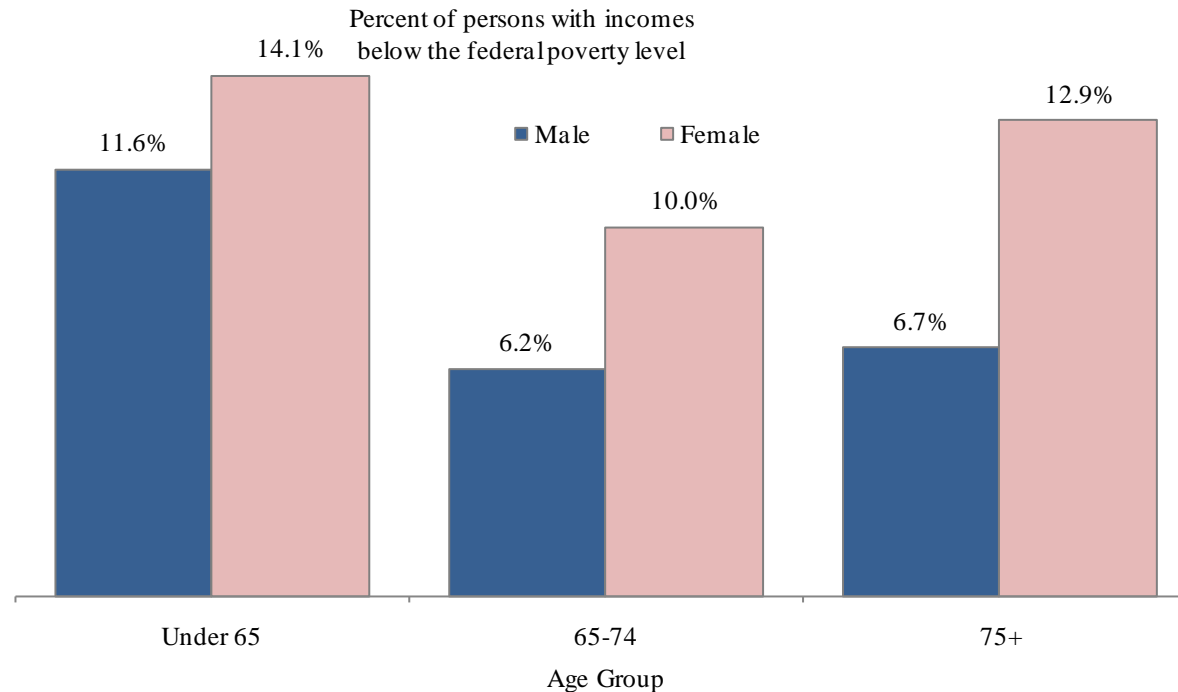
poverty rate and Maine's elder poverty rate were both lower than the national rate in 2008.

New Hampshire and Connecticut were the only two New England states where the percentage of persons age 65-and-above living in poverty was higher than the percentage of persons of all ages living below the federal poverty level.

Source: U.S. Census Bureau, American Community Survey One-Year Estimates for 2008, "Poverty status in the past 12 months by sex by age".

Figure 4-2

Maine's gap between the percent of males and females with incomes below the federal poverty level increased with age in 2008



As Mainers age, the difference between men's and women's poverty rates (the percent of persons reporting incomes below the federal poverty level) increases dramatically.

Among persons under the age of 65, the gap between poverty rates for men (11.6%) and women (14.1%) was 2.5%. However, women age 75-and-above (12.9%) were nearly twice as likely to live in poverty as were men of the same age group (6.7%).

These differences reflect the same phenomenon observed at the national level. Researchers have ascribed the difference in male and female elder poverty rates to several causes, including higher rates of widowhood for women, gender inequalities in the Social Security law, and the number of surviving widows who had been impoverished by the institutionalization of their late spouse.

Sources: U.S. Census Bureau, American Community Survey One-Year Estimates for 2008, "Poverty status in the past 12 months by sex by age", and Stone, Robyn I. "The Feminization of Poverty Among the Elderly," *Women's Studies Quarterly*, v. 17 (Spring/Summer 1989) p. 20-34.

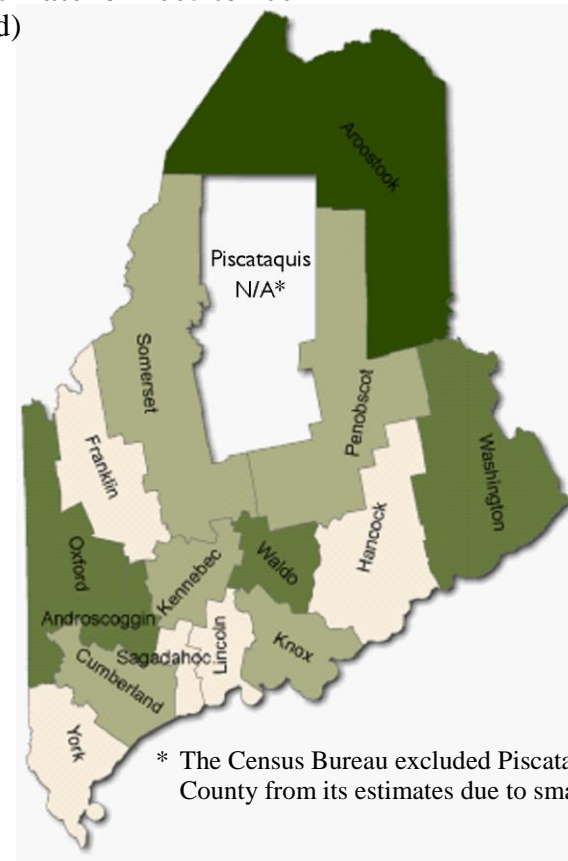
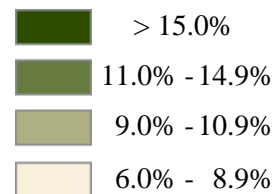
Figure 4-3

Percent of persons Age 65+ whose income for the previous 12 months was below the Federal Poverty Level (FPL), by Maine county, 3-year estimate for 2005 to 2007

(Limited to persons for whom poverty status could be determined)

Table 4-1

County	Percent below FPL
Androscoggin	14%
Aroostook	16%
Cumberland	9%
Franklin	8%
Hancock	7%
Kennebec	9%
Knox	10%
Lincoln	8%
Oxford	13%
Penobscot	10%
Piscataquis	N/A*
Sagadahoc	6%
Somerset	10%
Waldo	14%
Washington	12%
York	8%
Statewide	14%



* The Census Bureau excluded Piscataquis County from its estimates due to small sample size.

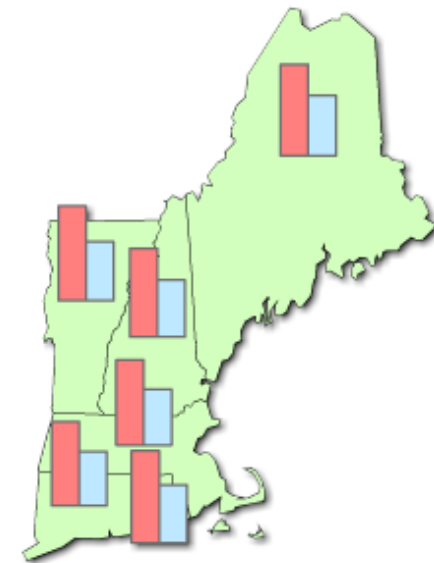
Between 2005 and 2007, Aroostook County had a higher proportion of its older population living below the Federal Poverty Level (16%) than any other county in Maine. Androscoggin County (14%) had Maine's second poorest elderly

population. The lowest poverty rates among persons age 65 and above were found along the coast in Sagadahoc County (6%) and Hancock County (7%). Due to small sample size, the Census Bureau did not provide an estimate for Piscataquis.

Source: U.S. Census Bureau 2005-2007 American Community Survey 3-Year Estimates

Figure 4-4

Disability and poverty: Percent of persons age 65 or above with a disability* in New England, by federal poverty status, 3-year estimates for 2005 to 2007



Disability rate for persons age 65+ with:

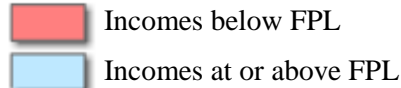


Table 4-2: Percent of persons reporting that they had a disability, 2005 to 2007

	Conn.	Maine	Mass.	N.H.	R.I.	Vermont	N. Eng.
Persons age 65+ with:							
Incomes below the FPL	53%	58%	54%	56%	59%	60%	56%
Incomes at or above FPL	34%	39%	35%	36%	37%	37%	36%
All persons age 65+	36%	40%	37%	38%	39%	39%	38%

Example: Among Mainers age 65 and above, 58% of those with incomes below the FPL reported having a disability, while only 39% of those with incomes at or above the FPL reported having had a disability.

The chart (at left) and table (above) display the percent of non-institutional persons age 65 or above who reported on Census Bureau surveys between 2005 and 2007 that they had a disability. The chart compares the percent of population reporting a disability among older persons whose income for the preceding 12 months had been below the Federal Poverty Level (FPL) to the percent of the older persons with incomes at or above the FLP. Persons who had incomes below the FPL were much more likely to have a disability than persons who had incomes at or above the FPL.

Source: U.S. Census Bureau, American Community Survey 3-year estimates for 2005 to 2007

* The Census Bureau counted a person as having had a disability if they answered "yes" to having had a Sensory Disability (blindness, deafness, or a severe hearing or vision impairment); Physical Disability (a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying); Mental Disability (a condition lasting six months or longer that made it difficult to perform learning, remembering, or concentrating); Self-Care Disability (a condition lasting six months or longer that made it difficult to perform dressing, bathing or getting around inside the home); or Going Outside the Home Disability (a condition lasting six months or longer that made it difficult to go outside the home alone to shop or visit a doctor's office.) The data include civilian non-institutionalized persons for whom poverty status could be determined.

Figure 4-5

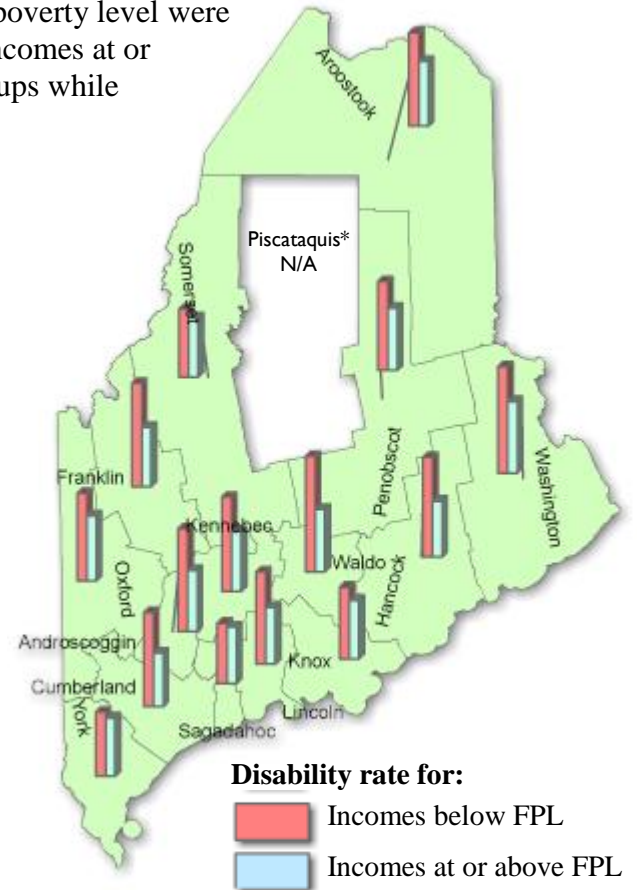
Percent of persons age 65+ with a disability* by income group, 3-year estimates by county for 2005 to 2007

Across the state of Maine, people age 65 and older who had incomes below the federal poverty level were 1½ times more likely to have a disability than persons in the same age group who had incomes at or above the federal poverty level. Waldo County had the widest gap between income groups while the two disability rates were nearly even in Sagadahoc.

Table 4-3: Percent of Persons Age 65+ with a Disability, by Income Group

County	Persons with 12-month incomes:	
	Below the federal poverty level	At or above the federal poverty level
Androscoggin	67%	40%
Aroostook	61%	42%
Cumberland	61%	35%
Franklin	67%	38%
Hancock	65%	36%
Kennebec	61%	39%
Knox	46%	38%
Lincoln	60%	37%
Oxford	57%	42%
Penobscot	58%	40%
Piscataquis	N/A	N/A
Sagadahoc	39%	37%
Somerset	44%	38%
Waldo	75%	41%
Washington	69%	47%
York	42%	38%
Statewide	58%	38%

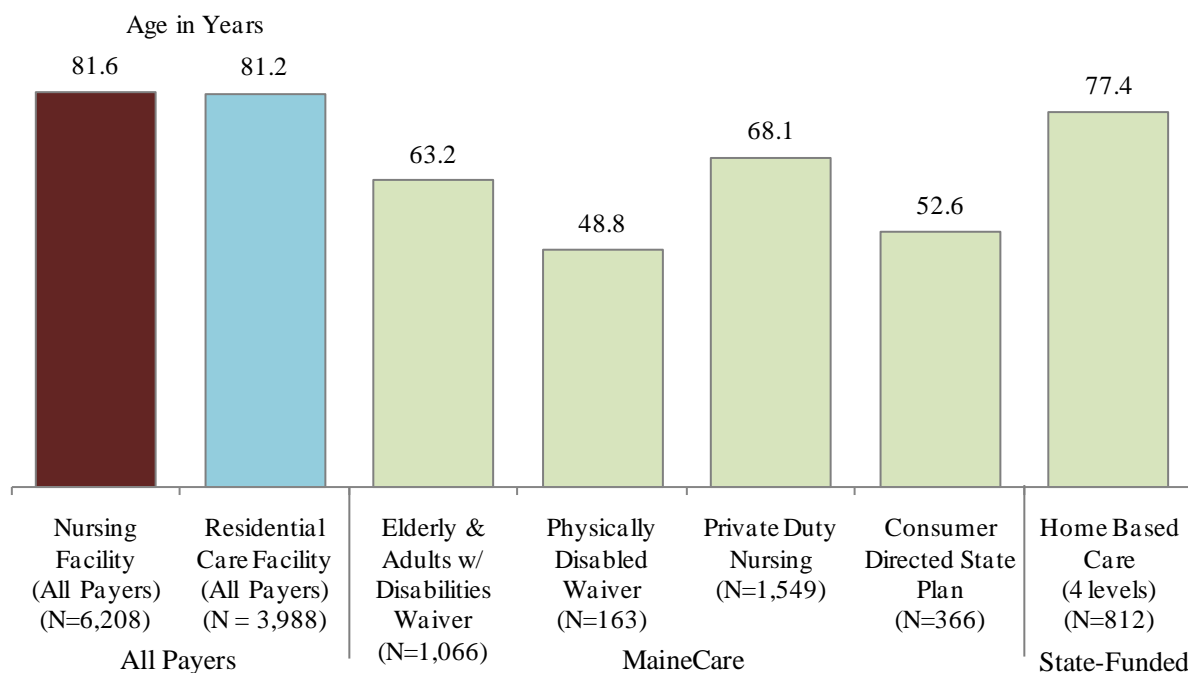
Source: U.S. Census Bureau's American Community Survey for 2005 to 2007



* The Census Bureau counted a person as having had a disability if they answered "yes" to having had a Sensory Disability (blindness, deafness, or a severe hearing or vision impairment); Physical Disability (a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying); Mental Disability (a condition lasting six months or longer that made it difficult to perform learning, remembering, or concentrating); Self-Care Disability (a condition lasting six months or longer that made it difficult to perform dressing, bathing or getting around inside the home); or Going Outside the Home Disability (a condition lasting six months or longer that made it difficult to go outside the home alone to shop or visit a doctor's office.) The data include civilian non-institutionalized persons for whom poverty status could be determined.

Section 5: Long term service users are predominantly, but not exclusively older and female; many rely on or live with others at home

Figure 5-1
Average age of Maine long term care users by setting SFY 2008*



The residents of Maine nursing facilities and case mix residential care facilities[†] had a mean average age of 82 and 81 respectively. MaineCare users of home care services and participants in the state-funded Home-based Care program tended to be younger. Users across the four levels of the Home Based Care program had an average age of 77 years. MaineCare users of Private Duty

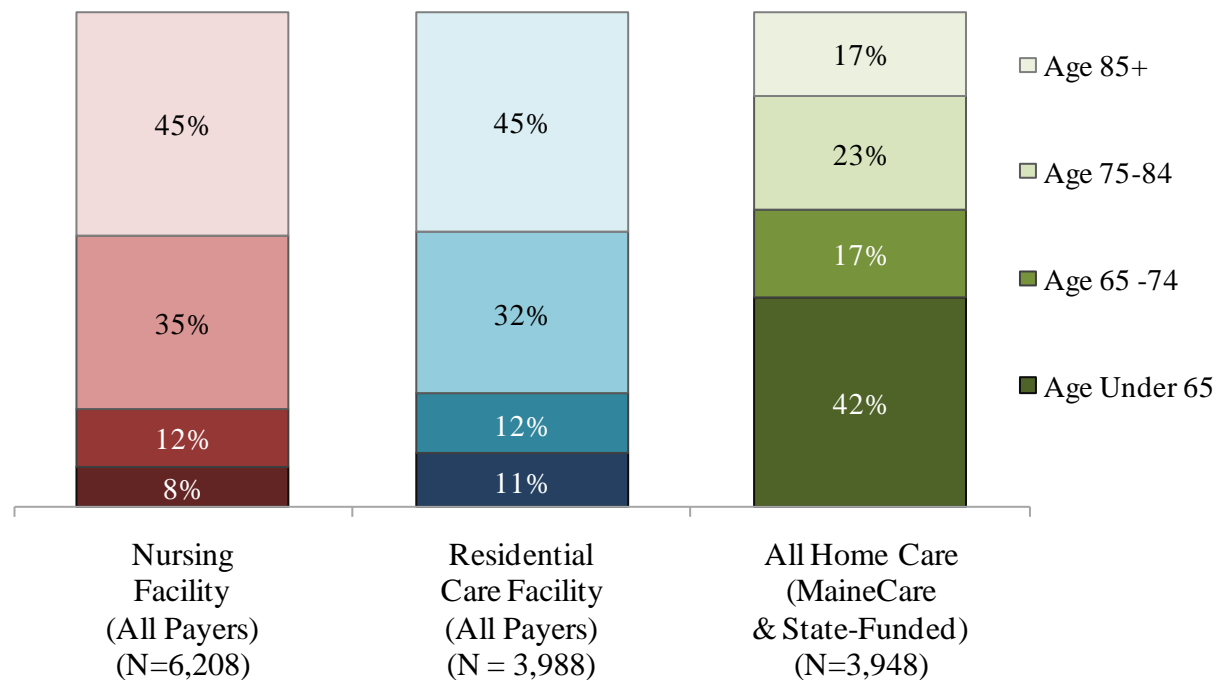
Nursing averaged 68 years old. Members of the Elderly and Adults with Disabilities Waiver program had an average age of 63. The average age for Consumer-Directed State Plan services was 53. The Physically Disabled Waiver had the youngest population at an average 49 years old.

* We used a point-in-time count of nursing facility and residential care residents as of 9/15/2008. All home care data based on the last SFY 2008 MED assessment for each person who had an assessment for any home care service during the fiscal year. Children receiving Private Duty Nursing are not reported on the chart since MECARE assessments are not performed for persons under the age of 18 unless they are accessing the Family Provider Service Option.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 5-2

Age distribution of long term care users by setting SFY 2008*



In SFY 2008, close to half of all Maine nursing facility residents and case mix residential care[†] residents were age 85-or-above. MaineCare and state-funded home care service users on average tended to be younger with only 17% at age 85-and-above and

40% at age 75-or-above. A full 42% of MaineCare and state-funded home care users were below the age of 65, while the same was true for only 8% of nursing home residents and 11% of case mix residential care residents.

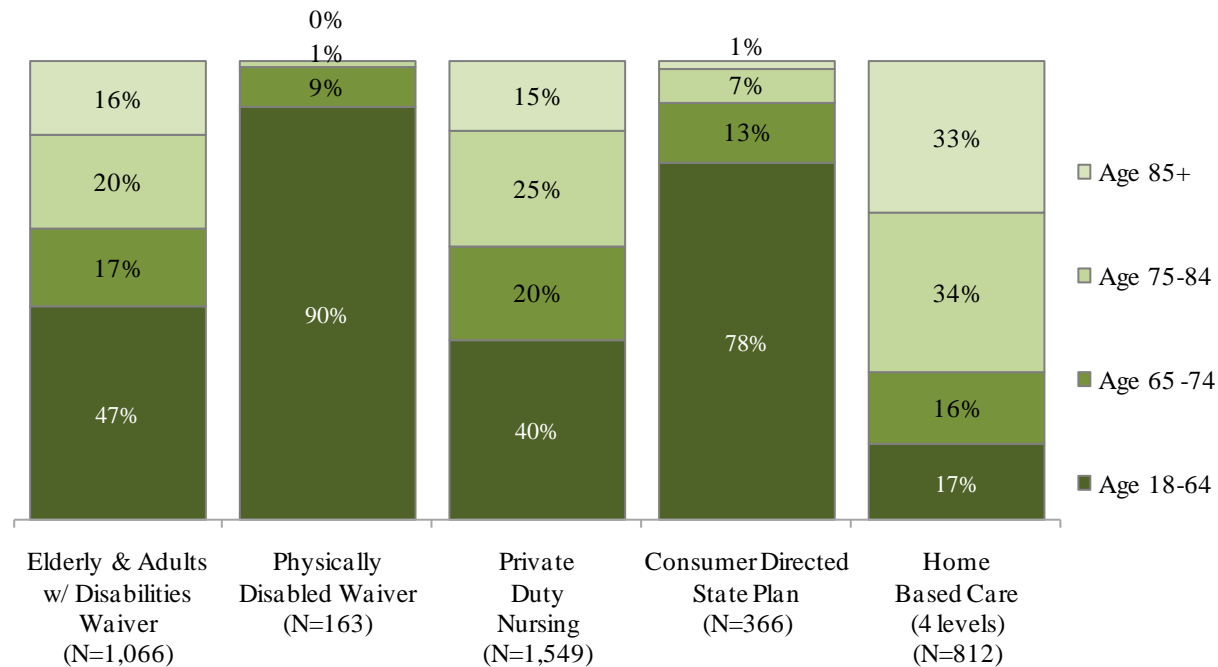
Source: Maine assessment data

* We used a point-in-time count of nursing facility and residential care residents as of 9/15/2008. All home care data based on the last SFY 2008 MED assessment for each person who had an assessment for any home care service during the fiscal year. Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services. Children receiving Private Duty Nursing are not reported on the chart since MECARE assessments are not performed for persons under the age of 18 unless they are accessing the Family Provider Service Option.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 5-3

Age distribution of the users of MaineCare and state-funded long term care services by program, SFY 2008



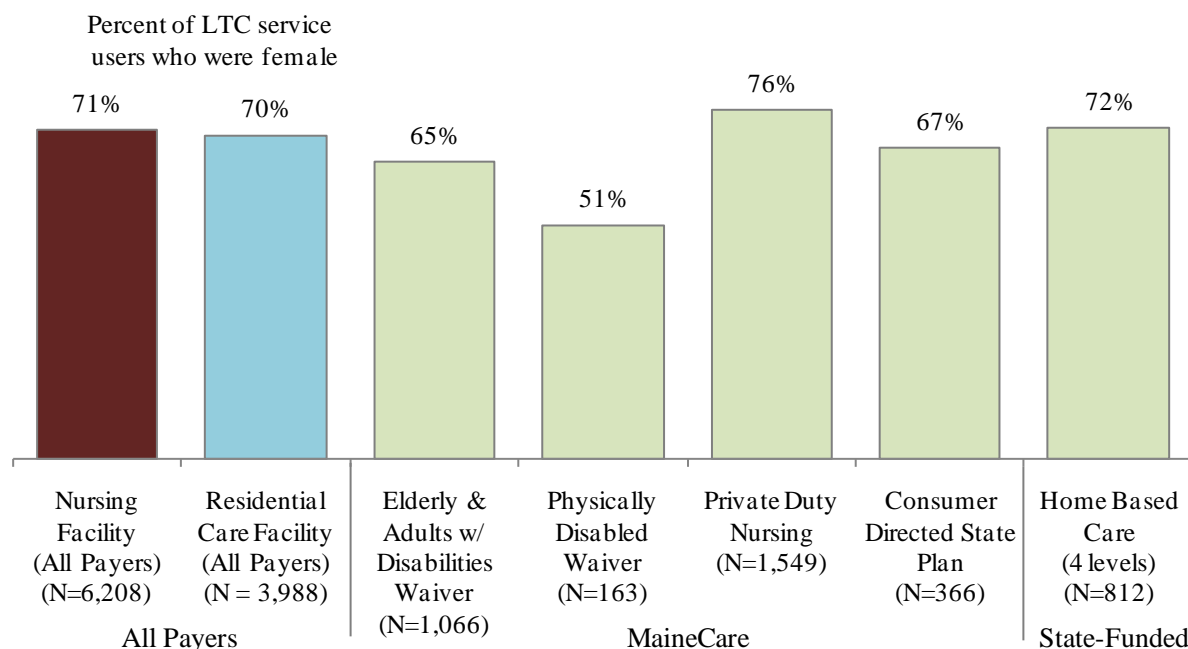
In SFY 2008, the state-funded Home Based Care program (levels I through IV) served a population that was generally older than the populations served by MaineCare's home and community-based long term care services. One-third of all persons served by the state-funded Home Based Care program (levels I through IV) were age 85-or-above. More than two-thirds of those persons

were age 75-and-above. In contrast, 40.2% of the MaineCare members served by Private Duty Nursing were over age 74, as were 36.4% of participants in the Elderly and Adults with Disabilities Waiver, 8.8% of users of Consumer Directed State Plan services, and only 1.2% of participants in the Physically Disabled Waiver.

