



*Department of Health  
and Human Services*

*Maine People Living  
Safe, Healthy and Productive Lives*