* All home care data based on the last SFY 2008 MED assessment for each person who had an assessment for any home care service during the fiscal year. Children receiving Private Duty Nursing are not reported on the chart since MECARE assessments are not performed for persons under the age of 18 unless they are accessing the Family Provider Service Option.

Figure 5-4

Proportion of Maine LTC service users who were female by setting, SFY 2008*



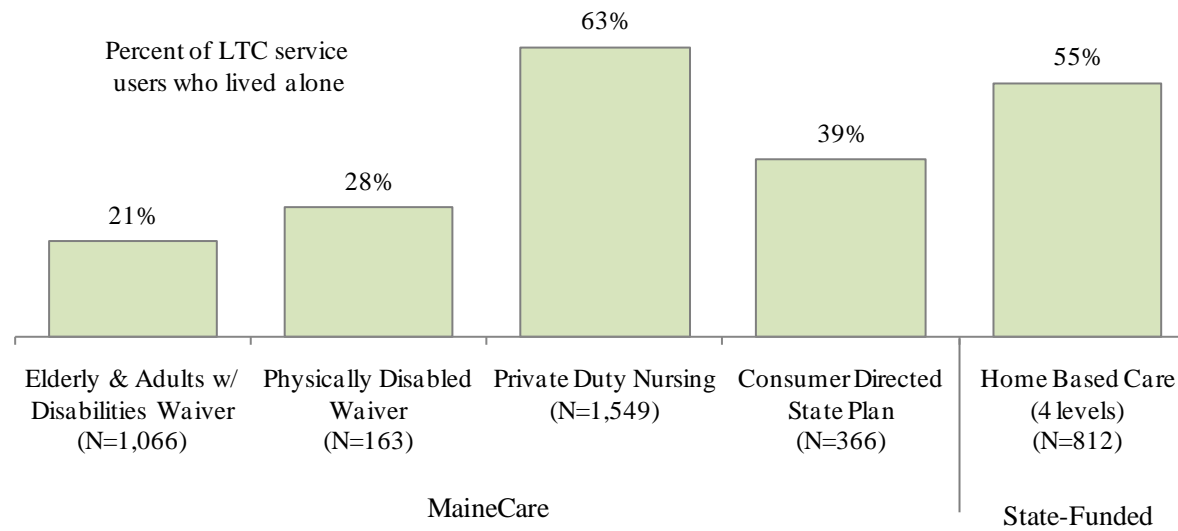
Long term service users are predominantly female. Seventy percent or more of nursing facility residents, case mix residential care residents,[†] MaineCare Private Duty Nursing users and state-funded Home Based Care service users were female. Women accounted for about two-thirds of participants in the MaineCare

Elderly and Adults with Disabilities Waiver and the Consumer-Directed State Plan services. Participants in the MaineCare Physically Disabled Waiver, which serves a younger population nearly all of whom were under the age of 65, were split roughly half-and-half between men and women

* The counts based on Maine's nursing facility and residential care assessment data are point-in-time as of 9/15/2008. We used a point-in-time count of nursing facility and residential care residents as of 9/15/2008. All home care data based on the last SFY 2008 MED assessment for each person who had an assessment for any home care service during the fiscal year. Children receiving Private Duty Nursing are not reported on the chart since MECARE assessments are not performed for persons under the age of 18 unless they are accessing the Family Provider Service Option.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 5-5
Proportion of Maine LTC service users who lived alone, by program, SFY 2008*

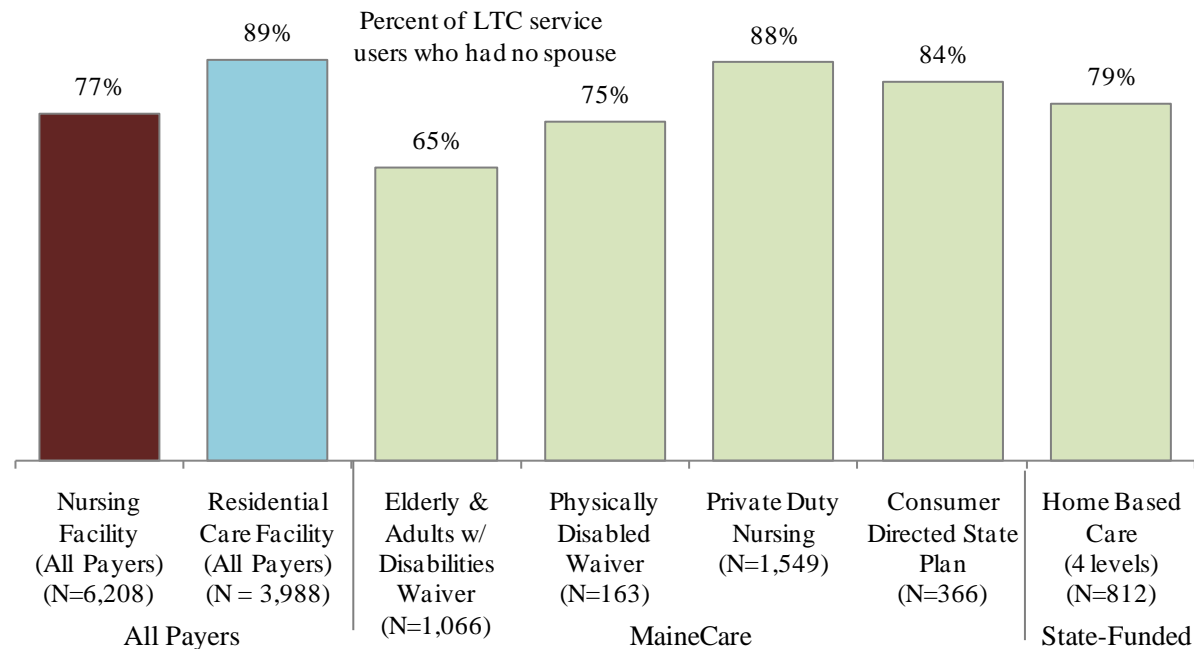


The proportion of MaineCare and state-funded home-based long term service users who lived alone varied widely by program. Nearly two-thirds of MaineCare Private Duty Nursing users and over half of state-funded Home-Based Care services (levels I

through IV) lived alone. Twenty-eight percent of Physically Disabled waiver participants, and 21% of Elderly and Adults with Disabilities waiver participants lived alone, as did 39% of participants in the Consumer Directed State Plan program.

* All home care data based on the last SFY 2008 MED assessment for each person who had an assessment for any home care service during the fiscal year. Children receiving Private Duty Nursing are not reported on the chart since MECARE assessments are not performed for persons under the age of 18 unless they are accessing the Family Provider Service Option. Nursing facilities and case mix residential care facilities were excluded because their data is not comparable. The answers to their "lived alone" (prior to entry) MDS measure allow for a third response, "transferred from another facility", that does not appear on the MED assessment form for home care

Figure 5-6
Proportion of Maine LTC service users who had no spouse by setting, SFY 2008*



A large majority of Maine's long term care service users had no spouse. The percentages were higher among users of some home and community-based services than among nursing facility

residents. Case mix residential care[†] residents were the least likely to be currently married.

* We used a point-in-time count of nursing facility and residential care residents as of 9/15/2008. All home care data based on the last SFY 2008 MED assessment for each person who had an assessment for any home care service during the fiscal year. Children receiving Private Duty Nursing are not reported on the chart since MECARE assessments are not performed for persons under the age of 18 unless they are accessing the Family Provider Service Option.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Section 6:

Some of the most common diagnoses among people using long term services include dementia, hypertension, depression and arthritis

Table 6-1

Prevalence of selected diagnoses among Maine long term care service users by setting, SFY 2008*

Diagnosis	Nursing Facility (All Payers) (N=6,208)	Case Mix Residential Care Facility [†] (All Payers) (N = 3,988)	All Home Care (MaineCare & State-Funded) (N=3,948)
Hypertension	60%	68%	61%
Depression	59%	42%	49%
Any Dementia	58%	46%	14%
Arthritis	33%	24%	57%
Diabetes	31%	29%	35%
Osteoporosis	29%	24%	23%
Anemia	28%	21%	17%

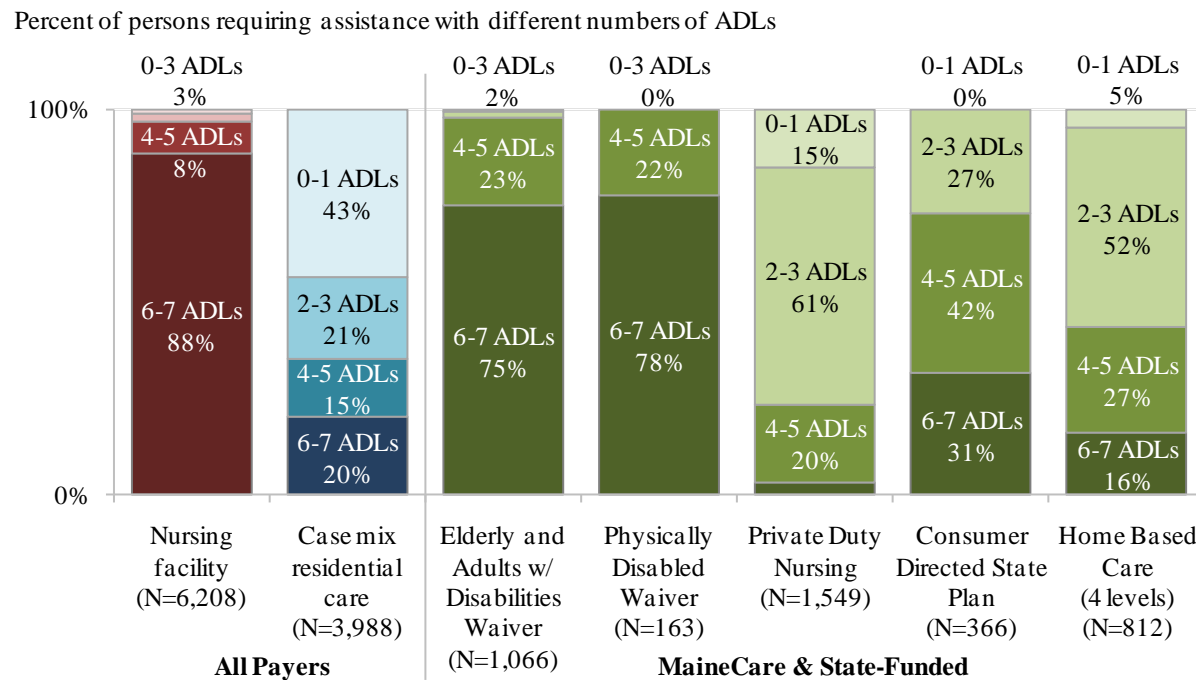
Hypertension was the most common diagnosis among long-term care service users. Depression also ranked high among long-term care service users, but it was more prevalent for nursing facility residents than for the users of case mix residential care[†] or home and community-based services. Nursing facilities and case mix

residential care facilities serve a high proportion of people with Alzheimer's disease or other forms of dementia. Arthritis is much more prevalent among the users of home and community-based services than among nursing facility and case mix residential care residents.

* The counts based on Maine's nursing facility and residential care assessment data are point-in-time as of 9/15/2008. All home care data based on the last SFY 2008 MED assessment for each person using home care throughout the fiscal year.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 6-1
Distribution of the percentage of long term service users by the number of Activities of Daily Living[†] (ADLs) with which they require supervision or greater levels of assistance.



Nearly all (96.6%) persons residing in nursing facilities required supervision or hands-on assistance with at least four of seven ADLs. By contrast, only 35.3% of case mix residential care facility[‡] residents required help with 6-or-more ADLs. All MaineCare participants in the Physically Disabled Waiver and 97% of Elder and Adult Waiver participants needed help

with 4-or-more ADLs. The same was true of 73.2% of members using Consumer Directed State Plan services, 43.3% of the users of state-funded Home Based Care program, and 23.6% of Private Duty Nursing users.

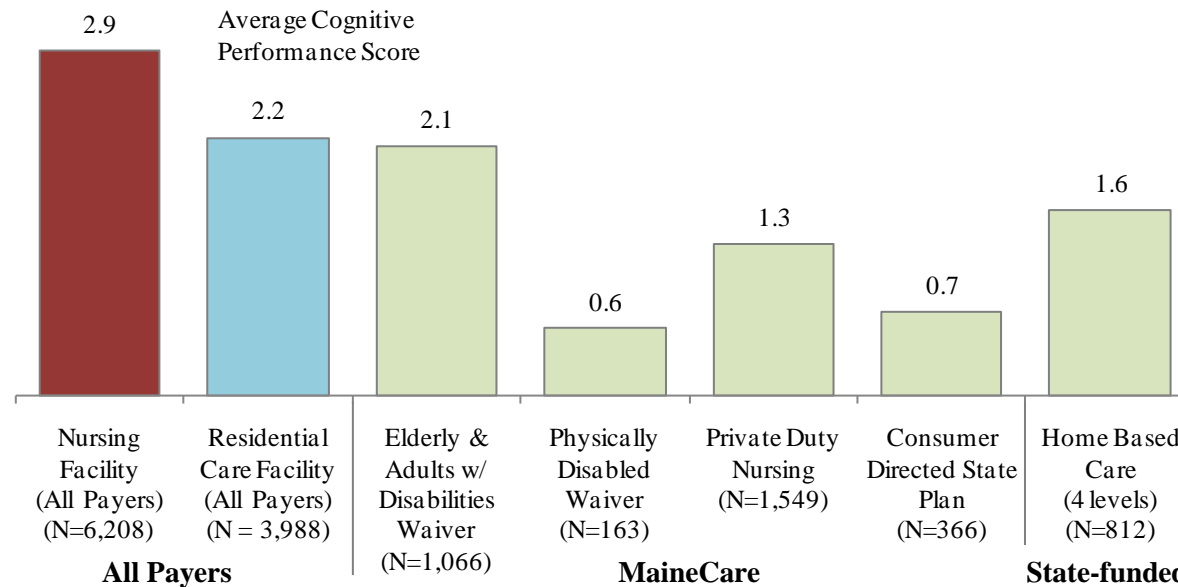
Source: The ADL counts for nursing facilities and residential care were based on each resident's most recent assessment as of 9/15/2008. All home care data based on the last SFY 2008 MED assessment for each home care user throughout the fiscal year.

[†] The seven ADLs measured include bed mobility, transfer, locomotion, eating, toileting, bathing; and dressing.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 6-2

Average cognitive performance score* for Maine long term service users by setting, SFY 2008
(including persons with and without dementia)



The Minimum Data Set (MDS) Cognitive Performance Scale (CPS) ranges from zero (intact) to six (very severe impairment).

In 2008, residents in nursing facility had the highest average cognitive performance score (2.9).

Case mix residential care[†] residents and participants in the MaineCare Elderly and Adults with Disabilities waiver program

were somewhat close behind with scores of 2.2 and 2.1, respectively.

Users of other MaineCare and state-funded home care services had lower average CPS scores, meaning that those participants were more likely to be cognitively intact or have milder cognitive impairments.

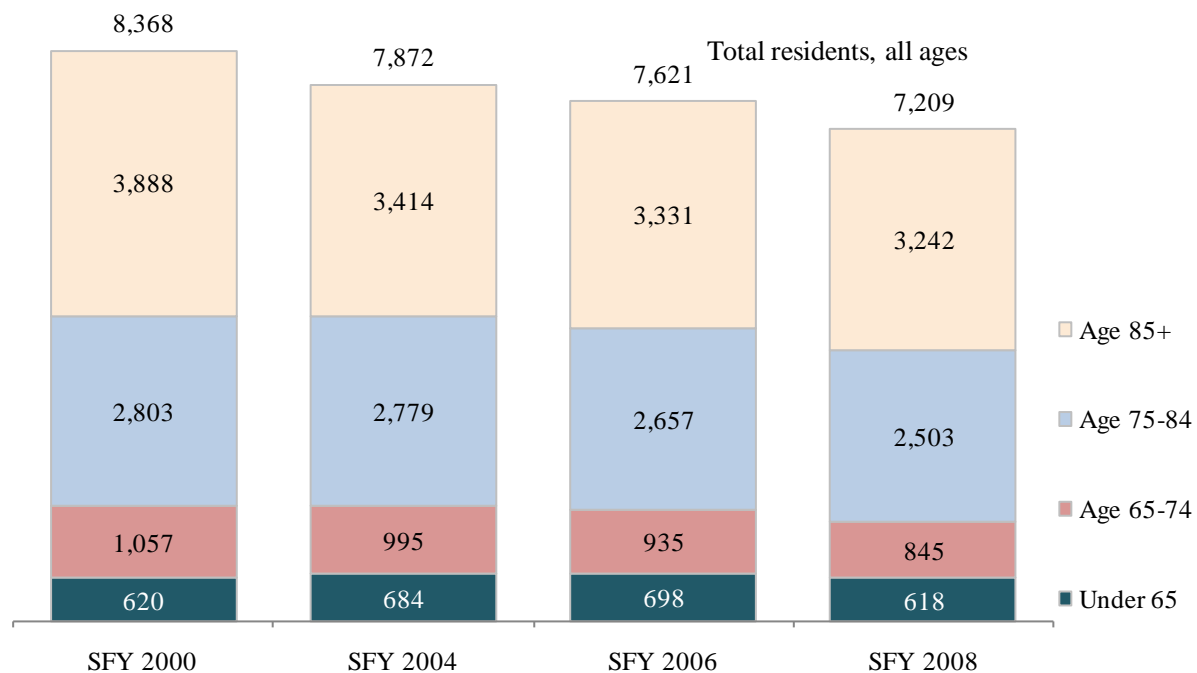
Source: The counts based on Maine's nursing facility and residential care assessment data are point-in-time as of 9/15/2008. All home care data based on the last SFY 2008 MED assessment for each person using home care throughout the fiscal year.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Section 7: Use of Nursing Facilities

Figure 7-1

Maine's average monthly number* of nursing facility residents (all payers) declined steadily from SFY 2000 through SFY 2008.



The average monthly number of people in Maine nursing homes declined steadily across all age groups between SFY 2000 and SFY 2008. During those years, the total average monthly number of users fell by 1,159 (13.8%). The 65-to-74-year-old age group

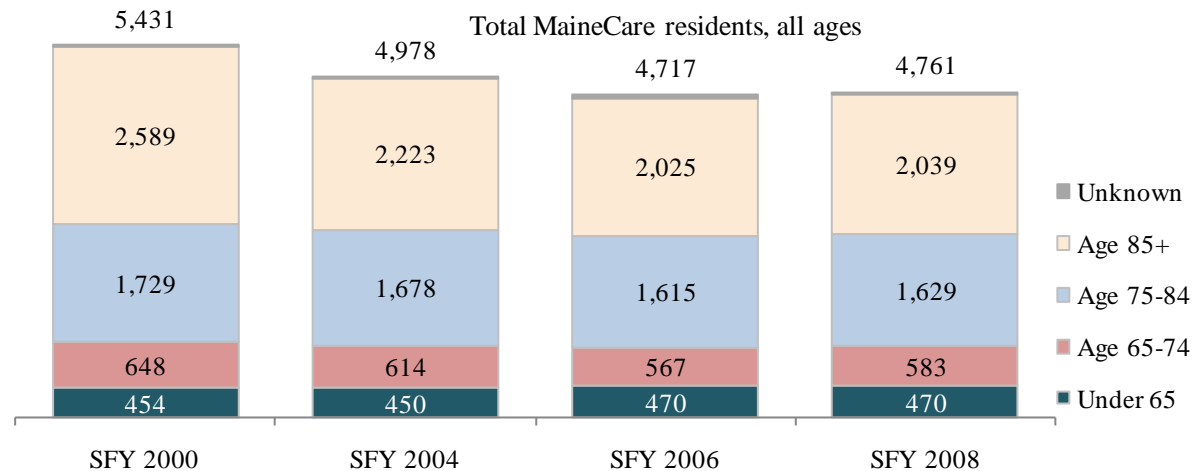
had the largest proportional decline (20.1%) with a total decline of 212 residents. The 85-and-above age group accounted for the largest drop in numbers. The number of nursing facility residents in that age group fell by 645, or 16.6%.

Source: MDS data for SFY 2000 to SFY 2008.

* "Average monthly users" represents a 12-month average of the unique number of nursing facility residents throughout each month.

Figure 7-2

The average monthly number* of MaineCare members who were nursing facility residents declined between 2000 and 2006 and then leveled off.



The average monthly number of MaineCare nursing facility residents dropped by 699 (12.9%) between SFY 2000 and SFY 2008. The decline was even greater between SFY 2000 and SFY 2006, falling by 744 or 13.7% between SFY 2000 and SFY 2006, but then increasing by 45 residents (1.0%) between SFY 2006 and SFY 2008. Despite the recent rise in the average monthly resident count, the average daily MaineCare census continued to fall due to increased turnover rates coupled with shorter lengths of stay.

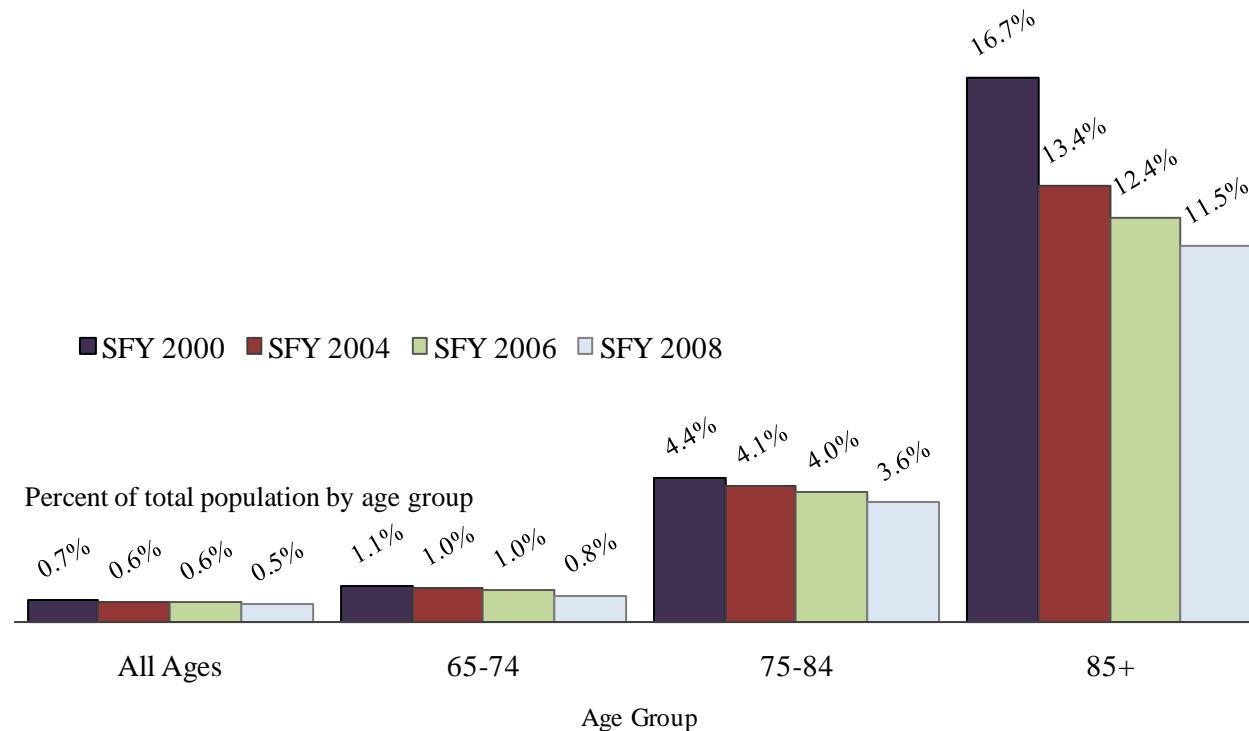
Between SFY 2000 and SFY 2008, the average monthly number of MaineCare nursing facility residents in the 85-and-above age group decreased by 550 persons (21.2%), and accounted for near four-fifths (79%) of the decline across all age groups. The average monthly number of MaineCare nursing facility residents in that same age group increased by 15 between SFY 2006 and SFY 2008.

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07. Claims for SFY 2008 incurred and paid as of 4/17/09.

* "Average monthly users" represents a 12-month average of the unique number of nursing facility residents throughout each month.

Figure 7-3

The percent of Maine's population residing in nursing facilities (all payers) declined steadily across all age groups from 2000 to 2008



People of all ages are less likely to use nursing facilities today than they were in 2000. Between SFY 2000 and SFY 2008 the percent of Maine's total population who resided in nursing homes fell from 0.7% to 0.5% with the sharpest declines occurring in the 85-and-above age group. Over the same eight years, the

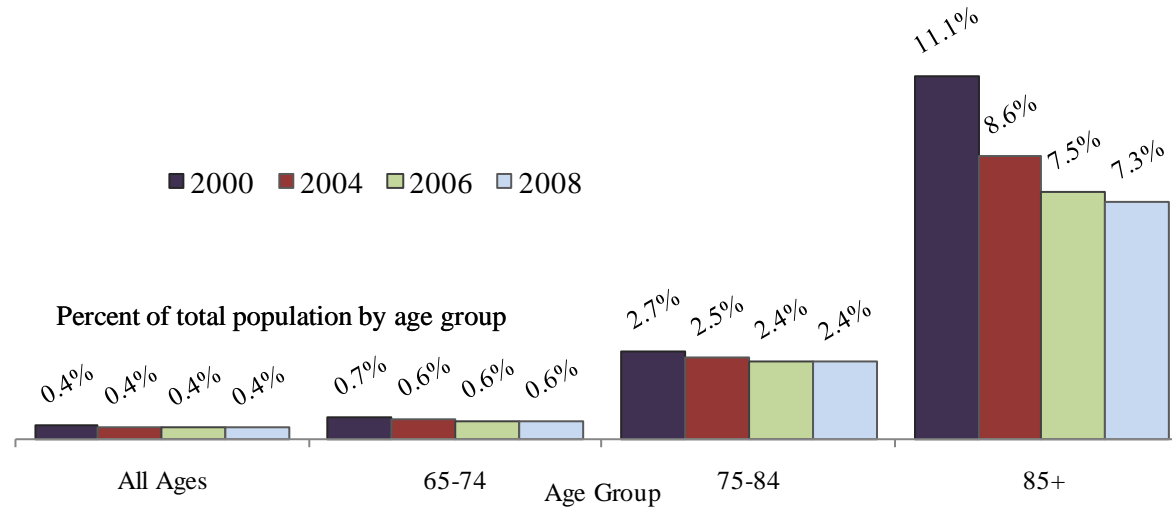
percentage of all persons age 85-plus who resided in nursing facilities declined from 16.7% to 11.5%. Declines were also seen in the 65-to-74 and the 75-to-84-year-old age groups.

Sources: Maine MDS monthly average assessment data, and Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Note: Some of the rates displayed above for SFY 2004 to SFY 2008 differ from a similar chart presented to the Blue Ribbon, due to updated projections in the 2008 edition of the Woods and Poole Economics population estimates.

Figure 7-4

The percent of Maine's population who were MaineCare members residing in nursing facilities declined across all age groups between SFY 2000 and SFY 2008



In 2000, the average monthly number of MaineCare members who were age 85-and-above and residing in nursing facilities represented 11.1% of Maine's total age 85-plus population. By

SFY 2008, the percentage of Mainers in that same age group who were MaineCare nursing facility residents had declined to 7.3%.

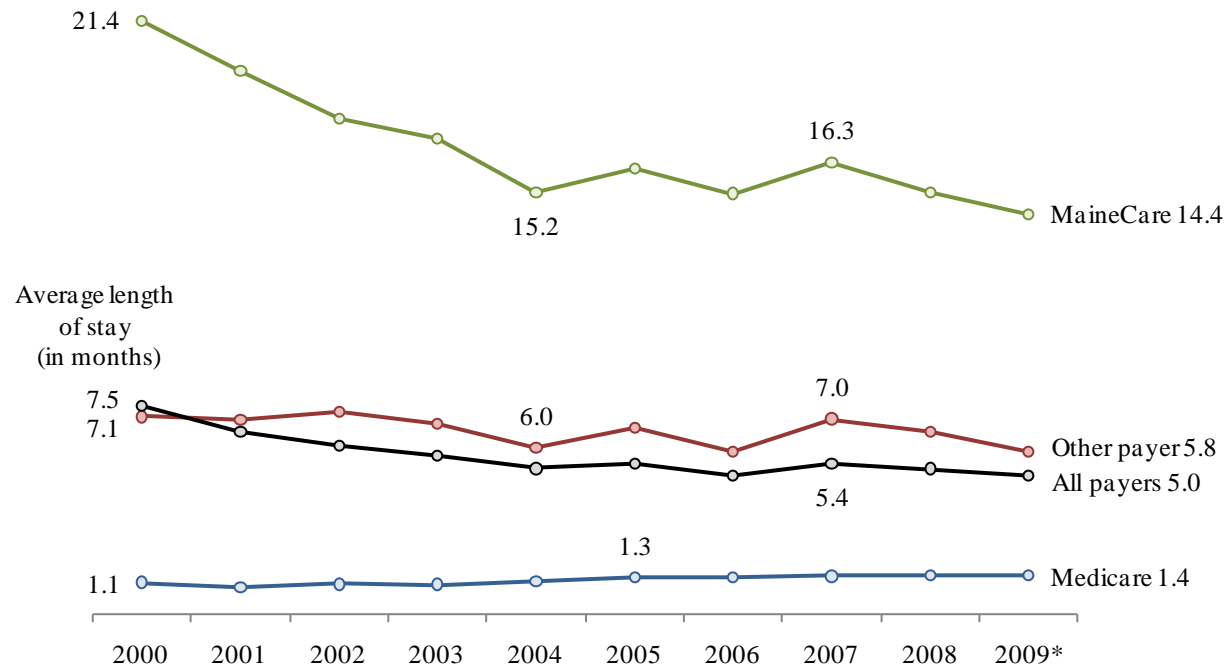
Sources: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07. Claims for SFY 2008 incurred and paid as of 4/17/09.

Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Note: Some of the rates displayed above for SFY 2006 and SFY 2008 differ from a similar chart presented to the Blue Ribbon Commission, due to updated projections in the 2008 edition of the Woods and Poole Economics population estimates.

Figure 7-5

Changes in the average length of stay for Maine nursing facility residents, by payer, 2000 to 2009.



Between 2000 and the first nine months of 2009, the average length of stay for MaineCare and all-payer nursing facility residents declined by one-third (33%) while the average length of

stay for Medicare residents increased by 22%. The overall length of stay declined by 33%.

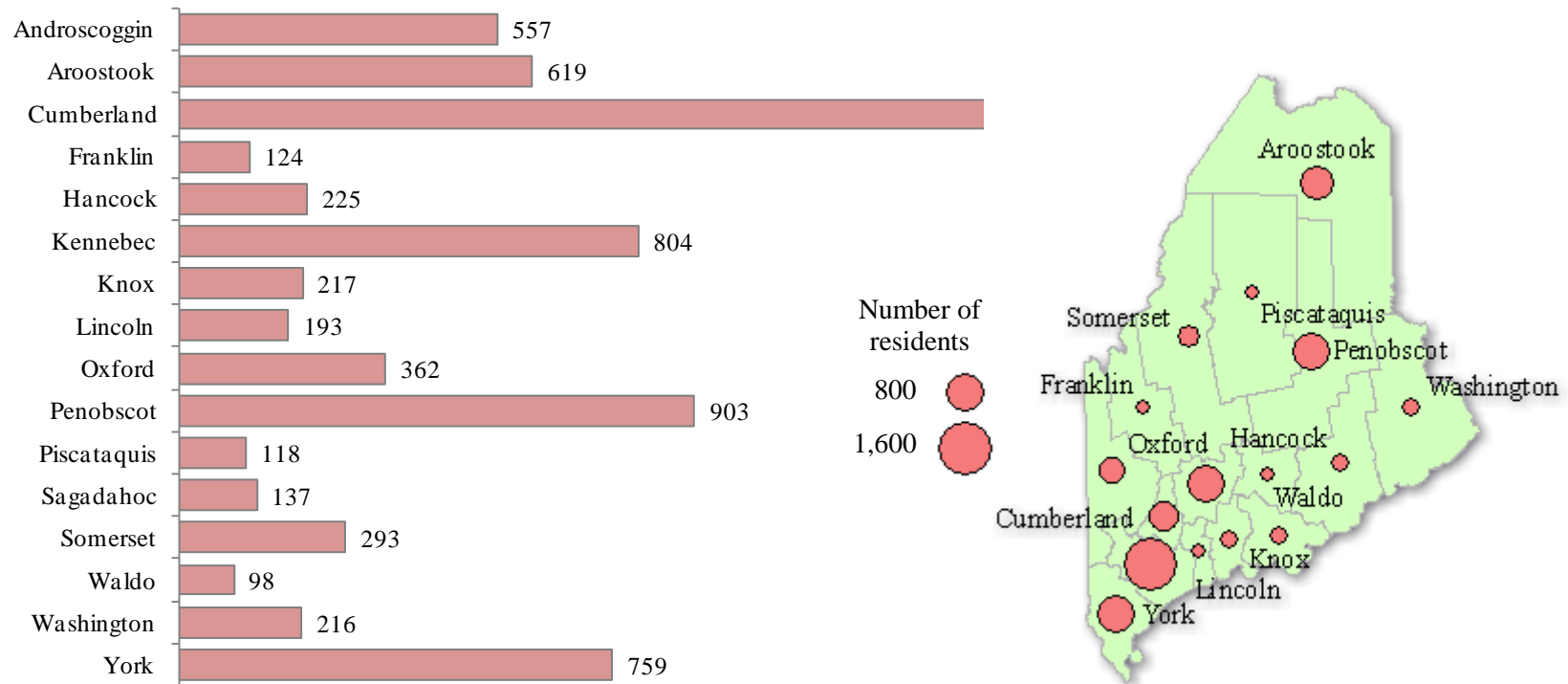
Sources: Maine Dept. of Health and Human Services, "QR-NF16: Length of Stay by RUG Group 5.01", Dec. 2, 2009

Length of stay is based on resident discharge data. It is calculated by subtracting the resident's admission date from his or her discharge date.

* Data for 2009 based on only the first nine months of the year.

Figure 7-6

Cumberland and Penobscot counties accounted for more than a third of Maine's average monthly number of nursing facility residents (all payers) in SFY 2008 (N=7,209)



In SFY 2008, Cumberland County had a monthly average unduplicated count of 1,586 nursing facility residents, the highest monthly average in Maine. Cumberland County was followed by

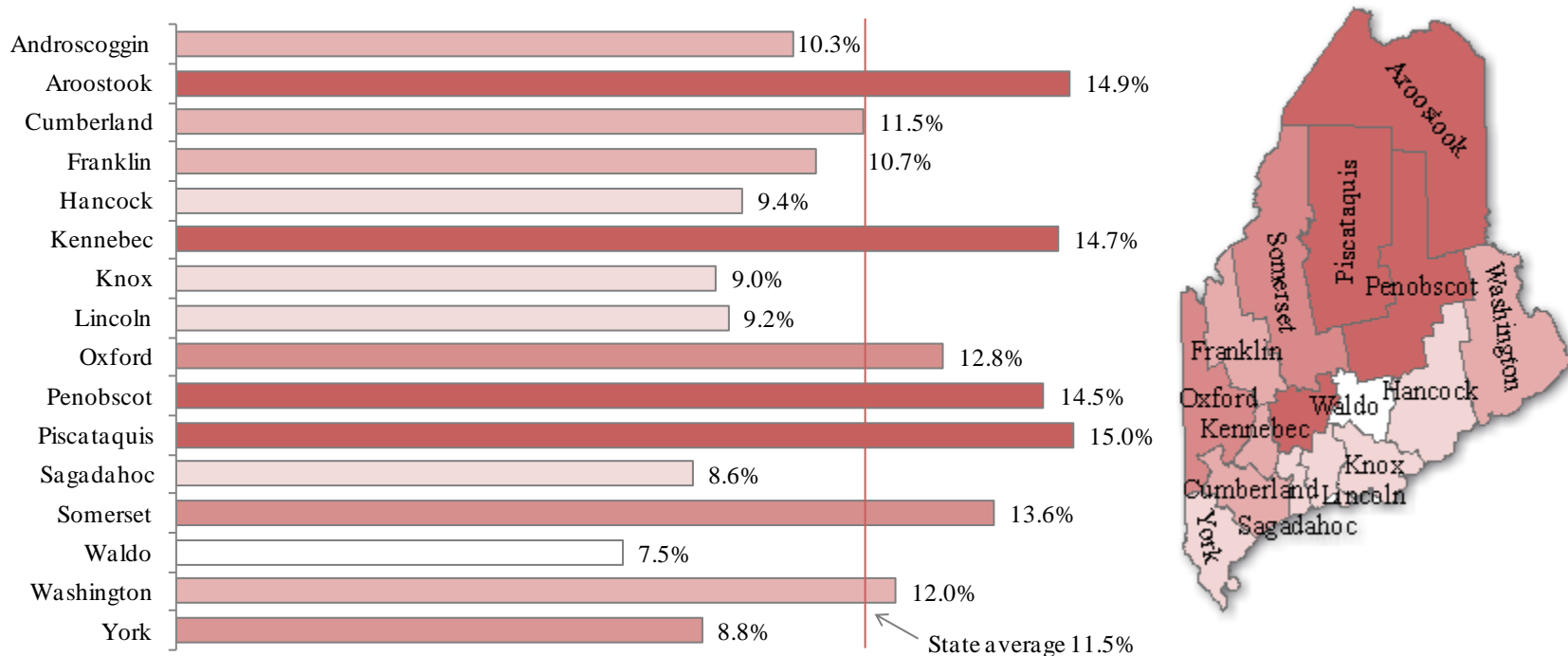
Penobscot County with 903 residents, and Kennebec County with 804. Waldo County had the state's smallest monthly average nursing facility population at 98.

Source: MDS assessment data

Note: Each resident's county was determined by facility location

Figure 7-7

The percent of the population age 85 and above who resided in nursing facilities varied by county between 7.5% and 15.0% in SFY 2008.



While Maine's average monthly number of nursing facility residents who were age 85-and-above equaled 11.5% of the age 85-plus population, the percentage varied by county from a low

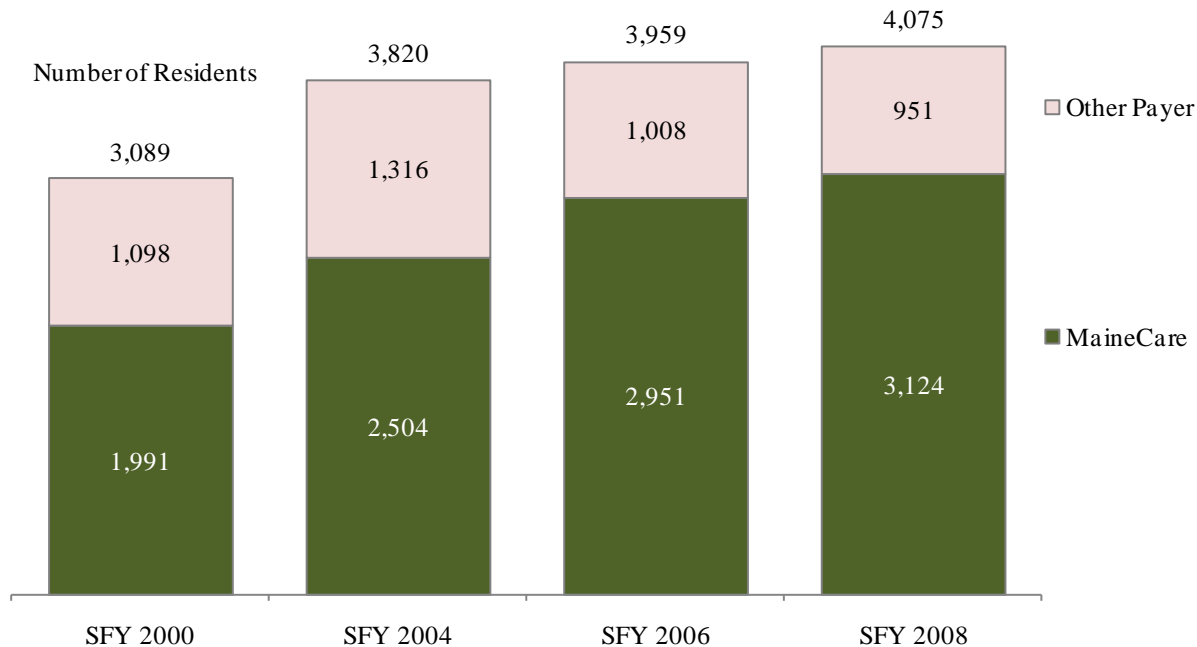
of 7.5% of the age 85-plus population in Waldo County to a high 14.9% in Aroostook and 15.0% in Piscataquis County.

Source: MDS assessment data and Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"
Note: Each resident's county was determined by facility location

Section 8: Use of Residential Care Facilities

Figure 8-1

Maine's monthly average count of case mix residential care[†] residents grew 32% between SFY 2000 and SFY 2008



While the size of the nursing facility population was declining, Maine's average monthly number of case mix residential care residents grew by 986 (32%) between SFY 2000 and SFY 2008. The growth in the number of MaineCare residents whose

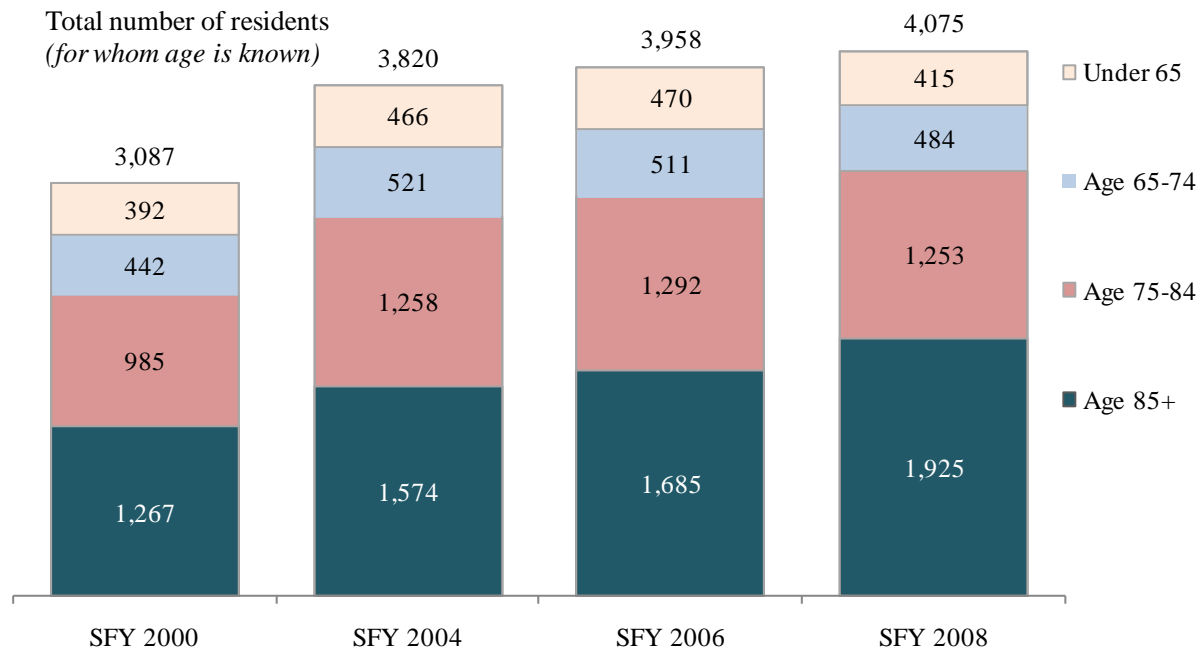
numbers increased by 1,133 (57%), outweighed a 147 decline (-13%) in the number of residents whose stays were reimbursed by other payers.

Source: Maine residential care assessment data and MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07. Claims for SFY 2008 incurred and paid as of 4/17/09.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 8-2

While the overall monthly average number of residents (all payers) in case mix residential care facilities[†] increased steadily between 2000 and 2008, continuing increases in the size of the 85-and-above age group since 2004 have outweighed small declines in the number of younger residents.



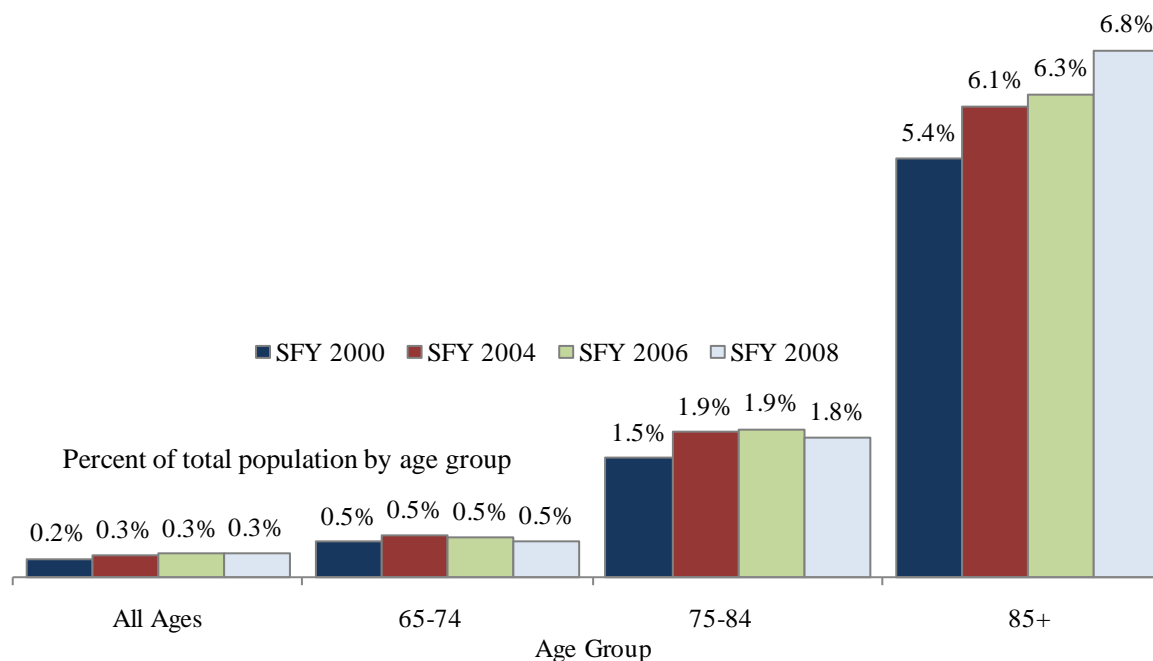
The 85-and-above age group accounted for two-thirds (66%) of the increase in case mix residential care use between SFY 2000 and SFY 2008. The average monthly number of residents in the 85-plus age group grew by 657 (52%). The number of residents in the 75-to-84 age group grew by 267 (27.1%). The average monthly number of persons aged 65-to-74 rose by only 41 for 9%

increase. The slowest increase occurred among residents under age 65. Their group gained only 23 new residents, an increase of 6%. The continuing growth in the size of the 85-plus age group between SFY 2006 and SFY 2008 masked small two-years declines within all three younger age groups.

Source: Monthly average number of Maine case mix residential care residents from residential care assessment data

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 8-3
The Percent of Maine's Population Residing in Case Mix Residential
Care Facilities[†] (All Payers) rose steadily between SFY 2000 and SFY 2008



The overall percentage of Maine's population residing in case mix residential care facilities (based on the monthly average count of residents) grew continuously between SFY 2000 and SFY 2008. However, the trends in case mix residential care use differed between age groups. The use of case mix residential

care by persons under the age of 75 began declining between 2004 and 2006, and the decline extended to the 75-to-84 age group between 2006 and 2008. However, continued increased use by persons who were age 85-and-above more than outweighed the small declines within younger age groups.

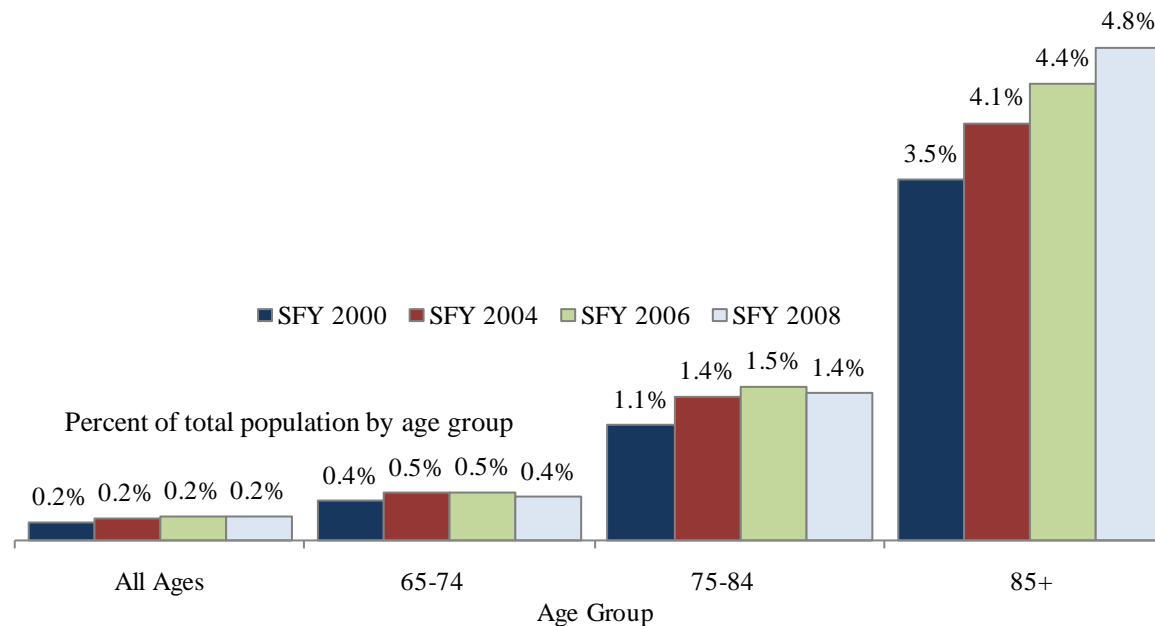
Source: Monthly average number of Maine case mix residential care residents from residential care assessment data, and Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Some of the rates displayed above differ slightly from rates displayed in similar charts in earlier presentations due to updated projections in the 2008 edition of the Woods and Poole Economics population estimates.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 8-4

The percent of Maine's population who were MaineCare case mix residential care[†] residents SFY 2000 to SFY 2008



While the percent of Maine's population residing in MaineCare-reimbursed case mix residential care rose steadily from SFY 2000 through SFY 2008, the continued increase in the size of the

85-and-above age group partially offset smaller declines among younger age groups between 2006 and 2008.

Source: Monthly average number of Maine case mix residential care residents from residential care assessment data, and Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

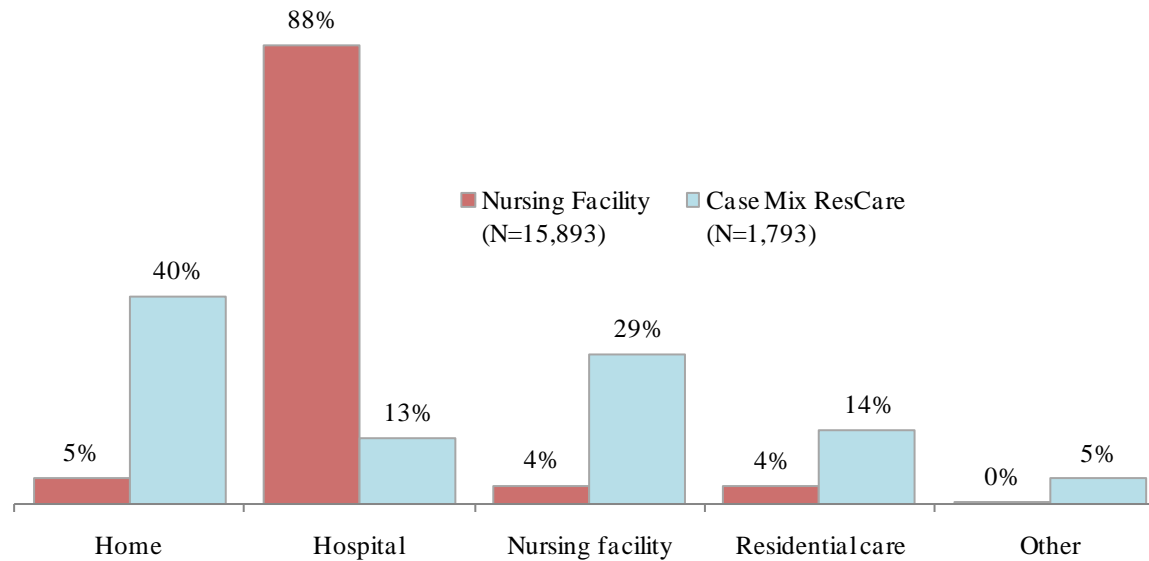
Some of the rates displayed above differ slightly from rates displayed in similar charts in earlier presentations due to updated projections in the 2008 edition of the Woods and Poole Economics population estimates.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Section 9: Admissions to and discharges from nursing facilities and case mix residential care facilities

Figure 9-1

Distribution of nursing facility admissions and case mix residential care[†] admissions (all payers) by source*, SFY 2008



Across all payers, a large majority of nursing facility residents (88%) were admitted from a hospital stay. Case mix residential

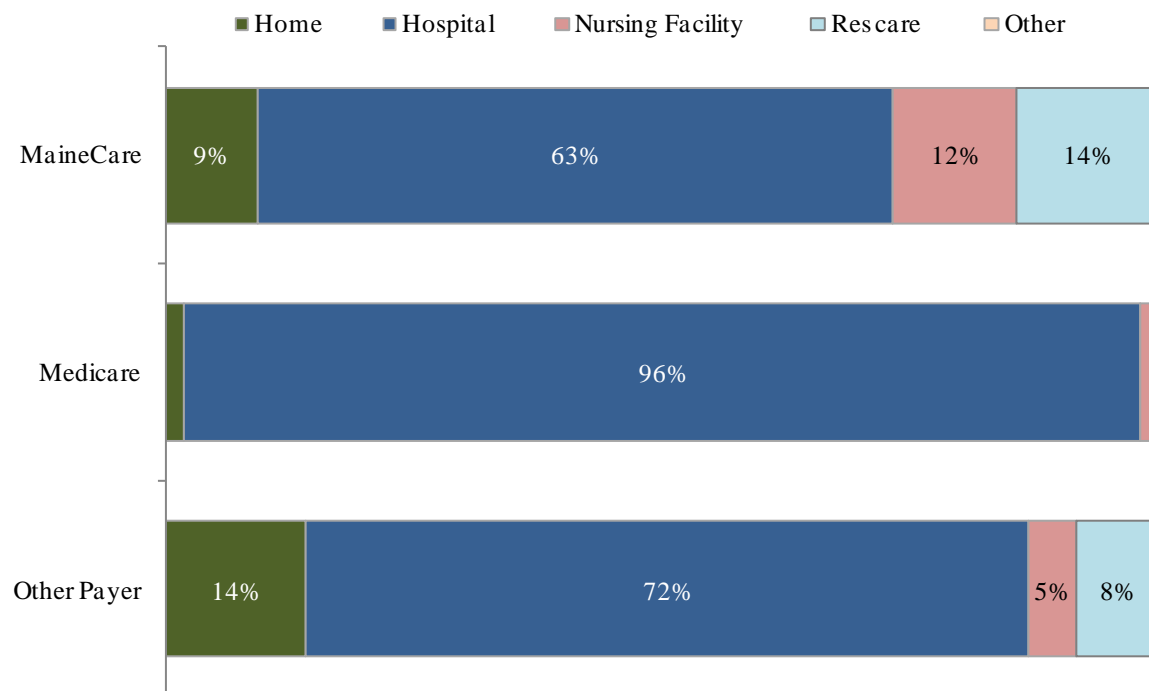
care residents were more likely to have been admitted from home (40%) or transferred from a nursing facility (29%).

Source: Maine MDS assessment data and Maine residential care assessment data

* The counts are based on the number of case mix residential care admissions throughout SFY 2008.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 9-2
Annual Sources of Nursing Facility Admissions by Payer, SFY 2008



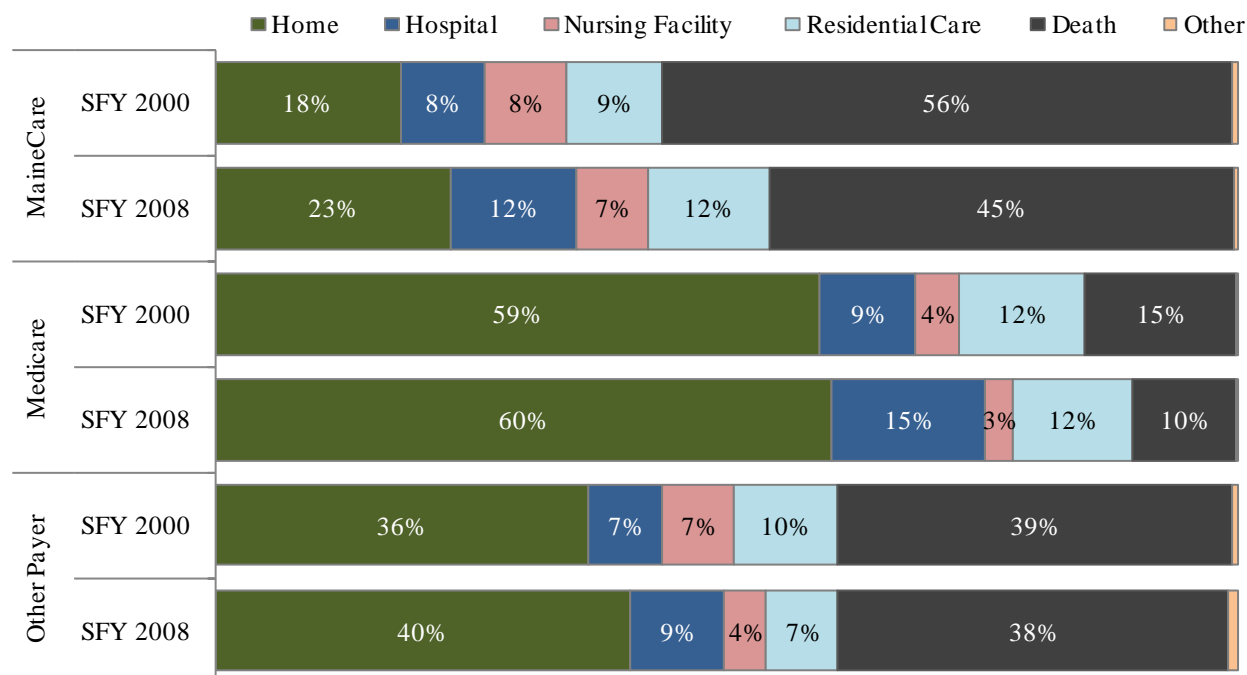
The main source for nursing facility admissions, across all payers, is patient transfer from a hospital. Nearly two-thirds (63%) of nursing facility admissions for MaineCare residents are from hospitals, 14% from a residential care setting, 12% from another nursing facility, and only 9% directly from home. Since Medicare requires at least a three-day hospital stay prior to

nursing facility admission, hospital account for nearly all (96%) Medicare nursing facility admissions. The remaining 4% are accounted for by transfers between nursing facilities and by the Medicare rule that allows an interval of up to 30 days between hospital discharge and nursing facility admission.

Source: Maine MDS assessment data, for SFY 2008

Figure 9-3

Annual Nursing Facility Discharges by Destination and by Payer, SFY 2000 to SFY 2008



Since Medicare reimburses nursing facilities for short-stay visits after hospitalization, a majority of Medicare residents (60%), when they leave, are discharged to home. This percentage remained nearly unchanged between SFY 2000 and SFY 2008. At the same time, the percentage of Medicare residents discharged due to death declined from 15% down to 10%, a trend that mirrored a concurrent rise from 9% to 15% in the proportion of Medicare residents discharged to hospital. Since MaineCare covers longer-term nursing facility stays, a much larger proportion of MaineCare residents (45%) remain until they die.

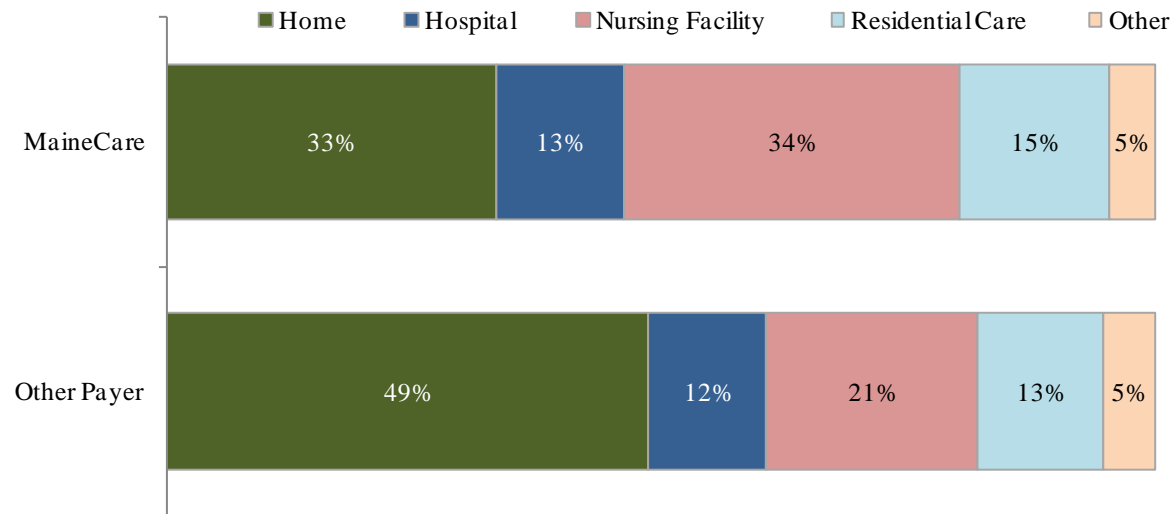
However, by SFY 2008, the percentage of MaineCare discharges due to death had fallen 11% from where it had been just eight years earlier. This decline was offset by increases in the proportion of MaineCare discharges to home, hospital, and to other nursing facilities.

The reader should keep in mind that the data reported above reflect each resident's reimbursement source based on the last assessment prior to discharge. Many residents who enter nursing facilities under Medicare or other payment sources, whose stays extend beyond a few months, may convert to MaineCare during their stay.

Source: Maine Dept. of Health and Human Services, "QR-NF17: Discharges by Destination," December 2, 2009

* The data is limited to permanent discharges from a given nursing facility and to residents who had not been discharged prior to their first assessment.

Figure 9-4
Annual Sources of Case Mix Residential Care[†] Admissions by Payer, SFY 2008



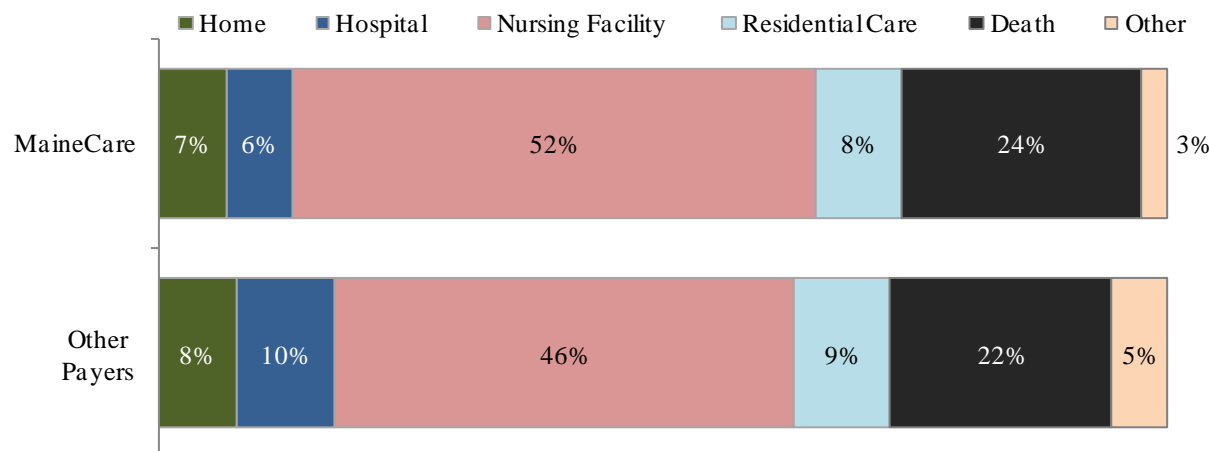
The two largest sources of admissions for MaineCare-reimbursed case mix residential care residents are nursing facilities (34%) and from home (33%). Home accounts for nearly half (49%) of

all case mix residential care admissions for residents reimbursed by other payers. Another one-fifth of other payer residents transfer to case mix residential care from nursing facilities.

Source: Maine MDS assessment data.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 9-5
Annual Case Mix Residential Care Discharges[†] by Destination and by Payer, SFY 2008



Half (52%) of all MaineCare residents leaving from case mix residential care facilities are discharged to nursing facilities. Nearly one-quarter (24%) are discharged due to death. Only 7% of MaineCare residents return home upon discharge from a case mix residential care facility. The corresponding proportions are about the same for residents whose care is reimbursed by other payers.

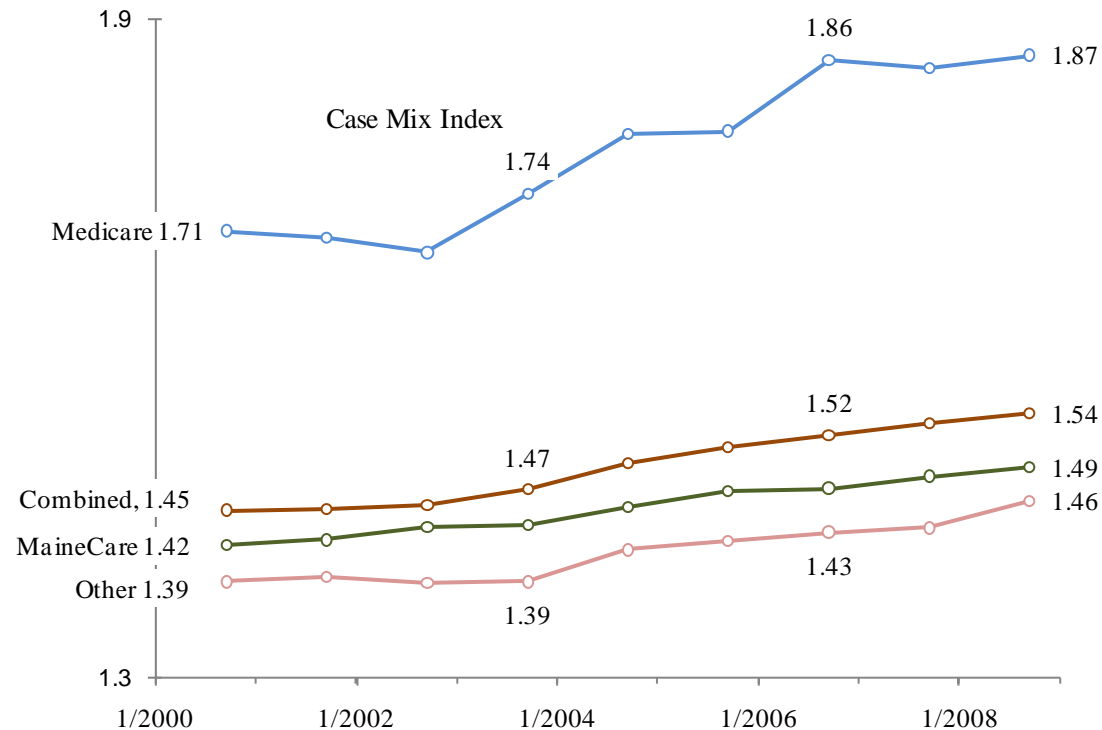
Source: Maine MDS assessment data.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Section 10: The intensity of services provided in nursing homes and residential care homes has been increasing

Figure 10-1

Maine nursing facilities have seen a steady rise in their average case mix index across all payers (based on the Resource Utilization Group (RUG) Grouper 5.12)



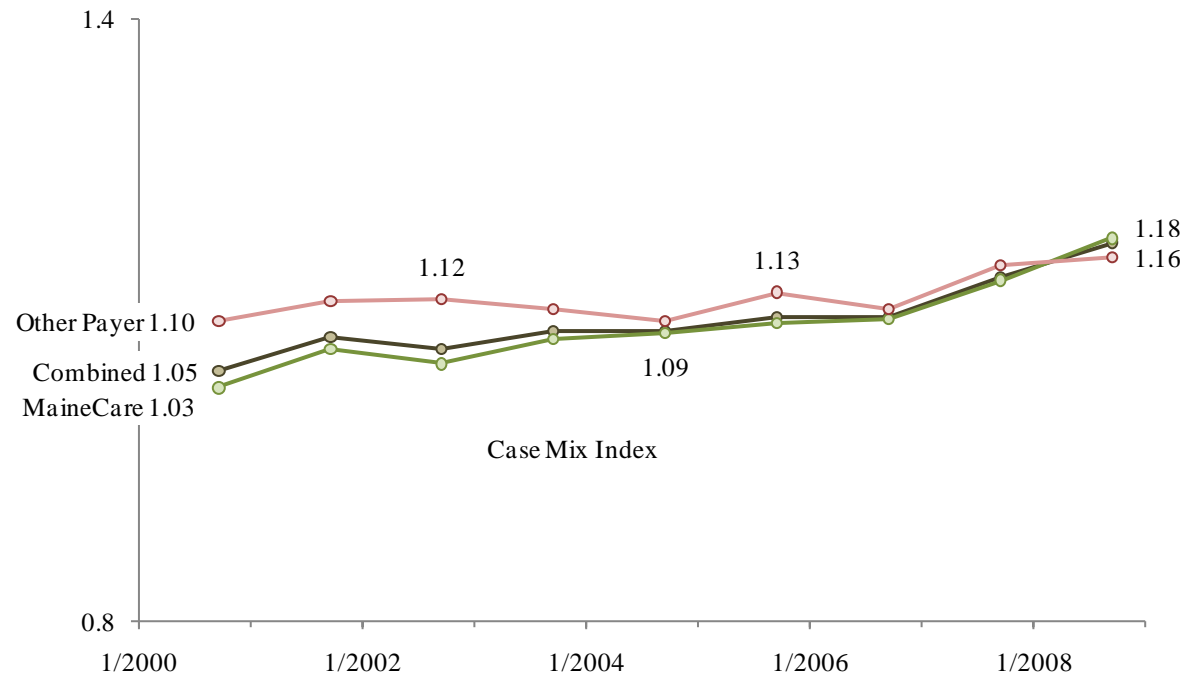
Case mix index is based on the Resource Utilization Groups (RUG) method for estimating resident acuity. A higher case mix index indicates a greater need for care among residents. The average nursing facility case mix index for MaineCare residents

rose by 5.0% between 2000 and 2008. During that same period, Medicare's average case mix index rose by 7.3%, the index for other payers rose by 4.9%, and the all-payer index increased 6.3%.

Source: Maine Department of Health and Human Services, QR-NF20: Weighted Mean Case Mix Indices Using RUG Grouper 5.12, All Facilities

Note: For the purposes of this report, Medicare case mix is based on the Maine RUG model and weights.

Figure 10-2
Case mix index chart for case mix residential care facilities[†] 2000 to 2008



The average case mix index for case mix residential care facilities was also on the rise between 2000 and 2008. Within eight years, the overall case mix index grew 12.4% from 1.05 to 1.18. The average case mix index for MaineCare residents was lower than the average case mix index for other payers in 2000, but during

2008 it had equaled and surpassed the index for other payers. Case mix index values for nursing facilities and residential care cannot be compared because the calculations are based on different measures and different methods.

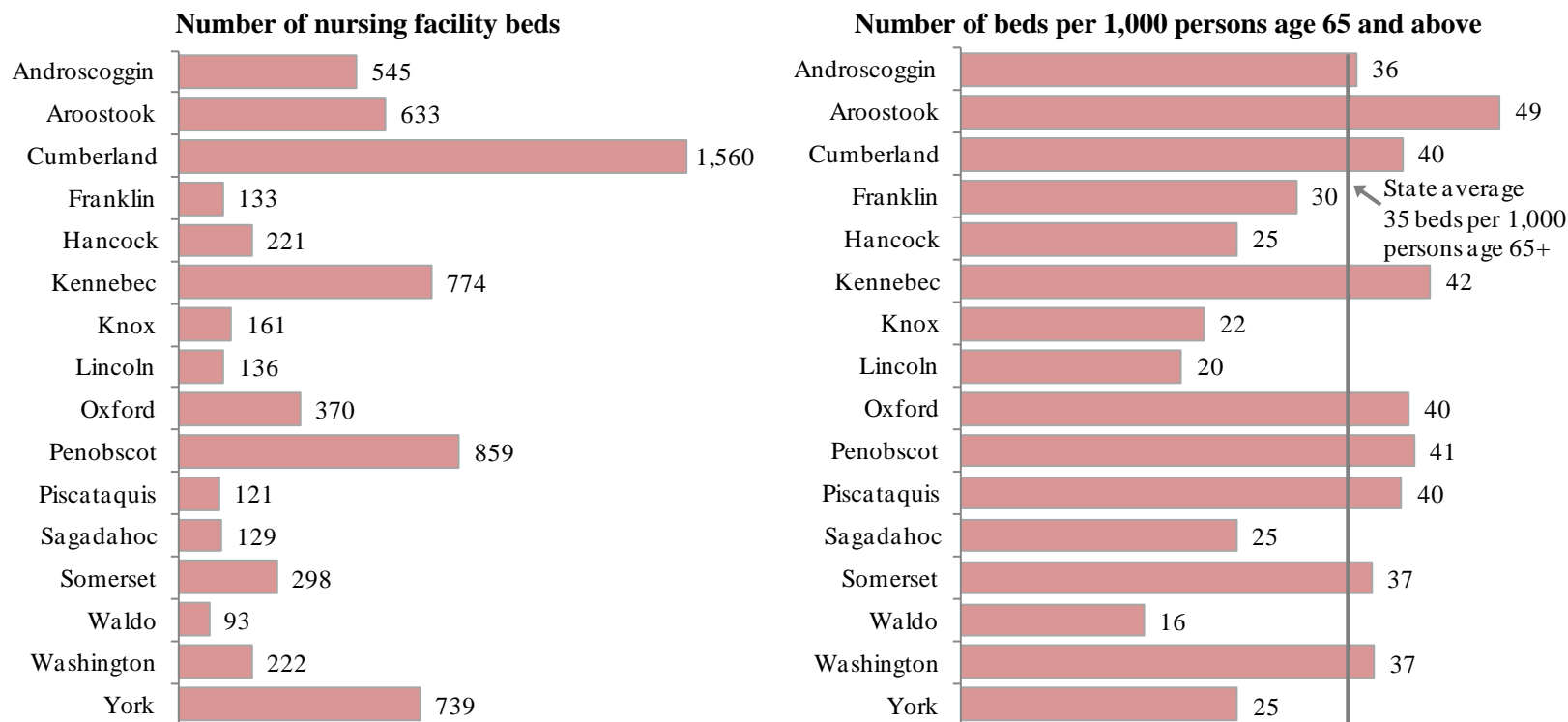
Source:

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Section 11: The distribution of nursing facility and case mix residential care[†] beds in Maine

Figure 11-1

The distribution of the number of nursing facility beds by Maine county and the number of beds per 1,000 persons age 65-and-above, December 2008 (N=6,994)



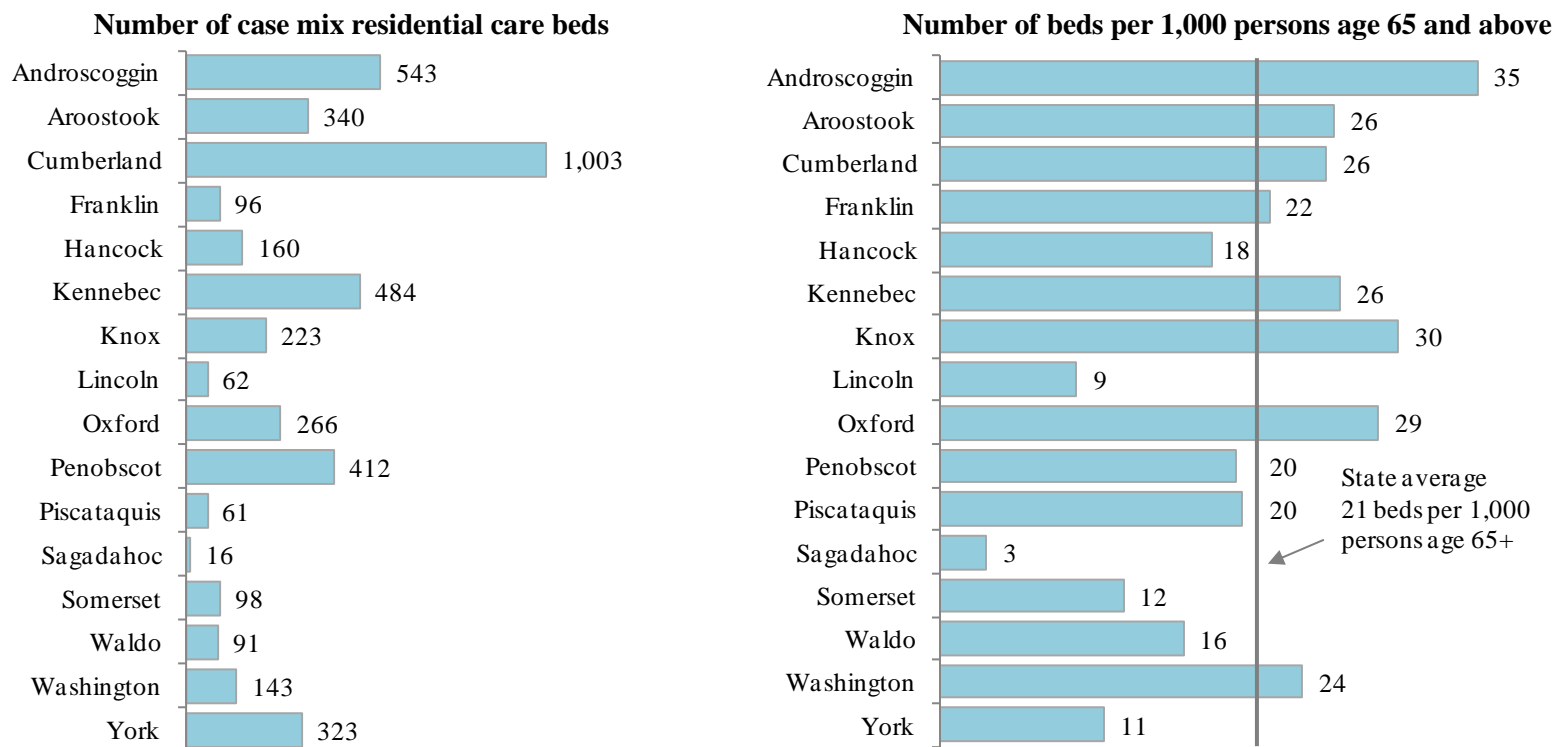
Maine had 6,994 nursing facility beds at the end of 2008. Cumberland County had the most with 1,560, followed by Penobscot County (859), and Kennebec County (774). Waldo County had the fewest number of beds with 93.

When measured by the ratio of number of beds to the size of the older population, Aroostook had 49 beds per 1,000 persons age 65-and-above, the highest ratio in the state. Kennebec county had 42 beds per 1,000 persons age 65-plus. Waldo county had 16 beds per 1,000, the lowest ratio in the state.

Sources: Maine Division of Licensing and Regulatory Services and Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040" Some of the rates displayed above differ slightly from rates displayed in similar charts in earlier presentations due to updated projections in the 2008 edition of the Woods and Poole Economics population estimates.

Figure 11-2

The distribution of the number of case mix residential care[†] beds by Maine county and the number of beds per 1,000 persons age 65-and-above, March 2009 (N=4,321)



In March 2009, 1,003 beds out of Maine's 4,321 case mix residential care beds were located in Cumberland County. Kennebec County had the second highest number of beds (484), followed by Penobscot County at 412 beds. Sagadahoc County had the fewest number of beds with 16.

When measured by the ratio of case mix residential care beds to the size of the older population, Androscoggin had the highest ratio with 35 case mix residential care beds for every 1,000 persons age 65 and above. Sagadahoc had 3 case mix residential care beds per 1,000 persons age 65+, a lower ratio than all other Maine counties.

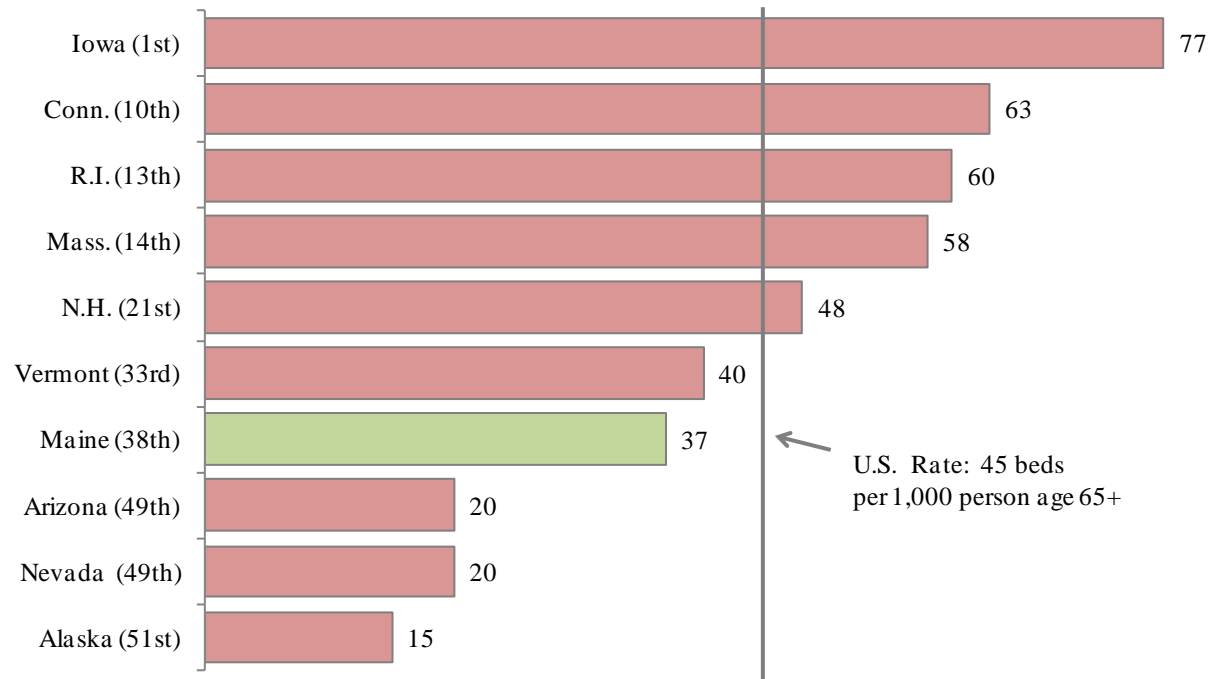
Sources: *The Residential Care Facility Database by the Muskie School of Public Service, March 2009* and Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Some of the rates displayed above differ slightly from rates displayed in similar charts in earlier presentations due to updated projections in the 2008 edition of the Woods and Poole Economics population estimates.

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 11-3

In 2007, Maine ranked 38th among states in the number of nursing facility beds per 1,000 persons age 65-and-above



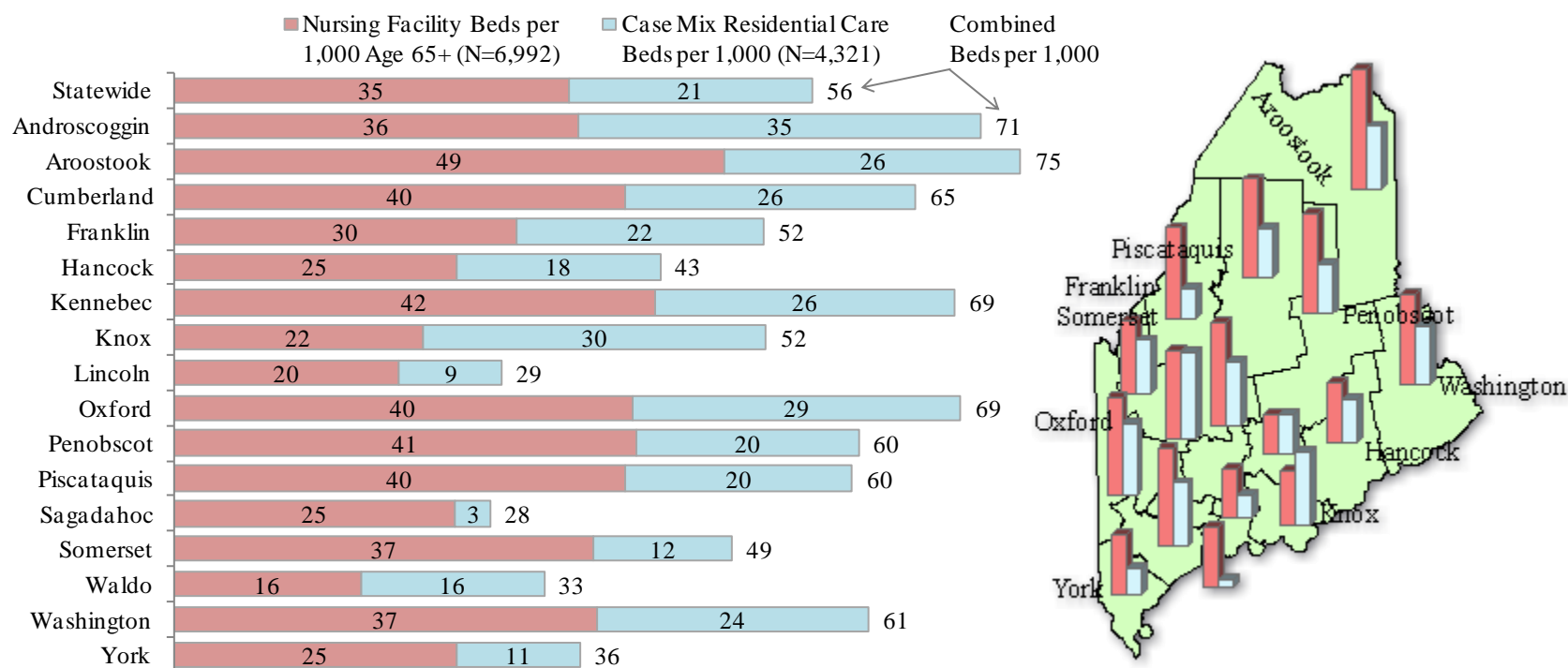
In 2007, (the most recent year with available data for national comparison) Maine had 37 nursing facility beds per 1,000 persons age 65-and-above. Maine's rate was 8 beds lower than

the national average and placed it 38th among states. Maine also had the lowest number of nursing facility beds per 1,000 in New England.

Source: Houser, Ari, et.al, Across the States: Profiles in Long Term Care and Independent Living, 8th Edition 2009, (Washington, D.C.: 2009), p.65

Figure 11-4

The number of nursing facility and case mix residential care[†] beds per 1,000 persons age 65-and-above by county in 2008



At the end of 2008, Maine averaged 35 nursing facility beds and 21 case mix residential care bed per thousand persons aged 65-and-above. This ratio of beds to persons differed between counties. Aroostook County had 49 nursing facility beds per 1,000, the highest number in state. Androscoggin County had the highest number of case mix residential care ratio with 35 beds per

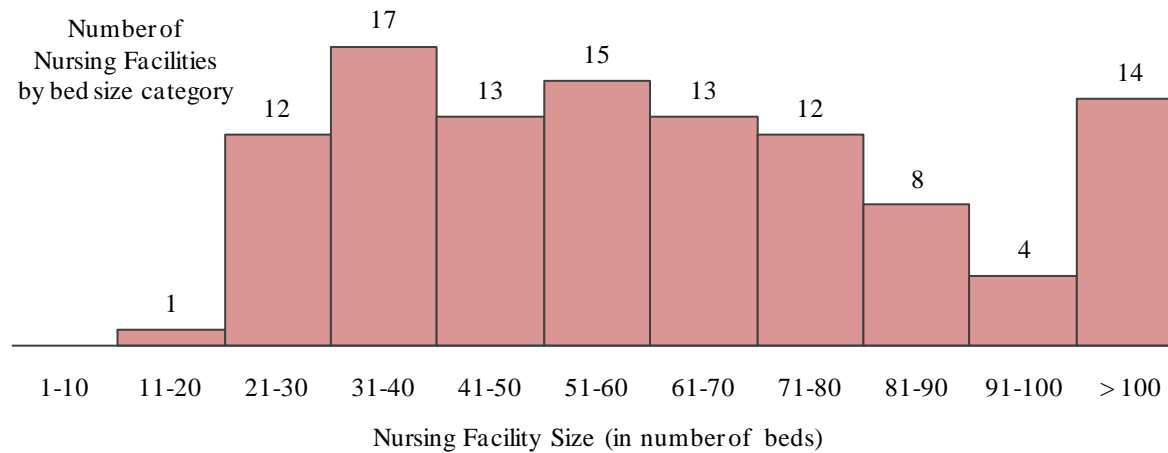
1,000. The lowest ratio of nursing facility beds to older persons was found in Waldo County with 16 beds per 1,000 persons age 65-plus. Sagadahoc County had the lowest ratio in the case mix residential care category with only 3 beds per 1,000. Aroostook County had the highest combined ratio 71 beds of both types per 1,000 persons aged 65-and-above.

Source: Maine Division of Licensing and Regulatory Services, and Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 11-5

In 2008, nearly half of Maine's nursing facilities were larger than 60 beds (N=109).



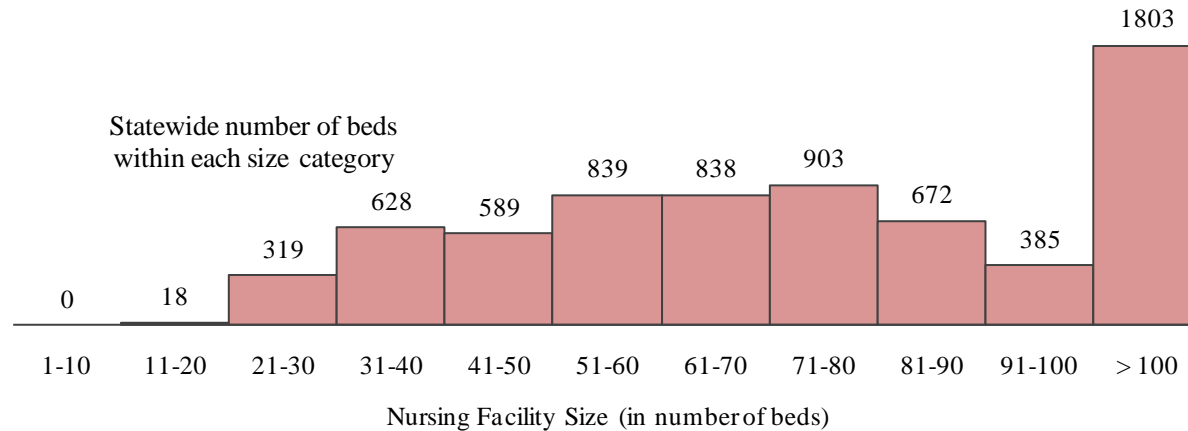
At the end of 2008, nearly half (47%) of Maine's 109 nursing facilities were larger than 60 beds. Over one-quarter (28%) of

Maine's nursing facilities had 40 beds or fewer. The average facility size was 63 beds.

Source: Maine Division of Licensing and Regulatory Services

Figure 11-6

In 2009, more than a quarter of Maine's nursing facility beds were in facilities with more than 100 beds (N=6,994).



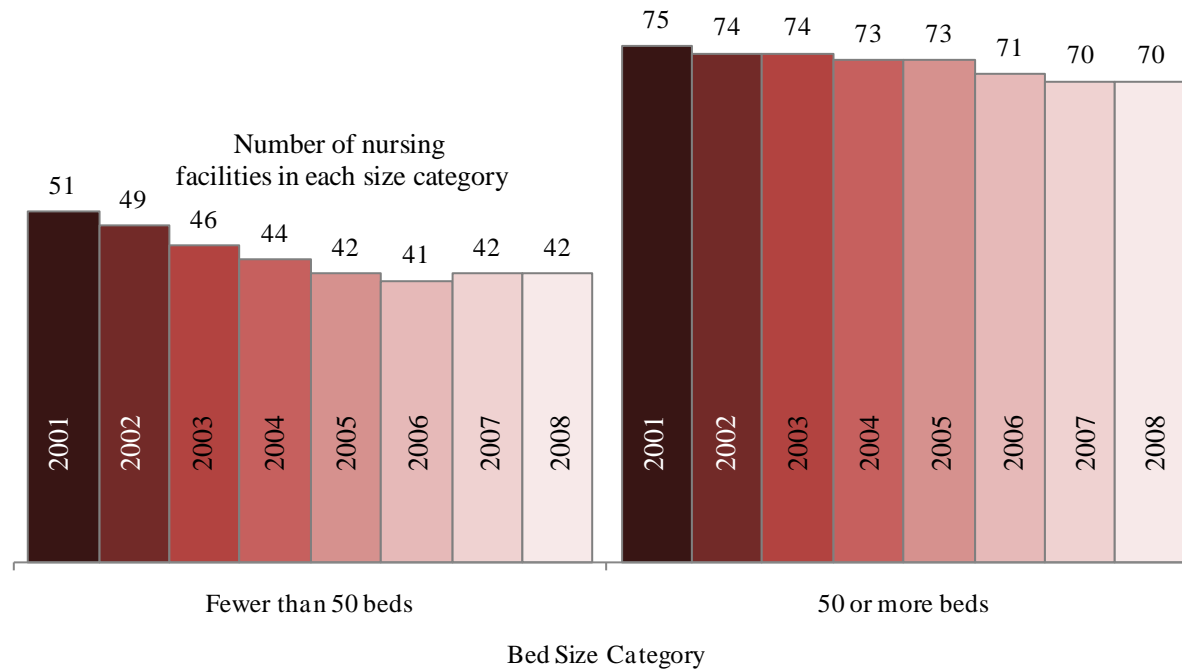
More than one quarter (26%) of Maine's 6,994 nursing facility beds were in the state's 14 largest facilities, facilities that each

had more than 100 beds. Fourteen percent of beds were in facilities of 40-beds-or-fewer.

Source: Maine Division of Licensing and Regulatory Services

Figure 11-7

Nearly two-thirds of the 14 nursing facility closures or conversions in Maine between 2001 and 2008 were among the smaller facilities, those with fewer than 50 beds



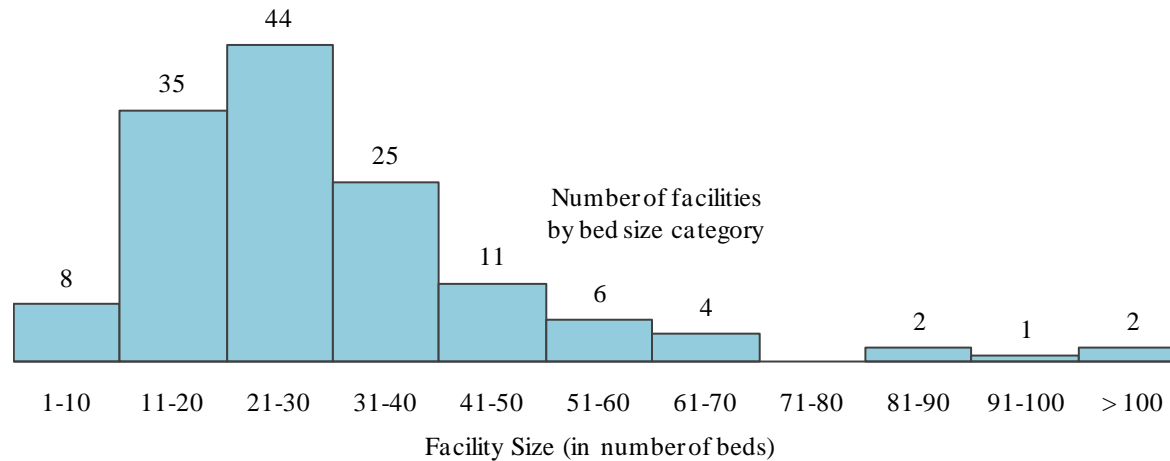
Between 2001 and 2008, Maine's smaller nursing facilities (fewer than 50 beds) were more likely to face closure or conversion than were larger facilities. Although nursing facilities with 50-or-

more beds outnumbered smaller ones in 2001 by 75-to-51, during that period, the number of smaller facilities declined by 9, compared a decrease in 5 of the larger ones.

Source: Centers for Medicare and Medicaid Services, Nursing Home Data Compendium: 2006 and 2009 Editions

Figure 11-8

Nearly two-thirds of Maine's case mix reimbursed residential care facilities[†] have 30 beds or fewer, March 2009 (N=138)



Case mix residential care facilities tend to be smaller than nursing facilities. In March 2009, the average size of a case mix residential care facility was 31 beds, less than half the average size of nursing facilities (63 beds).

As of March 2009, nearly two-thirds, (63%) of Maine's 138 case

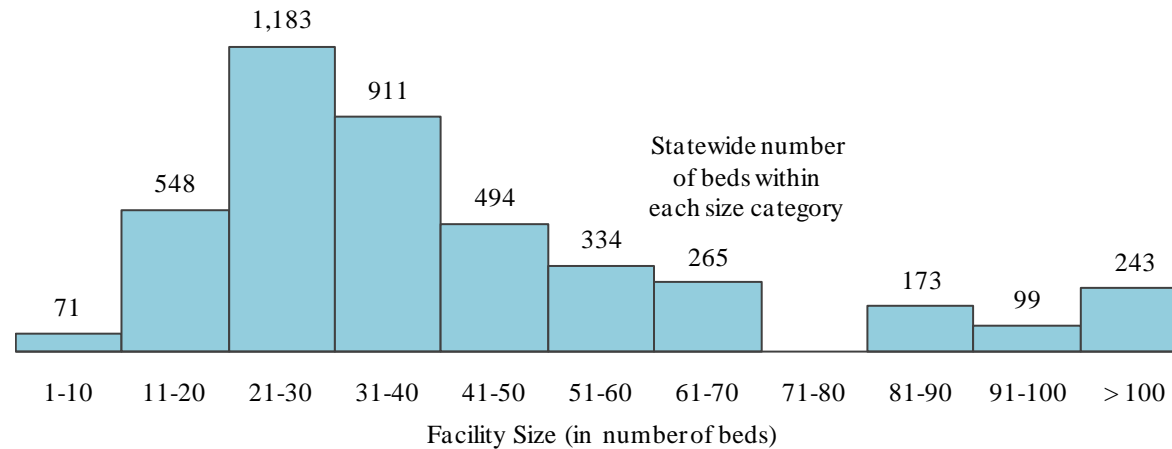
mix residential care facilities had 30 beds or fewer. There were only five facilities with more than 70 beds. The largest facility (in Portland) had 125 beds.

Source: The Residential Care Facility Database by the Muskie School of Public Service, March 2009

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 11-9

The total number of case mix-reimbursed residential care facility[†] beds in Maine by facility bed size, March 2009 (N=4,321)



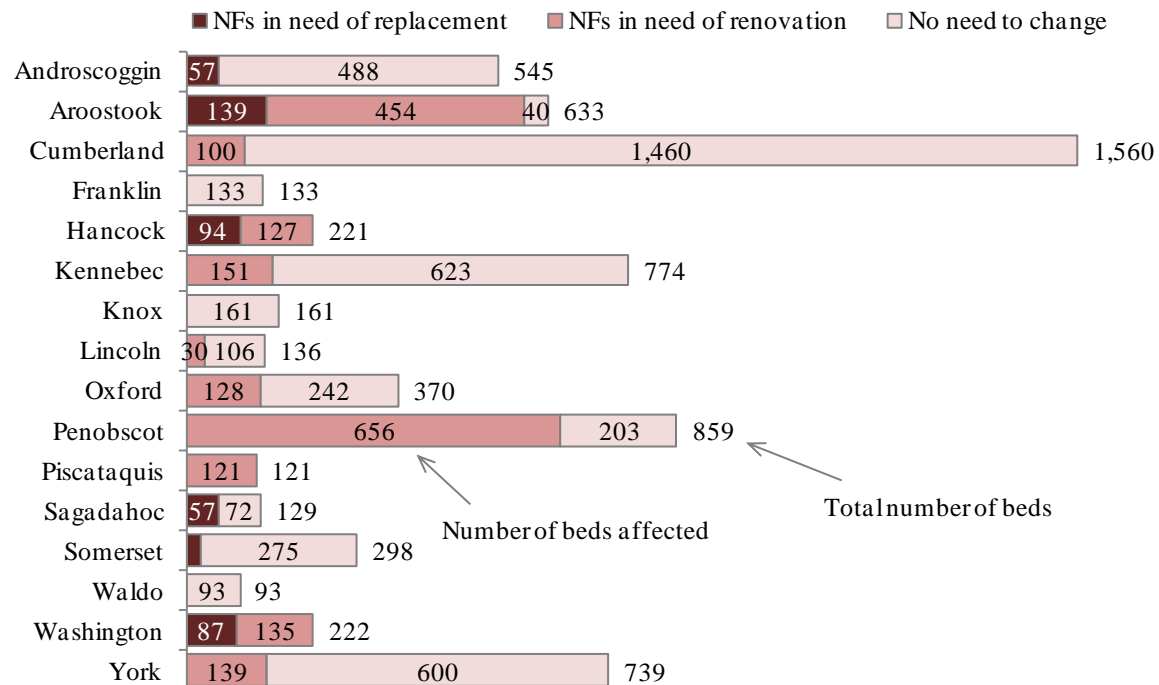
In March 2009, close to two-thirds (63%) of Maine's case mix residential care facilities had 40 beds or fewer. Only 12% of the facilities had more than 70 beds each.

Source: *The Residential Care Facility Database by the Muskie School of Public Service, March 2009*

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Figure 11-10

Nearly 3-out-of-10 Maine nursing facility beds are in buildings that need renovation, while 7% of beds are in buildings in need of replacement.



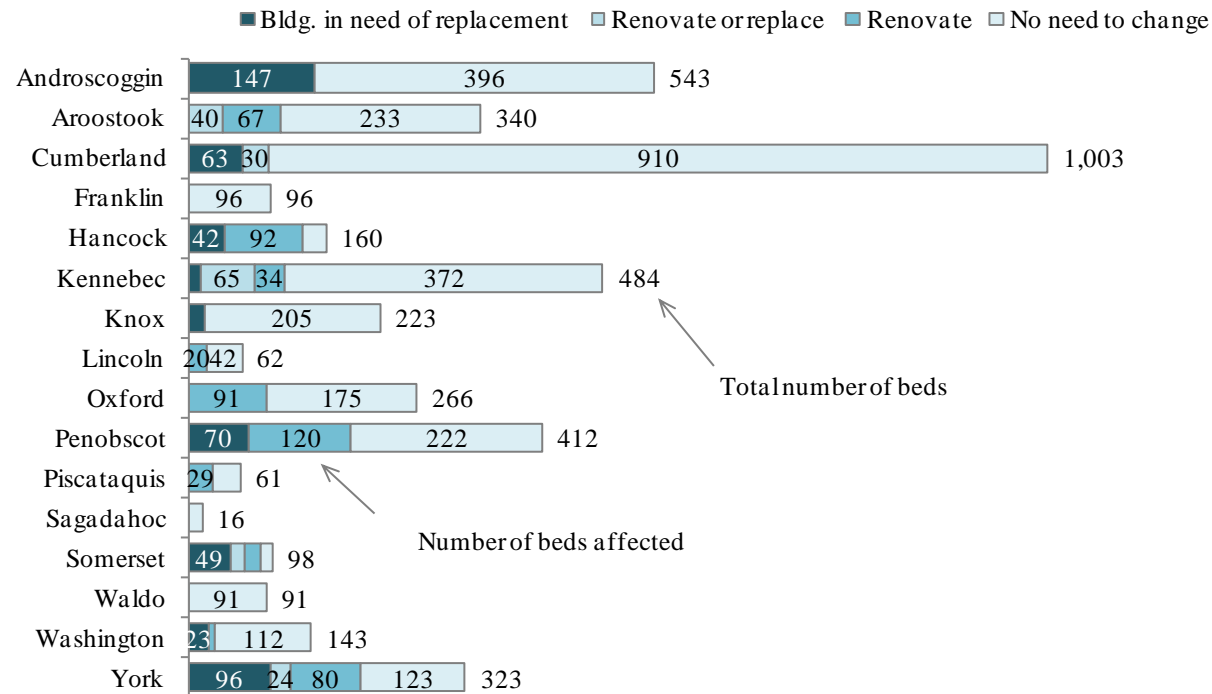
In 2009, the Health Facility Specialists within the Maine Division of Licensure and Certification estimated that 2,498 (36%) of the state's supply of nursing facility beds were buildings in need of renovation or replacement for reasons ranging from building condition to fire safety. Penobscot and Aroostook Counties had

the largest number of beds in nursing facilities that needed to be renovated or replaced. Penobscot had 656 beds located in facilities needing renovation. Aroostook had 454 beds in facilities needing renovation and another 139 beds in facilities that ought to be replaced.

Source: Maine Office of Elder Services

Figure 11-11

In 2009, 41% of Maine's case mix residential care facility[†] beds were in buildings in need of replacement or renovation



In 2009, the Health Facility Specialists within the Maine Division of Licensure and Certification estimated that 1,257 (41%) of the state's supply of case mix residential care beds were buildings in need of renovation or replacement for reasons ranging from building condition to fire safety. York and Penobscot Counties had the largest number of case mix residential care beds in

facilities that needed to be renovated or replaced. Of York County's 323 beds, 200 (63%) were located in buildings in need of renovation or replacement. Penobscot County had 190 out of 412 beds (58%) in buildings needing to be renovated or replaced.

Source: Maine Office of Elder Services

[†] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Section 12: Older adults continue to receive most long term care services in residential care or a nursing home

Table 12-1
Change in the average monthly number of MaineCare members
using MaineCare long term services between SFY 2000 and SFY 2008

MaineCare Long Term Services	SFY 2000	SFY 2008	Change SFY 2000 to '08	
			Persons	Percent
Nursing Facility [†]	5,431	4,761	-671	-12%
Case Mix Residential Care [‡]	1,991	3,124	+1,133	+57%
Adult Family Care Homes [*]	n/a	108	n/a	n/a
Housing with Assisted Living Services [*]	n/a	154	n/a	n/a
Personal Care Services [*]	735	1,133	+398	+54%
Private Duty Nursing	488	768	+280	+57%
Consumer-Directed Attendant Services	227	320	+93	+41%
Hospice	-	34	+34	-
Day Health	79	43	-36	-45%
Waiver for the Physically Disabled	274	161	-113	-41%
Elder & Adults with Disabilities Waiver	1,043	818	-225	-22%
Home Health Services	1,673	766	-907	-54%
All Home Care Services	4,519	4,043	-476	-11%

Between SFY 2000 and SFY 2008, the average monthly number of MaineCare members served by case mix residential care grew by 1,133 residents, or nearly 57%. As residential care use grew, the number of MaineCare nursing facility residents declined by 671 (-12%). While some MaineCare home care programs grew between SFY 2000 and SFY 2008, the overall number of home care service users declined by 476 (-11%).

In 2002 and again in 2005, MaineCare changed its prior authorization policy for Home Health services to encourage more members with longer-term nursing needs to use Private Duty Nursing and Personal Care Services instead. These changes account for part of the SFY 2000-to-SFY 2008 decrease in Home Health use, and accompanying increase in the number of members using Personal Care Services and Private Duty Nursing.

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 incurred and paid as of 3/31/07 and SFY 2008 claims as of 4/17/09.

See Appendix A, Table A-4 for additional years

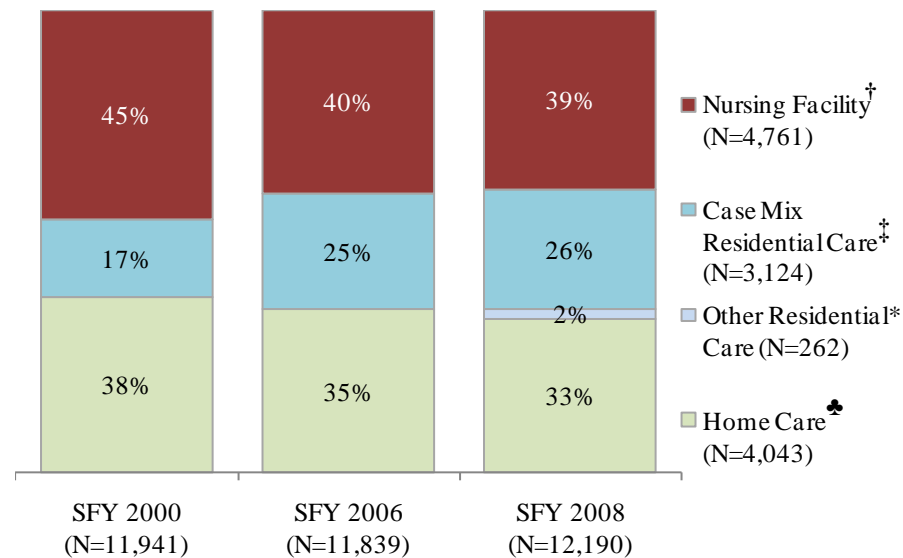
[†] The number of nursing facility residents includes MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

^{*} Personal care services provided in the Adult Family Care Home setting were included within the Personal Care Services billing category in SFY 2000. By SFY 2008, they had been assigned to their own individual billing categories.

Figure 12-1

Distribution of the average monthly number of MaineCare LTC users by setting from SFY 2000 to SFY 2008



Between SFY 2000 and SFY 2008, the overall number of MaineCare long term service users grew by 249 persons or by 2.1%. During this time, case mix residential care facilities increased their share of MaineCare long term service users by 9

percentage points from 17% to 26%, while nursing facilities declined 6 points from 45% of all Maine Care long term service users to 39%. Home care's share of service users fell by 3 points from 38% to 35%.

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 incurred and paid as of 3/31/07 and for SFY 2008 claims as of 4/17/09.

[†] The N-value for each long term care setting represents the average monthly number of service users in SFY 2008.

The number of nursing facility residents includes MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

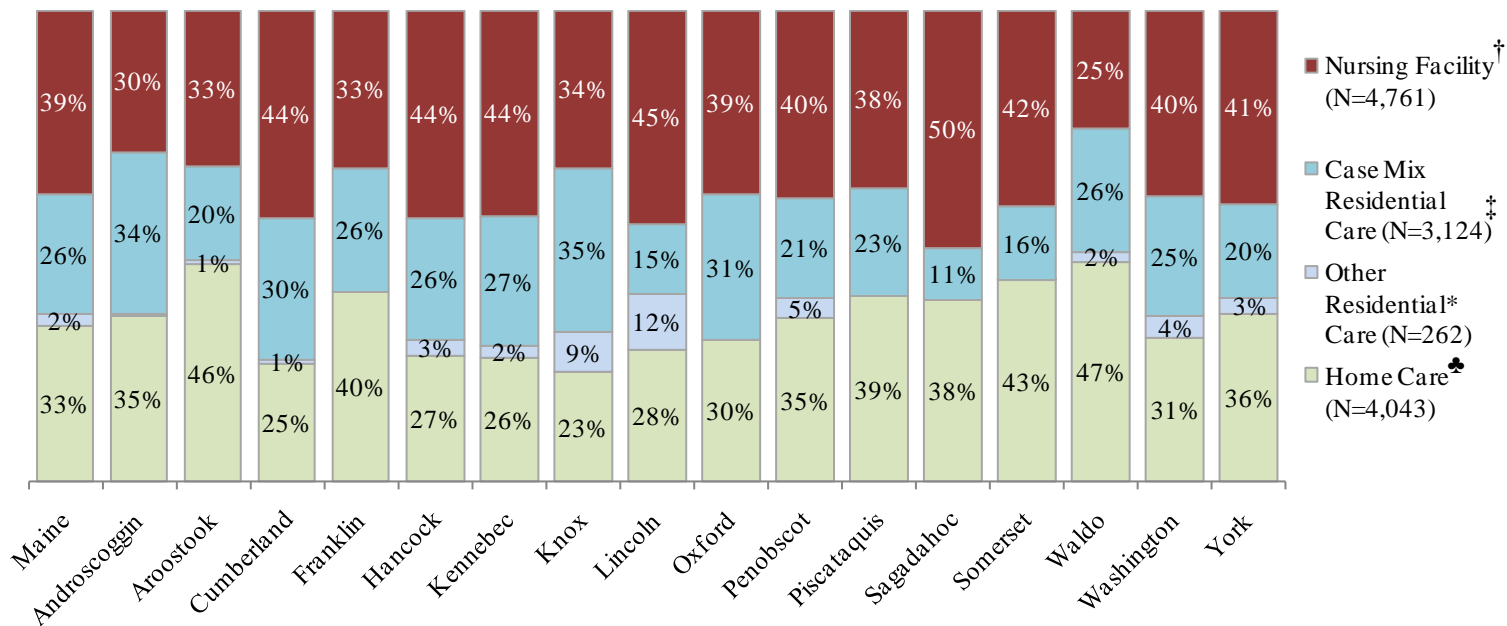
* Other Residential Care includes personal care services provided in Adult Family Care Homes and Housing with Assisted Living Services in SFY 2008. In earlier years, members using those services were included within the Personal Care Services category under Home Care.

♣ Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services, Home Health, Day Health, and Hospice. Since some MaineCare members used more than one type of home care service during the year, the home care numbers presented above do include a small degree of double-counting across service categories.

Note: The percentage shares for SFY 2000 differ slightly from those displayed in previous presentations, because the case mix residential care percentage had previously been based on assessment data. The calculations for all three long term care settings in the above chart were based solely upon MaineCare claims data.

Figure 12-2

Distribution of the average monthly number of MaineCare LTC users by setting and by county in SFY 2008



In SFY 2008, the balance in the number of MaineCare members using different types of long term services varied quite a bit from county-to-county. Sagadahoc County recorded the highest emphasis on nursing facility use. Half of the MaineCare long term service users in Sagadahoc County were nursing home residents. Waldo County had Maine's lowest emphasis on

nursing facility use (25%), and 47% of Waldo's MaineCare long term service users received home care services. The two counties where MaineCare long term service users were least likely to use home care services were Cumberland (25%) and Oxford (30%). Case mix residential care saw its greatest popularity in Knox County (35%) and lowest in Sagadahoc (11%).

Source: MaineCare claims data from the Muskie School data warehouse: Claims incurred and paid as of 4/17/09.

[†] The number of nursing facility residents includes MaineCare members residing in both in-state and out-of-state nursing facilities.

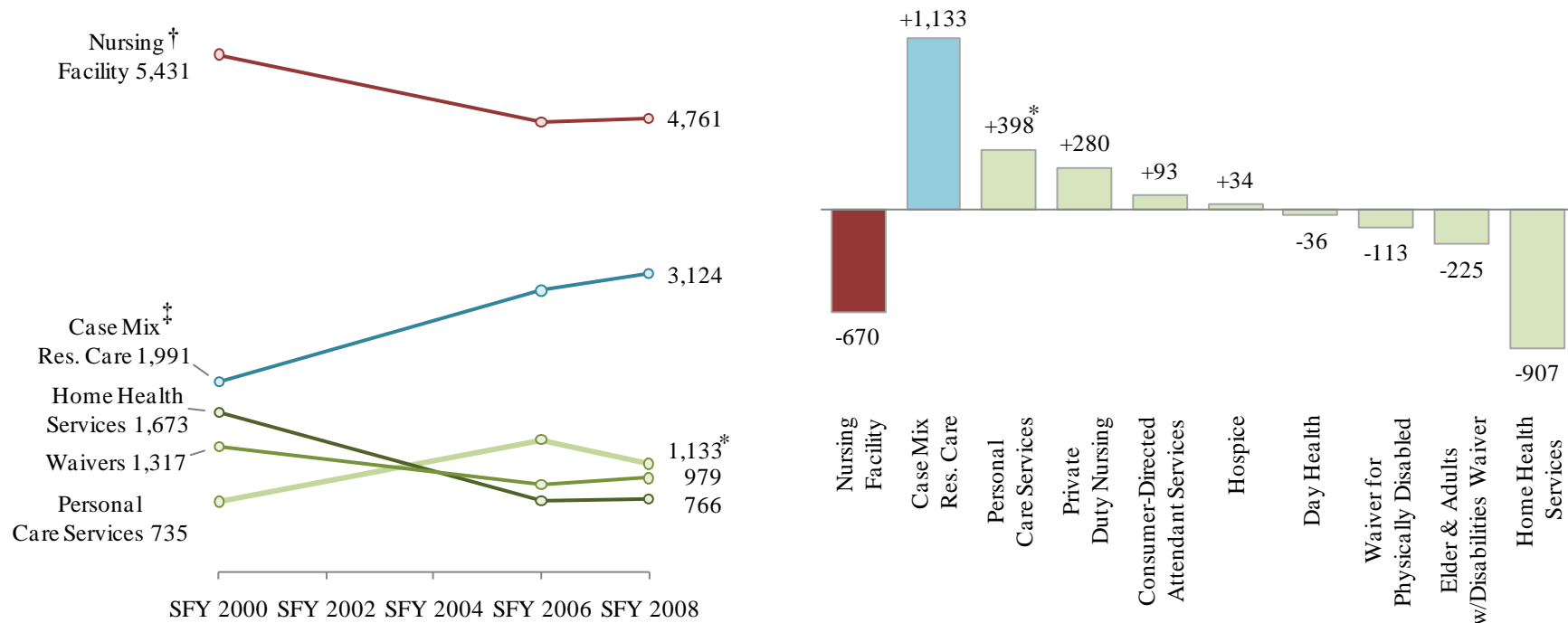
[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

^{*} Other Residential Care includes personal care services provided in Adult Family Care Homes and Housing with Assisted Living Services in SFY 2008.

[♣] Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services, Home Health, Day Health, and Hospice. Since some MaineCare members used more than one type of home care service during the year, the home care numbers presented above do include a small degree of double-counting across service categories.

Figure 12-3

Change in the average monthly number of MaineCare members using MaineCare long term services, SFY 2000-2008



Between SFY 2000 and SFY 2008, case mix residential care had the largest increase among MaineCare long-term services in the average monthly number of service users (1,133). This increase was a bit larger than the combined 1,008-member decline among nursing facility and waiver service users. The overall number of members using Home Care services fell by 476.

In 2002 and again in 2005, the MaineCare prior authorization policy for Home Health services changed to encourage more members with longer-term nursing needs to use Private Duty Nursing (PDN) and Personal Care Services (PCS) instead. These changes account for part of the SFY 2000-to-SFY 2008 decrease in Home Health use, and the increase in the number of members using PCS and PDN.

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09.

Note: Since some MaineCare members used more than one type of home care service during the year, the home care numbers presented above do include a small degree of double-counting across service categories.

† The number of nursing facility residents includes MaineCare members residing in both in-state and out-of-state nursing facilities.

‡ Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

* For the years prior to SFY 2008, the numbers reported under the Personal Care Services (PCS) category included personal care services provided in Adult Family Care Homes and Housing with Assisted Living Services. Had they remained within the PCS category in SFY 2008, the number of PCS users would have been 1,395 instead of 1,133, and the number of PCS service users would have increased by 660 between SFY 2000 and SFY 2008 instead of 398.

Table 12-2

Average monthly number of MaineCare members (all age groups) compared to total distinct service users over the year using MaineCare long-term care services, SFY 2008

Category of Service	Average Monthly 2008	Distinct Users over the Year	Ratio of Yearly to Monthly
Nursing Facility [†]	4,761	8,794	1.8
Case Mix Residential Care [‡]	3,124	4,547	1.5
Adult Family Care Homes	108	163	1.5
Housing with ALS	154	211	1.4
Home Care Services			
Personal Care Services	1,133	1,704	1.6
Private Duty Nursing	768	1,243	1.5
Consumer-Directed Attendant Services	320	418	1.6
Day Health	43	80	1.1
Waiver for Physically Disabled	161	174	3.5
Elder and Adults w/ Disabilities Waiver	818	1,278	1.3
Home Health Services	766	2,705	1.8

The ratio of the average monthly unique count of MaineCare long-term service users to the annual unique count provides a rough comparison of MaineCare member turnover rates between different long term services. A higher ratio of yearly to monthly service user counts indicates a shorter average length of service and higher turnover rates. Home health services, by their nature, tend to be of shorter duration than the other services on the list

and displayed the highest ratio. The Waiver for the Physically Disabled program tends to serve a younger population than other services and MaineCare members continue using that waiver for long periods of time with very little turnover. Case mix residential care had a lower ratio, and thus a lower turnover rate, than did nursing facilities.

Source: MaineCare claims data from the Muskie School data warehouse: Claims incurred and paid as of 4/17/2009.

Note: Since some MaineCare members used more than one type of home care service during the year, the home care numbers presented above do include a small degree of double-counting across service categories.

[†] The number of nursing facility residents includes MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

Section 13: Expenditure trends

Table 13-1

Annual MaineCare long term service expenditures by setting and by home care program, SFY 2000 to SFY 2008

MaineCare Claims Category of Service	Annual Expenditures		Change SFY 2000 to '08	
	SFY 2000	SFY 2008	Dollars	Percent
Nursing Facility [†]	\$185,846,990	\$241,613,649	+\$55,766,659	+30%
Case Mix Residential Care [‡]	\$31,799,231	\$76,595,748	+\$44,796,517	+141%
Adult Family Care Homes*		\$2,064,293		
Housing with Assisted Living Services*		\$2,700,744		
All Home Care Services*				
Personal Care Services*	\$4,537,499	\$6,565,546	+\$2,028,046*	+45%
Private Duty Nursing	\$3,481,067	\$4,981,920	+\$1,500,853	+43%
Consumer-Directed Attendant Services	\$3,373,594	\$3,505,084	+\$131,490	+4%
Hospice	-	\$1,457,225	+\$1,457,225	n/a
Day Health	\$596,728	\$291,502	-\$305,226	-51%
Waiver for Physically Disabled	\$7,268,850	\$4,850,241	-\$2,418,609	-33%
Elder & Adults with Disabilities Waiver	\$18,928,141	\$18,006,257	-\$921,883	-5%
Home Health Services	\$10,693,740	\$4,161,846	-\$6,531,894	-61%
All Long-Term Service Settings	\$266,525,841	\$366,794,055	+\$100,268,215	38%

Total MaineCare expenditures for long term services rose by \$100.3 million (up 38%) from \$266.5 million in SFY 2000 to \$366.8 in SFY 2008. Nursing facility expenditures rose by \$55.8 million (up 30.0%), and case mix residential care expenditures rose by \$44.8 million (up 141%). While some MaineCare home

care programs had rising expenditures between SFY 2000 and SFY 2008, expenditures for other home care programs fell. Expenditures for additional years may be found in Appendix A, Table A-5.

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09.

Note: Changes in costs reflect, in part, changes in payment methods and adjustments for inflation.

[†] Nursing facility expenditures include services for MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual. Expenditures for Case Mix Residential Care Facilities include federal and state MaineCare expenditures for private non-medical and personal care services provided in the facility and supplemental (non-MaineCare) state funds for a small portion of room and board costs.

* In SFY 2000 expenditures for personal care services provided in the Adult Family Care Home or Housing with Assisted Living Services settings were included in the Personal Care Services category under All Home Care. If they had remained under Personal Care Services in SFY 2008, then the Personal Care Services total would have been \$11.3 million and Personal Care Services would have grown by \$6.8 million, or by 149.7%, between SFY 2000 and SFY 2008. Part of the increase in Personal Care Services was due to policy changes that diverted some service use from Home Health to Personal Care.

Table 13-2
Average MaineCare expenditures per service user per month for
most long term services increased between SFY 2000 and SFY 2008

MaineCare Claims Category	Average Monthly Cost per Service User per Month		Change SFY 2000 to '08	
	SFY 2000	SFY 2008	Dollars	Percent
Nursing Facility[†]	\$2,852	\$4,229	+\$1,378	+48%
Case Mix Residential Care[‡]	\$1,331	\$2,043	+\$712	+54%
Adult Family Care Homes*		\$1,600		
Housing with Assisted Living Services*		\$1,459		
All Home Care Services				
Personal Care Services*	\$514	\$483*	-\$32*	-6%*
Private Duty Nursing	\$595	\$541	-\$54	-9%
Consumer-Directed Attendant Services	\$1,236	\$912	-\$324	-26%
Hospice	-	\$3,616	+\$3,616	n/a
Day Health	\$630	\$561	-\$70	-11%
Waiver for Physically Disabled	\$2,207	\$2,510	+\$303	+14%
Elder & Adults with Disabilities Waiver	\$1,512	\$1,833	+\$321	+21%
Home Health Services	\$533	\$453	-\$80	-15%

Between SFY 2000 and SFY 2008, average MaineCare expenditures per service user per month rose for most long term services. Average monthly expenditures per individual nursing facility resident rose \$1,378 (up 48%) from \$2,852 in SFY 2000 to \$4,229 in SFY 2008. Average monthly expenditures per each

case mix residential care resident rose \$712 (up 54%). Average monthly expenditures per home care service user per month rose in some categories and fell in others. The overall cost per service user per month across all home care categories combined remained nearly unchanged.

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09.

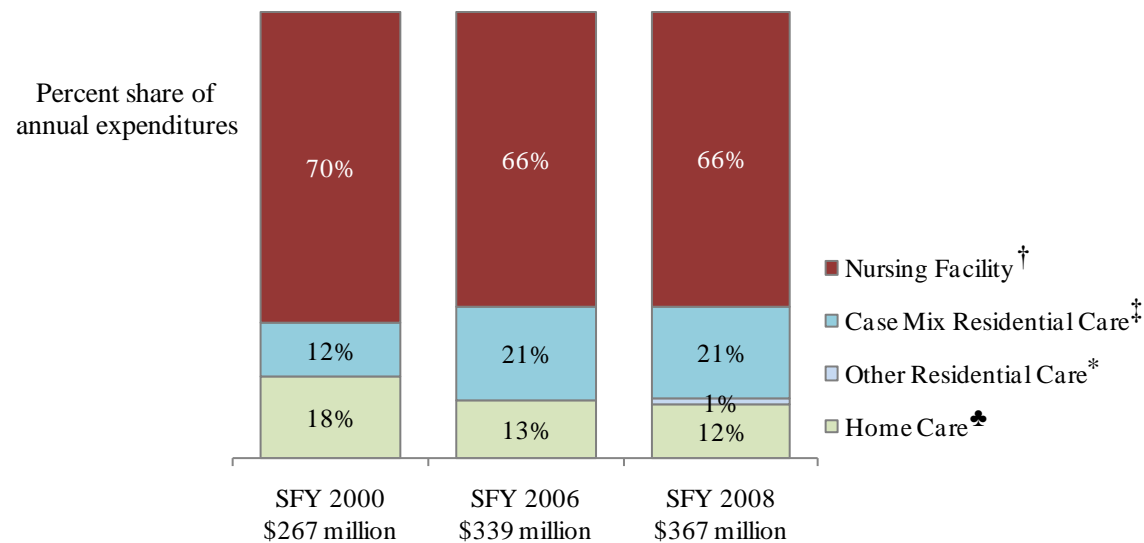
Note: Changes in costs reflect, in part, changes in payment methods and adjustments for inflation.

[†] Nursing facility expenditures include services for MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual. Expenditures for Case Mix Residential Care Facilities include federal and state MaineCare expenditures for private non-medical and personal care services provided in the facility and supplemental (non-MaineCare) state funds for a small portion of room and board costs.

* In SFY 2000 expenditures for personal care services provided in the Adult Family Care Home or Housing with Assisted Living Services settings were included in the Personal Care Services category under All Home Care. If those expenditures had remained under Personal Care Services in SFY 2008, then the per service user per month expenditures for Personal Care would have risen \$163 between SFY 2000 to SFY 2008 (+32%) to \$677.

Figure 13-1
Annual MaineCare LTC expenditures[†] by setting, SFY 2008



Between SFY 2000 and SFY 2008 the share of MaineCare annual long term care expenditures spent on case mix residential care grew, while the share of expenditures for nursing facility care and home care both declined. In SFY 2008, two-thirds (66%) of MaineCare's annual expenditures for long term services was

devoted to nursing facility care. Case mix residential care[‡] accounted for more than one-fifth (21%) while the smallest share of MaineCare long term service spending went to home care services (12%).

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09.

[†] Nursing facility expenditures include services for MaineCare members residing in both in-state and out-of-state nursing facilities.

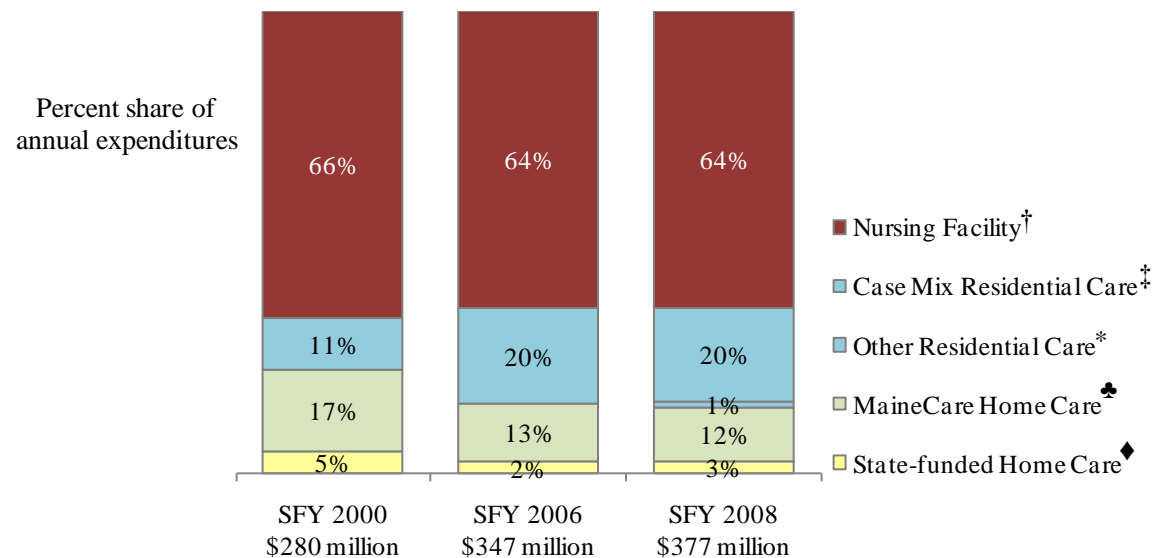
[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual. Expenditures for Case Mix Residential Care Facilities include federal and state MaineCare expenditures for private non-medical and personal care services provided in the facility and supplemental (non-MaineCare) state funds for a small portion of room and board costs.

^{*} Other residential care includes personal care services provided in the Adult Family Care Home or Housing with Assisted Living Services settings. Prior to SFY 2008 expenditures for other residential care were counted within the Personal Care Services category under Home Care.

[♣] Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services, Home Health, Day Health, and Hospice. Since some MaineCare members used more than one type of home care service during the year, the home care numbers presented above do include a small degree of double-counting across service categories.

Figure 13-2

Annual MaineCare and state-funded long term services expenditures by setting, SFY 2000 to SFY 2008



When expenditures for state-funded long term service expenditures are compared to MaineCare long term service expenditures, we find from SFY 2000 to SFY 2008, they have accounted for 5% or less of the State's spending for long term

care. State-funded long term service expenditures fell from just under 5% of the State's combined long term service spending in SFY 2000, to under 3% in SFY 2008. More detailed expenditure data may be found in Appendix A, Table A-5.

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09.

SFY 2000 state-funded services expenditures from Maine Office of Elder Services. SFY 2006-08 state-funded service expenditures from SeniorsPlus

[†] Nursing facility expenditures include services for MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual. Expenditures for Case Mix Residential Care Facilities include federal and state MaineCare expenditures for private non-medical and personal care services provided in the facility and supplemental (non-MaineCare) state funds for a small portion of room and board costs.

^{*} Other residential care includes personal care services provided in the Adult Family Care Home or Housing with Assisted Living Services settings. Prior to SFY 2008 expenditures for other residential cares were counted within the Personal Care Services category under Home Care.

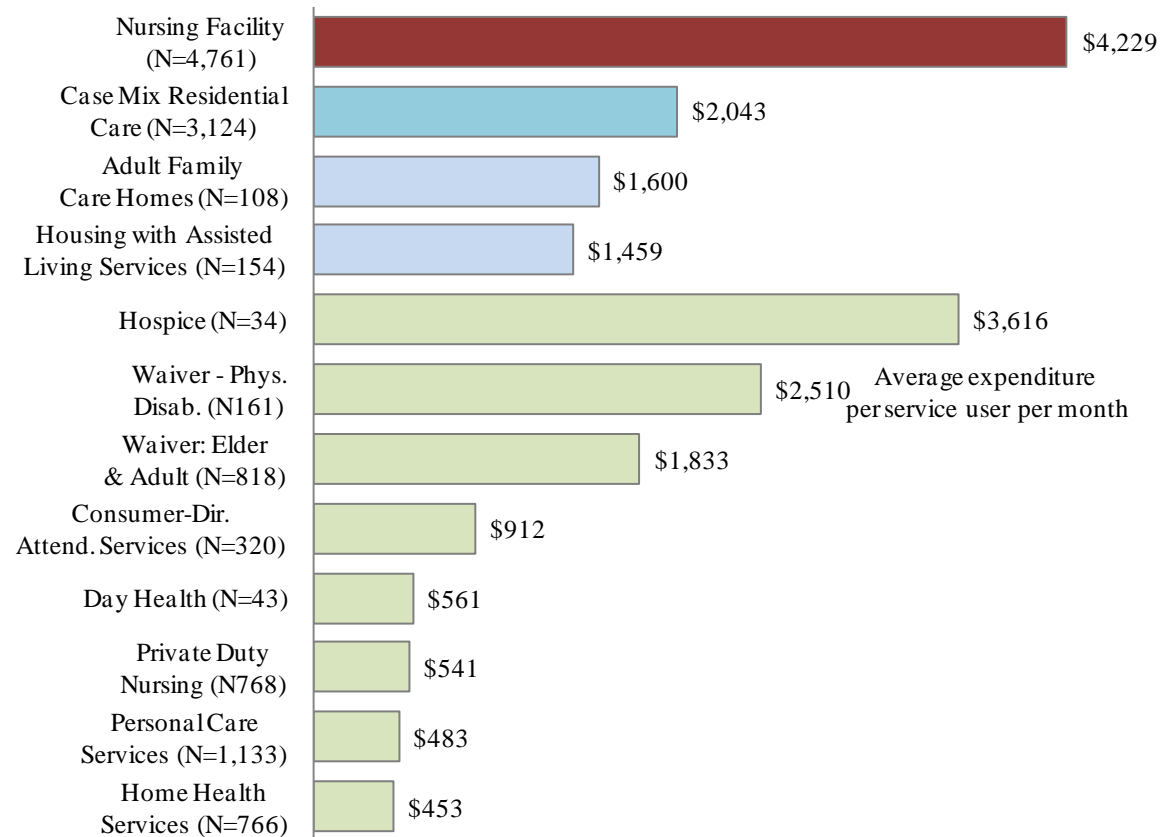
[♣] Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services, Home Health, Day Health, and Hospice. Since some MaineCare members used more than one type of home care service during the year, the home care numbers presented above do include a small degree of double-counting across service categories.

[◆] State-funded long term services include Home-base Care Level I-IV and Homemaking Services

Figure 13-3

Average MaineCare long term service expenditures per service user per month, SFY 2008

Nursing facilities had the highest average MaineCare expenditure per service user at \$4,229 per month (based on the average monthly number of service users). At \$3,616, hospice care had the second highest average cost per service user per month. MaineCare's monthly cost of providing care in a case mix residential care[†] setting averaged \$2,043 per resident. MaineCare's spending per service user per month of \$1,833 for the Elderly and Adults with Disabilities Waiver was \$2,396 less than the average monthly cost for nursing facility care and \$210 less per month than case mix residential care. Home health services had the lowest average monthly cost per service user at \$453 per month.



Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09.

[†] Nursing facility expenditures include services for MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual. Expenditures for Case Mix Residential Care Facilities include federal and state MaineCare expenditures for private non-medical and personal care services provided in the facility and supplemental (non-MaineCare) state funds for a small portion of room and board costs.

* In SFY 2000 expenditures for personal care services provided in the Adult Family Care Home or Housing with Assisted Living Services settings were included in the Personal Care Services category under All Home Care. Had those expenditures been included under Personal Care Services, then the per service user per month for Personal Care would have risen \$163 between SFY 2000 to SFY 2008 (+32%) to \$677, and the overall home care cost per service user per month would have risen \$39 (+4.3) to \$940.

Appendix A

Table A-1
Maine has one of the oldest populations in the country

Maine's 2008 Population by Age Group

Age Group	Persons	Percent
0-4 years	70,887	5%
5-9 years	72,025	5%
10-14 years	77,493	6%
15-19 years	87,036	7%
20-24 years	81,947	6%
25-29 years	80,623	6%
30-34 years	71,336	5%
35-39 years	85,823	6%
40-44 years	98,597	7%
45-49 years	111,049	8%

Age Group	Persons	Percent
50-54 years	108,557	8%
55-59 years	98,672	7%
60-64 years	79,978	6%
65-69 years	59,568	4%
70-74 years	44,713	3%
75-79 years	38,582	3%
80-84 years	30,215	2%
85 years and over	28,123	2%
65 years and over	201,201	15%
Total Population	1,325,224	100%

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Table A-2

Maine's population is projected to age between 2008 and 2020, with large increases in the size of the 65-and-above age group

Age Group	2008	2020	Change	
			Number	Percent
0-14	220,405	231,804	+11,399	+5%
15-24	168,983	148,652	-20,331	-12%
25-34	151,959	163,632	+11,673	+8%
35-44	184,420	172,787	-11,633	-6%
45-54	219,606	184,751	-34,855	-16%
55-64	178,650	223,970	+45,320	+25%
65-74	104,281	184,212	+79,931	+77%
75-84	68,797	89,156	+20,359	+30%
85+	28,123	31,126	+3,003	+11%
Total	1,325,224	1,430,090	104,866	+8%

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Table A-3**Forecast change in the percent of population age 65-and-above and age 85-and-above by Maine County, 2008 to 2020**

County	Population Age 65+						Population Age 85+					
	Number of Persons			Share of Total Population			Number of Persons			Share of Total Population		
	2008	2020	Change	2008	2020	Change	2008	2020	Change	2008	2020	Change
Androscoggin	15,300	20,538	+34.2%	14.3%	18.2%	+4.0%	2,354	2,308	-2.0%	2.2%	2.0%	-0.1%
Aroostook	13,040	17,774	+36.3%	18.2%	25.8%	+7.6%	1,811	2,005	+10.7%	2.5%	2.9%	+0.4%
Cumberland	39,229	62,022	+58.1%	14.1%	20.5%	+6.4%	6,290	7,372	+17.2%	2.3%	2.4%	+0.2%
Franklin	4,407	6,657	+51.1%	14.6%	20.3%	+5.7%	572	618	+8.0%	1.9%	1.9%	-0.0%
Hancock	8,894	13,049	+46.7%	16.6%	23.3%	+6.7%	1,136	1,106	-2.6%	2.1%	2.0%	-0.2%
Kennebec	18,293	27,386	+49.7%	15.0%	20.6%	+5.6%	2,528	2,732	+8.1%	2.1%	2.1%	-0.0%
Knox	7,356	11,345	+54.2%	17.8%	24.1%	+6.3%	1,110	1,176	+5.9%	2.7%	2.5%	-0.2%
Lincoln	6,855	10,844	+58.2%	19.5%	27.0%	+7.6%	993	1,234	+24.3%	2.8%	3.1%	+0.3%
Oxford	9,174	12,970	+41.4%	16.1%	21.5%	+5.4%	1,219	1,192	-2.2%	2.1%	2.0%	-0.2%
Penobscot	21,046	29,951	+42.3%	14.1%	19.2%	+5.1%	2,483	2,521	+1.5%	1.7%	1.6%	-0.0%
Piscataquis	3,046	4,558	+49.6%	17.7%	26.3%	+8.6%	413	399	-3.4%	2.4%	2.3%	-0.1%
Sagadahoc	5,202	8,947	+72.0%	14.2%	22.4%	+8.2%	663	722	+8.9%	1.8%	1.8%	-0.0%
Somerset	8,057	11,425	+41.8%	15.5%	21.1%	+5.5%	1,040	1,046	+0.6%	2.0%	1.9%	-0.1%
Waldo	5,647	8,905	+57.7%	14.6%	21.0%	+6.5%	660	757	+14.7%	1.7%	1.8%	+0.1%
Washington	5,965	7,679	+28.7%	18.2%	22.8%	+4.6%	829	779	-6.0%	2.5%	2.3%	-0.2%
York	29,690	50,444	+69.9%	14.6%	21.5%	+7.0%	4,022	5,159	+28.3%	2.0%	2.2%	+0.2%
Statewide	201,201	304,494	+51.3%	15.2%	21.3%	+6.1%	28,123	31,126	+10.7%	2.1%	2.2%	+0.1%

Source: Woods and Poole Economics, Inc., "2008 New England State Profile: State and County Projections to 2040"

Population Data: © 2008 Woods and Poole Economics, Inc. All rights reserved. Data used by permission.

"Historical data is subject to revision; projections are uncertain and future data may differ substantially from Woods & Poole projections. Woods & Poole Economics, Inc. makes no guarantee as to the accuracy of the historical data and projections [used] in this [chartbook]." – Woods and Poole Economics, Inc.

Table A-4
Monthly Average Number of MaineCare long-term service users

MaineCare Claims Category	SFY 2000	SFY 2004	SFY 2006	SFY 2008	Change SFY 2000 to '08	
					Members	Percent
Nursing Facility†	5,431	4,978	4,717	4,761	-670	-12%
Case Mix Residential Care‡	1,991	2,504	2,951	3,124	+1,133	+57%
Adult Family Care Homes*				108		
Housing with Assisted Living Services*				154		
All MaineCare Home Care Services*	4,519	4,536	4,171	4,043	-476	-11%
Personal Care Services*	735	1,344	1,384	1,133	+398	+54%
Private Duty Nursing	488	806	743	768	+280	+57%
Consumer-Directed Attendant Services	227	248	303	320	+93	+41%
Hospice	-	-	28	34	+34	N/A
Day Health	79	88	56	43	-36	-45%
Waiver for Physically Disabled	274	285	200	161	-113	-41%
Elder & Adults with Disabilities Waiver	1,043	846	716	818	-225	-22%
Home Health Services	1,673	919	741	766	-907	-54%
All MaineCare Settings	11,941	12,018	11,839	12,190	+249	+2%

State-Funded Home Care	SFY 2006	SFY 2008	Change SFY 2006 to '08	
Home-based Care All Levels	994	918	-76	-8%
Home-based Care Level I-III	886	826	-61	-7%
Home-based Care Level IV	107	92	-15	-14%
Homemaker Services	1,221	2,119	898	73%

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 incurred and paid as of 3/31/07 and for SFY 2008 claims as of 4/17/09.

† The number of nursing facility residents includes MaineCare members residing in both in-state and out-of-state nursing facilities.

‡ Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.

* For the years prior to SFY 2008, the numbers reported under the Personal Care Services (PCS) category included personal care services provided in Adult Family Care Homes and Housing with Assisted Living Services. Had they remained within the PCS category in SFY 2008, the number of PCS users would have been 1,395 instead of 1,133, and the number of PCS service users would have increased by 660 (+90%) between SFY 2000 and SFY 2008 instead of 398. Likewise, the All Home Care total for SFY 2008 would have been 4,305, having declined by only 214 service users (-5%) between SFY 2000 and SFY 2008.

♣ Home Care includes Personal Care Services, Private Duty Nursing, Elderly & Adult Waiver, Waiver for the Physically Disabled, Consumer-Directed Attendant Services, Home Health, Day Health, and Hospice. Since some MaineCare members used more than one type of home care service during the year, the home care numbers presented above do include a small degree of double counting across service categories.

Table A-5
Annual MaineCare and State-funded expenditures for long-term services

MaineCare Claims Category	SFY 2000	SFY 2004	SFY 2006	SFY 2008	Change SFY 2000 to '08 Dollars	Percent
Nursing Facility	\$185,846,990	\$231,187,177	\$223,458,952	\$241,613,649	+\$55,766,659	+30%
Case Mix Residential Care†	\$31,799,231	\$49,228,299	\$70,868,987	\$76,595,748	+\$44,796,517	+141%
Adult Family Care Homes*				\$2,064,293		
Housing with Assisted Living Services*				\$2,700,744		
All MaineCare Home Care Services	\$48,879,620	\$50,938,439	\$44,429,704	\$43,819,621	-\$5,059,999	-10%
Personal Care Services	\$4,537,499	\$8,967,664	\$10,774,142	\$6,565,546	+\$2,028,046	+45%
Private Duty Nursing	\$3,481,067	\$4,300,679	\$4,407,872	\$4,981,920	+\$1,500,853	+43%
Consumer-Directed Attendant Services	\$3,373,594	\$4,728,073	\$2,951,040	\$3,505,084	+\$131,490	+4%
Hospice	-	-	\$1,104,532	\$1,457,225	+\$1,457,225	n/a
Day Health	\$596,728	\$846,125	\$412,668	\$291,502	-\$305,226	-51%
Waiver for Physically Disabled	\$7,268,850	\$9,014,352	\$5,993,118	\$4,850,241	-\$2,418,609	-33%
Elder & Adults with Disabilities Waiver	\$18,928,141	\$16,975,463	\$14,483,982	\$18,006,257	-\$921,883	-5%
Home Health Services	\$10,693,740	\$6,106,083	\$4,302,349	\$4,161,846	-\$6,531,894	-61%
All MaineCare Settings	\$266,525,841	\$331,353,915	\$338,757,643	\$366,794,055	+\$100,268,215	+38%
State-Funded Home Care**	\$13,598,442		\$8,473,667	\$10,200,358	-\$3,398,084	-25%
Home-based Care All Levels	\$12,004,121		\$6,422,112	\$6,803,358	-\$5,200,763	-43%
Home-based Care Level I-III			\$5,273,727	\$5,605,207		
Home-based Care Level IV			\$1,148,385	\$1,198,151		
Homemaker Services***	\$1,594,321		\$2,051,555	\$3,397,000	\$1,802,679	+113%

Sources: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09. SFY 2000 state-funded services expenditures and all Homemaker Services expenditures from Maine Office of Elder Services. SFY 2006-08 Home-based Care service expenditures from SeniorsPlus.

† Nursing facility expenditures include services for MaineCare members residing in both in-state and out-of-state nursing facilities.

‡ Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual. Expenditures for Case Mix Residential Care Facilities include federal and state MaineCare expenditures for private non-medical and personal care services provided in the facility and supplemental (non-MaineCare) state funds for a small portion of room and board costs.

* In the columns prior to SFY 2008, expenditures for personal care services provided in an Adult Family Care Home or Housing with Assisted Living Services were classified in the Personal Care Services category and included under All MaineCare Home Care Services. Had they been included under Personal Care Services in SFY 2008, then the Personal Care Services total would have been \$11.3 million and Personal Care Services would have grown by \$6.8 million, or by 150%. Likewise, SFY 2008 expenditures for All MaineCare Home Care Services would have been \$48.5 million, having decreased by only \$0.3 million (-1%) between SFY 2000 and SFY 2008. Some of the increase in Personal Care Services was due to policy changes that diverted some service use from Home Health to Personal Care.

** State-funded home care expenditures for SFY 2006-08 differ from some amounts reported in earlier presentations. State-funded home care expenditures in earlier presentations used estimates based on the average monthly number of users and nominal per user per month service rates.

*** Expenditures for homemaker services in FY 2008 includes additional one time funding during a transition year when three programs were consolidated into one program. In 2009, the single contract for homemaker services was \$2,500,000.

Table A-6
Average MaineCare long-term service expenditures per service user per month

MaineCare Claims Category	SFY 2000	SFY 2004	SFY 2006	SFY 2008	Change SFY 2000 to '08 Dollars	Percent
Nursing Facility[†]	\$2,852	\$3,870	\$3,948	\$4,229	+\$1,378	+48.3%
Case Mix Residential Care[‡]	\$1,331	\$1,638	\$2,001	\$2,043	+\$712	+53.5%
Adult Family Care Homes*				\$1,600		
Housing with Assisted Living Services*				\$1,459		
All MaineCare Home Care Services						
Personal Care Services	\$514	\$556	\$649	\$833*	+\$319	+62.0%
Private Duty Nursing	\$595	\$445	\$494	\$541	-\$54	-9.1%
Consumer-Directed Attendant Services	\$1,236	\$1,590	\$813	\$912	-\$324	-26.2%
Hospice	-	-	\$3,327	\$3,616	+\$3,616	n/a
Day Health	\$630	\$799	\$613	\$561	-\$70	-11.0%
Waiver for Physically Disabled	\$2,207	\$2,633	\$2,497	\$2,510	+\$303	+13.7%
Elder & Adults with Disabilities Waiver	\$1,512	\$1,672	\$1,686	\$1,833	+\$321	+21.2%
Home Health Services	\$533	\$554	\$484	\$453	-\$80	-15.0%
State-Funded Home Care**			SFY 2006	SFY 2008	Change SFY 2006 to '08	
Home-based Care All Levels			\$539	\$618	+\$79	+15%
Home-based Care Level I-III			\$496	\$566	+\$70	+14%
Home-based Care Level IV			\$891	\$1,085	+\$194	+22%
Homemaker Services***			\$140	\$134	-\$6	-5%

Source: MaineCare claims data from the Muskie School data warehouse: Claims for SFY 2000 to SFY 2006 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09.

Note: Changes in costs reflect, in part, changes in payment methods and adjustments for inflation.

[†] Nursing facility expenditures include services for MaineCare members residing in both in-state and out-of-state nursing facilities.

[‡] Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual. Expenditures for Case Mix Residential Care Facilities include federal and state MaineCare expenditures for private non-medical and personal care services provided in the facility and supplemental (non-MaineCare) state funds for a small portion of room and board costs.

* For the years prior to SFY 2008, expenditures reported under the Personal Care Services (PCS) category included personal care services provided in Adult Family Care Homes and Housing with Assisted Living Services. Had they remained within the PCS category in SFY 2008, then the per service user per month expenditures for Personal Care would have risen \$163 between SFY 2000 to SFY 2008 (+32%) to \$677, and the overall home care cost per service user per month would have risen \$39 (+4.3) to \$940.

** State-funded home care expenditures for SFY 2006-08 differ from some amounts reported in earlier presentations. State-funded home care expenditures in earlier presentations used estimates based on the average monthly number of users and nominal per user per month service rates.

*** Expenditures for homemaker services in FY 2008 includes additional one time funding during a transition year when three programs were consolidated into one program. In 2009, the single contract for homemaker services was \$2,500,000.

Appendix B

How the Numbers of MaineCare Long Term Care Service Users Were Counted

The tables display the number of MaineCare members who had at least one paid claim for a given MaineCare long term care service category in the specified month or year. Individuals with mental retardation (MR) were excluded from these tables based on claims diagnosis (ICD-9 codes 317-319), membership in the MR waiver program and/or the use of Intermediate Care Facilities for People with Mental Retardation (ICF-MR).

In most cases, the reported number of service users represents the average monthly number of persons using a given service. These numbers may differ from numbers reported elsewhere which often include all users of a service throughout the year.

Members may have received services in more than one category of long term care service. For example if someone was in the home and community waiver program and went to the nursing facility during the same month, MaineCare would have processed two claims, one for the waiver program and the other for the nursing facility stay. That person would have been counted in both the nursing facility category and the waiver category for that month or year. The same would be true for a person who used more than one type of home care service in the same month.

However, we used an exception for case mix residential care. If a person was in both a nursing facility and a case mix residential

care facility in the same month, that person is only counted within the nursing facility category.

Due to the nature of how some case mix residential care services are billed, MaineCare claims for a single resident could be submitted under as many as three different billing categories (residential care, Personal Care Services, and boarding home room and board) for the same month. Thus, the same stay could be double or triple counted if we did not adjust for this anomaly. To prevent double-counting, an individual's claims for a case mix residential care stay was attributed to the case mix residential care category only.

Member county was defined at the time of service on the claim. For nursing facility residents, the member's county was determined by the location of his or her facility. For case mix residential care residents and home care service users, the member's county was determined by his or her personal address. For all services, member age was calculated at the beginning of the month for a count of average monthly users, or at the beginning of the State Fiscal Year for an unduplicated count of annual service users.

Population estimates and forecasts

The population estimates and forecasts used in this chartbook came from two sources, the U.S. Census Bureau and the Woods and Poole Economics, Inc., demographic database, "2008 New England State Profile: State and County Projections to 2040". We used the Census Bureau's estimates and projections to prepare charts that compared Maine's population characteristics to other states throughout the country, or that measured the proportions of persons in different age groups who had 12-month incomes above or below the federal poverty level.

However, while the Census Bureau has updated their estimates of recent population and poverty levels as recently as 2009, their future-year projections of state-level and county-level

populations by age have not been updated since early 2005. Population projections are always subject to change. Population trends are often influenced by unpredictable economic, political, social and natural events occurring at home or in other locations around the world. It is therefore not surprising that since the Census Bureau's projections were last released, demographers' forecasts for the age composition of Maine's future population have changed significantly (see the description that accompanies Figure 1-2 on page 10).

To take advantage of more recently updated projections, we relied upon newer forecasts by Woods and Poole Economics, Inc., which we cite frequently throughout the chartbook.

Definitions[†] of MaineCare LTC Services

1. Nursing Facility Services

Services provided in, “a Skilled Nursing Facility (SNF) in the Medicare program or a Nursing Facility (NF) in the MaineCare program which meets State licensing and Federal certification requirements for nursing facilities and has a valid agreement with the Department of Health and Human Services,” and that 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 by and provided under the direction of a physician; and less intensive than hospital inpatient services.”

2. Swing Beds

“...a skilled Medicare certified hospital bed that may be used interchangeably as an acute care bed or a skilled nursing facility bed.” Swing beds are found in Medicare approved small rural or critical access hospitals.

3. Private Non-Medical Institutions

“...an agency or facility that is not, as a matter of regular business, a health insuring organization, hospital, nursing home, or a community health care center, that provides food, shelter, and treatment services to four or more residents in single or multiple facilities or scattered site facilities. Private Non-Medical Institution services or facilities must be licensed by the Department of Health and Human Services, or must meet comparable licensure standards and/or requirements and staffing patterns as determined by the Department....”

4. Consumer-Directed Attendant Services

“...also known as personal care attendant (PCA) services, or attendant services, enable eligible members with disabilities to re-enter or remain in the community and to maximize their independent living opportunity at home. Consumer Directed Attendant Services include assistance with activities of daily living, instrumental activities of daily living, and health maintenance activities. The eligible member hires his/her own attendant, trains the attendant, supervises the provision of covered services, completes the necessary written documentation, and if necessary, terminates services of the attendant.”

5. Residential Care Room and Board

This covers the room and board costs of residential care. This is a state funded service.

6. Home Health Services

“...skilled nursing and home health aide services, physical and occupational therapy services, speech-language pathology services, medical social services, and the provision of certain medical supplies, needed on a “part-time” or “intermittent” basis. Services are delivered by a Medicare certified home health agency to a member in his or her home or in other particular settings.... Services are delivered according to the orders of a licensed physician and an authorized plan of care.”

[†] The definitions are quoted from the MaineCare Benefits Manual, available on the web at <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

7. Home and Community Based Waiver for Elders and Adults with Disabilities

“The Home and Community Based Waiver for Elders and Adults with Disabilities covers...two home and community benefits (HCB) populations: elderly members, and members who are adults with disabilities.

“[The Waiver provides] in-home care and other services designed as a package to assist eligible members to remain in their homes and thereby avoid or delay institutional nursing facility care.

“Services include: care management (home care coordination), face-to-face care management, adult day health, homemaker services, home health services, personal support services, personal emergency response systems, respite care, transportation services, and environmental modifications.”

8. Home and Community Based Waiver for the Physically Disabled (Consumer Directed - Personal Care Assistance Services Waiver)

“The purpose of this benefit is to provide medically necessary home and community benefits to MaineCare members who are physically disabled and age eighteen (18) and over.” The services can include, case management, consumer directed attendant services, and personal emergency response systems.

9. Private Duty Nursing

“...services that are provided by a registered nurse and/or a licensed practical nurse, in accordance with the Board of Nursing Regulations, under the direction of the member's physician, to a member in his or her place of residence or outside the member's residence, when required life activities take the member outside his or her residence (school, preschool, daycare, medical appointments, etc.). For purposes of this Section, "place of residence" does not include such institutional settings as nursing facilities, intermediate care facilities for persons with mental retardation (ICFs-MR), or hospitals.”

10. Personal Care Services

“...Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) services provided to a member by a home health aide, certified nursing assistant or a personal care assistant (also known as a personal support specialist), as appropriate, while completing tasks in accordance with an authorized plan of care.

11. Day Health Services

“...health services that are needed to insure the optimal functioning of the member that are provided through a day health [program]. These services must be provided under an individual plan of care and outside the member's residence.”

12. Hospice

“...a range of interdisciplinary services provided twenty four (24) hours a day, seven days a week to a person who is terminally ill and to that person's family. These services are to be delivered in the least restrictive setting possible by volunteers and professionals who are trained to help the member with physical, social, psychological, spiritual and emotional needs related to the terminal illness with the least amount of technology possible. Services are focused on pain relief and symptom management and are not curative in nature.” This program was implemented in 2002.

Appendix E

Maine Nursing Facilities as of December 2008

Nursing Facility	City	Beds
Androscoggin County		
CLOVER MANOR	Auburn	110
MARSHWOOD CENTER	Lewiston	92
MONTELLO MANOR	Lewiston	57
ODD FELLOWS HOME OF MAINE	Auburn	26
RUSSELL PARK REHAB & LIVING	Lewiston	50
ST MARGUERITE D'YOUVILLE PAVIL	Lewiston	210
Sub-Total		545
Aroostook County		
BORDERVIEW REHAB & LIVING CTR	Van Buren	55
CARIBOU REHAB AND NURSING CENTER	Caribou	61
FOREST HILL MANOR	Fort Kent	45
GARDINER HEALTH CARE FACILITY	Houlton	45
HIGH VIEW MANOR	Madawaska	51
MADIGAN ESTATES	Houlton	86
MAINE VETERANS HOME - CARIBOU	Caribou	40
MERCY HOME	Eagle Lake	40
PRESQUE ISLE REHAB AND NURSING CENTER	Presque Isle	67
ST JOSEPH NURSING HOME	Frenchville	43

Nursing Facility	City	Beds
TAMC - AHC	Mars Hill	72
THE HOULTON REG PROG CARE FAC	Houlton	28
Sub-Total		633
Cumberland County		
BARRON CENTER	Portland	219
BRENTWOOD REHAB & NURSING CTR	Yarmouth	78
BRIDGTON HEALTH CARE CENTER	Bridgton	43
CEDARS NURSING CARE CENTER	Portland	102
COASTAL MANOR	Yarmouth	39
FALMOUTH BY THE SEA	Falmouth	65
FREEPORT NURSING & REHAB CTR	Freeport	61
GORHAM HOUSE	Gorham	69
HAWTHORNE HOUSE	Freeport	81
LEDGEWOOD MANOR	Windham	60
MAINE VETERANS HOME - SCARBOROUGH	Scarborough	120
MID COAST SENIOR HEALTH CENTER	Brunswick	42
PINE POINT CENTER	Scarborough	58
PIPER SHORES	Scarborough	40
SEASIDE REHAB & HEALTH CARE	Portland	124
SEDGEWOOD COMMONS	Falmouth	65

Nursing Facility	City	Beds
SOUTH PORTLAND NURSING HOME	So Portland	73
SPRINGBROOK CENTER	Westbrook	100
ST JOSEPH'S MANOR	Portland	121
Sub-Total		1,560
Franklin County		
EDGEWOOD REHAB & LIVING CTR	Farmington	33
ORCHARD PARK REHAB & LIVING	Farmington	38
SANDY RIVER CENTER	Farmington	62
Sub-Total		133
Hancock County		
COLLIER'S REHAB & NURSING CTR	Ellsworth	40
COURTLAND REHAB & LIVING CENTER	Ellsworth	54
ISLAND NURSING HOME & CARE CTR	Deer Isle	38
PENOBSCOT NURSING HOME	Penobscot	54
SONOGEE REHABILITATION & LIVING CENTER	Bar Harbor	35
Sub-Total		221
Kennebec County		
AUGUSTA REHABILITATION CENTER	Augusta	72
HERITAGE REHAB & LIVING CTR	Winthrop	28
LAKEWOOD	Waterville	105
MAINE GENERAL REHAB & NURSING AT GLENRIDGE	Augusta	125
MAINE GENERAL REHAB & NURSING AT GRAYBIRCH	Augusta	77

Nursing Facility	City	Beds
MAINE VETERANS HOME - AUGUSTA	Augusta	120
MOUNT ST JOSEPH NURSING HOME	Waterville	111
OAK GROVE CENTER	Waterville	90
WINTHROP MANOR LONGTERM CARE & REHAB CTR	Winthrop	46
Sub-Total		774
Knox County		
KNOX CENTER FOR LONG TERM CARE	Rockland	84
THE GARDENS	Camden	39
WINDWARD GARDENS	Camden	38
Sub-Total		161
Lincoln County		
COUNTRY MANOR NURSING HOME	Coopers Mills	30
COVE'S EDGE	Damariscotta	76
GREGORY WING OF ST ANDREWS VILLAGE	Boothbay Harbor	30
Sub-Total		136
Oxford County		
FRYEBURG HEALTH CARE CENTER	Fryeburg	30
LEDGEVIEW LIVING CENTER	West Paris	81
MAINE VETERANS HOME - SO PARIS	South Paris	62
MARKET SQUARE HEALTH CARE CTR	South Paris	76
NORWAY REHAB & LIVING CENTER	Norway	42
RUMFORD COMMUNITY HOME	Rumford	32

Nursing Facility	City	Beds
VICTORIAN VILLA REHABILITATION	Canton	47
	Sub-Total	370
Penobscot County		
BANGOR NURSING & REHABILITATION	Bangor	60
BREWER REHAB AND LIVING	Brewer	111
COLONIAL HEALTH CARE	Lincoln	60
CUMMINGS HEALTH CARE FACILITY	Howland	34
DEXTER HEALTH CARE	Dexter	53
EASTSIDE REHAB & LIVING CENTER	Bangor	69
KATAHDIN NURSING HOME	Millinocket	36
MAINE VETERANS HOME - BANGOR	Bangor	120
MOUNTAIN HEIGHTS HEALTH CARE	Patten	25
ORONO COMMONS	Orono	80
ROSS MANOR	Bangor	83
STILLWATER HEALTH CARE	Bangor	63
WESTGATE MANOR	Bangor	65
	Sub-Total	859
Piscataquis County		
CHARLES A DEAN MEMORIAL HOSPITAL	Greenville	24
HIBBARD NURSING HOME	Dover Foxcroft	97
	Sub-Total	121

Nursing Facility	City	Beds
Sagadahoc County		
AMENITY MANOR	Topsham	57
WINSHIP GREEN NURSING CENTER	Bath	72
	Sub-Total	129
Somerset County		
CEDAR RIDGE CENTER	Skowhegan	75
JACKMAN REGIONAL HEALTH CENTER	Jackman	18
MAPLECREST REHAB & LIVING CTR	Madison	58
SANFIELD REHAB & LIVING CENTER	Hartland	23
SEBASTICOOK VALLEY HEALTH CARE	Pittsfield	57
SOMERSET REHABILITATION & LIVING CENTER	Bingham	21
WOODLAWN REHAB & NURSING CENTE	Skowhegan	46
	Sub-Total	298
Waldo County		
HARBOR HILL CENTER	Belfast	40
THE COMMONS AT TALL PINES	Belfast	53
	Sub-Total	93
Washington County		
ATLANTIC REHABILITATION AND NURSING CENTER	Calais	52
EASTPORT MEMORIAL NURSING HOME	Eastport	26
MARSHALL HEALTH CARE AND REHAB	Machias	50
NARRAGUAGUS BAY HEALTH CARE FACILITY	Milbridge	35

Nursing Facility	City	Beds
OCEANVIEW NURSING HOME	Lubec	31
SUNRISE CARE FACILITY	Jonesport	28
Sub-Total		222
York County		
DURGIN PINES	Kittery	81
EVERGREEN MANOR	Saco	42
GREENWOOD CENTER	Sanford	86
KENNEBUNK NURSING & REHAB CTR	Kennebunk	78
RIVER RIDGE CENTER	Kennebunk	48
SEAL ROCK HEALTH CARE	Saco	105

Nursing Facility	City	Beds
SOUTHRIDGE REHAB & LIVING CTR	Biddeford	65
ST ANDRE HEALTH CARE FACILITY	Biddeford	96
THE NEWTON CTR FOR REHAB & NUR	Sanford	74
VARNEY CROSSING NCC	North Berwick	64
Sub-Total		739
Grand Total		6,994

Appendix F

Case Mix Residential Care Facilities in Maine as of March 2009

Case Mix Residential Care Facility	City	Beds
Androscoggin County		
AUBURN RESIDENTIAL CARE CENTER	Auburn	35
BOLSTER HEIGHTS RCF	Auburn	84
CLOVER MANOR-ALZ UNIT	Auburn	36
CLOVER MANOR-GERIATRIC	Auburn	99
LAMP-ALZHEIMERS RCF	Lisbon	28
MARSHWOOD NURSING CARE CTR	Lewiston	16
MONTELLO COMMONS	Lewiston	44
ODD FELLOWS HOME	Auburn	37
RUSSELL PARK MANOR	Lewiston	41
SABATTUS RESIDENTIAL CARE	Sabattus	19
SARAH FRYE HOME	Auburn	37
SEVILLE PARK PLAZA	Auburn	37
THE CHAPMAN HOUSE	Auburn	30
Sub-Total		543
Aroostook County		
BORDERVIEW REHABILITATION & LC	Van Buren	53
COUNTRY VILLAGE ESTATES	Madawaska	27
CREST VIEW MANOR	Houlton	20
CROSSWINDS RESIDENTIAL CARE	Fort Kent	30
GARDINER NURSING HOME	Houlton	10

Case Mix Residential Care Facility	City	Beds
LIMESTONE MANOR, INC	Limestone	40
MADIGAN HOUSE	Houlton	47
MAINE VETERANS HOME-CARIBOU	Caribou	30
MERCY HOME	Eagle Lake	10
RIDGEWOOD ESTATES	Madawaska	43
SOUTHERN ACRES RCF INC.	Westfield	30
Sub-Total		340
Cumberland County		
BAXTER PLACE @ SEASIDE REHAB.	Portland	30
BRIDGTON RESIDENTIAL CARE	Bridgton	16
CASCO INN RCF	Casco	39
CLARKS TERRACE @ THE PARK DANF	Portland	39
COUNTRY VILLAGE ASSISTED LIV	Casco	30
DIONNE COMMONS	Brunswick	60
DOLLEY FARM	Westbrook	36
ELR CARE MAINE--GRAY MANOR	Gray	27
FALLBROOK WOODS	Portland	55
FREEPORT PLACE	Freeport	30
GORHAM HOUSE	Gorham	28
HAWTHORNE HOUSE	Freeport	14

Case Mix Residential Care Facility	City	Beds
INN AT VILLAGE SQUARE	Gorham	37
ISLAND COMMONS	Chebeague Island	7
MAINE VETERANS HOME-SCARBOROUGH	Scarborough	30
PINE POINT NURSING CARE CTR	Scarborough	12
PORTLAND CENTER FOR AL-ALZ	Portland	28
PORTLAND CENTER FOR ASSISTED LIVING	Portland	125
ROCKY HILL MANOR	Westbrook	16
SCARBOROUGH TERRACE	Scarborough	70
SEDGEWOOD COMMONS	Falmouth	30
SEVENTY-FIVE STATE ST	Portland	118
SKOLFIELD HOUSE	Brunswick	49
SPRINGBROOK NURSING CARE CTR	Westbrook	23
ST JOSEPH'S MANOR	Portland	44
WINDHAM RESIDENTIAL CARE CTR	Windham	10
Sub-Total		1,003
Franklin County		
EDGEWOOD REHABILITATION & LC	Farmington	22
PINEWOOD TERRACE	Farmington	30
SANDY RIVER CENTER	Farmington	28
THE PIERCE HOUSE	Farmington	16
Sub-Total		96

Case Mix Residential Care Facility	City	Beds
Hancock County		
BIRCH BAY - ALZ UNIT	Bar Harbor	16
BIRCH BAY - GERI UNIT	Bar Harbor	16
COURTLAND REHAB & LC	Ellsworth	20
ISLAND NURSING HOME, HOMEPORT	Deer Isle	32
PENOBSCOT NH - NORTHERN BAY RC	Penobscot	36
SONOGEE REHABILITATION & LC	Bar Harbor	40
Sub-Total		160
Kennebec County		
ALZHEIMER'S CARE CENTER	Gardiner	30
CAPITOL CITY MANOR	Augusta	29
CONY STREET MANOR	Augusta	12
FONTBONNE COMMUNITY-MSJ	Waterville	11
GABLES MANOR	Vassalboro	13
GILBERT MANOR	Gardiner	43
GRAYBIRCH - KLTC	Augusta	37
HALL-DALE MANOR	Farmingdale	26
HERITAGE REHAB & LIVING CENTER	Winthrop	24
MAINE VETERANS HOME-AUGUSTA	Augusta	30
SNOW POND RCC	Sidney	22
SUNSET HOME	Waterville	20
THE WOODLAND- EVERGREEN	Waterville	32
VOLMER COUNTRY LIV CTR	Vassalboro	22
WOODLANDS AL OF HALLOWELL, LLC	Hallowell	51

Case Mix Residential Care Facility	City	Beds
WOODLANDS HALLOWELL--ALZ UNIT	Hallowell	24
WOODLANDS, INC	Waterville	58
Sub-Total		484
Knox County		
IVAN CALDERWOOD HOME	Vinalhaven	8
JANUS SUPPORTIVE LIVING SERVICES	Washington	34
LUCETTE RCF	Thomaston	18
SEVEN TREE MANOR	Union	37
THE COURTYARD	Camden	24
THE TERRACES	Camden	62
WINDWARD GARDENS	Camden	40
Sub-Total		223
Lincoln County		
COUNTRY MANOR NH	Coopers Mills	20
HODGDON GREEN RCF	Damariscotta	16
RIVERSIDE @ CHASE POINT	Damariscotta	18
SAFEHAVEN @ ST. ANDREWS VILLAGE	Boothbay Harbor	8
Sub-Total		62
Oxford County		
FRYEBURG RCC	Fryeburg	44
LEDGEVIEW LIVING CENTER RC	West Paris	24
MAINE VETERANS HOME-SO PARIS	So. Paris	28
MARKET SQUARE	South Paris	22
NORWAY REHAB/ LIVING CTR	Norway	28

Case Mix Residential Care Facility	City	Beds
RUMFORD COMM. HOME (DEMENTIA)	Rumford	16
RUMFORD COMMUNITY HOME II	Rumford	37
VICTORIAN VILLA REHAB & LC	Canton	67
Sub-Total		266
Penobscot County		
CARE RIDGE ESTATES, INC.	Lee	11
COLONIAL HEALTHCARE	Lincoln	24
CUMMINGS HEALTH CARE FACILITY	Howland	20
DEXTER BOARDING HOME	Dexter	25
EMILIO ESTATES, INC.	Corinth	18
FAIRMOUNT BH	Bangor	25
LAKEVIEW TERRACE RES CARE	Lincoln	11
MAINE VETERANS HOME- BANGOR	Bangor	30
ORONO COMMONS	Orono	10
PHILLIPS STRICKLAND HOUSE	Bangor	48
ROSS MANOR, ENGEL PLACE-ALZ	Bangor	24
SWEET SENIORS	E. Millinocket	13
THE MEADOWS	Old Town	16
WESTGATE MANOR	Bangor	39
WOODLANDS A.L. OF BREWER - ALZ	Brewer	32
WOODLANDS OF BREWER L.L.C.	Brewer	66
Sub-Total		412

Case Mix Residential Care Facility	City	Beds
Piscataquis County		
HILLTOP MANOR	Dover- Foxcroft	32
PLEASANT MEADOWS ESTATE	Dover- Foxcroft	29
	Sub-Total	61
Sagadahoc County		
RICHMOND ELDERCARE	Richmond	16
	Sub-Total	16
Somerset County		
PITTSFIELD COMMUNITY HOME	Pittsfield	16
SANFIELD REHAB & LIVING CENTER	Hartland	12
SOMERSET RCC	Madison	37
SOMERSET REHAB & LIVING CENTER	Bingham	13
TISSUES COUNTRY ESTATE	Athens	20
	Sub-Total	98
Waldo County		
BAYVIEW MANOR	Searsport	30
HARBOR HILL	Belfast	45
TALL PINES REHAB & LC	Belfast	16
	Sub-Total	91

Case Mix Residential Care Facility	City	Beds
Washington County		
DAVIS ESTATES	Machias	37
MAINE VETERANS HOME-MACHIAS	Machias	30
MARSHALL CARE CENTER	Machias	15
NARRAGUAGUS BAY HEALTH CARE	Milbridge	23
OCEANVIEW NH & RES. CARE	Lubec	8
WASHINGTON PLACE	Calais	30
	Sub-Total	143
York County		
BERWICK ESTATES	So. Berwick	36
HILLCREST GARDENS RC	Sanford	14
MOUNTAIN VIEW ACRES	Springvale	24
OAK STREET RCF	Springvale	12
PAVILION RES CARE	Sanford	24
SENTRY HILL - BROWNING	York	21
SOUTHRIDGE REHAB & LIVING CNTR	Biddeford	46
THE LODGES CARE CENTER, INC.	Springvale	57
YORK MANOR	Biddeford	89
	Sub-Total	323
State Total		4,321

Appendix G

Case Mix Adult Family Care Homes in Maine in SFY 2008

Case Mix Adult Family Care Home	City	Beds [†]	Case Mix Adult Family Care Home	City	Beds [†]
Androscoggin County					
FAMILY CONNECTION CORP.**	Lewiston	6	ROSE OF SHARON/ HAVEN OF REST II	Brewer	4
Aroostook County			SIESTA HAVEN	Bangor	6
BILLIE'S ARCH	Houlton	6	SISTERS OF THE HEART	Hampden	6
GRAYMOOR A.F.C.	Houlton	6	THE BURR HOME	Brewer	6
NORTHWOOD MANOR	Ashland	6	Waldo County		
Hancock County			BOARDMAN COTTAGE	Islesboro	6
LAKEWOOD ADULT FAMILY CARE HOME	Ellsworth	6	ROSE OF SHARON/HAVEN OF REST I	Winterport	4
MOUNTAIN VISTA	Franklin	8	Washington County		
Lincoln County			INDIAN TOWNSHIP A.L.F.	Indian Township	6
BOOTHBAY GREEN AFCH	Boothbay	6	JOY BAY MANOR*	Steuben	6
EDGECOMB GREEN	Edgcomb	8	NEW HORIZONS	Calais	6
JEFFERSON GREEN	Jefferson	6	NORTH STREET BRIDGE HOME	Calais	7
ROUND POND GREEN AT KING RO	Round Pond	6	REMELIAH HOUSE	Calais	6
WALDOBORO GREEN	Waldoboro	6	ROBBINSTON BRIDGE HOME	Robbinston	8
WISCASSET GREEN	Wiscasset	6	THE GRACE HOME	Harrington	6
Penobscot County			UNION VILLAGE	Calais	8
DR. EUNICE NELSON-BAUMANN HOME	Indian Island	6	York County		
FIELDSTONE MANOR I	Brewer	6	COUNTRYSIDE ADULT FAMILY CARE	Buxton	6
LAKEVIEW ADULT FAMILY CARE HOME	Lincoln	6	State Total		
LAKEVIEW TERRACE RCF *	Lincoln	6	191		

[†] Bed counts are as of March 2010

* Denotes facilities that closed during SFY 2008.

* Denotes facilities that have closed since SFY 2008

Appendix H

Case Mix Assisted Living Facilities in SFY 2008

Case Mix Assisted Living Facilities	City	Beds [†]
Cumberland County		
THE IRIS NETWORK	PORTLAND	30
Kennebec County		
THE INN AT CITY HALL TYPE IV	AUGUSTA	31
Knox County		
MERRY GARDENS ESTATES TYPE IV	CAMDEN	30
Penobscot County		
FREESE'S ASSISTED LIV TYPE IV	BANGOR	39
STEARNS ASSISTED LIVING	MILLINOCKET	20
York County		
MAYFLOWER PLACE TYPE IV	SANFORD	39
WARDWELL A.L. SERVICES INC.	SACO	30
State Total		219

[†] Bed counts are as of March 2010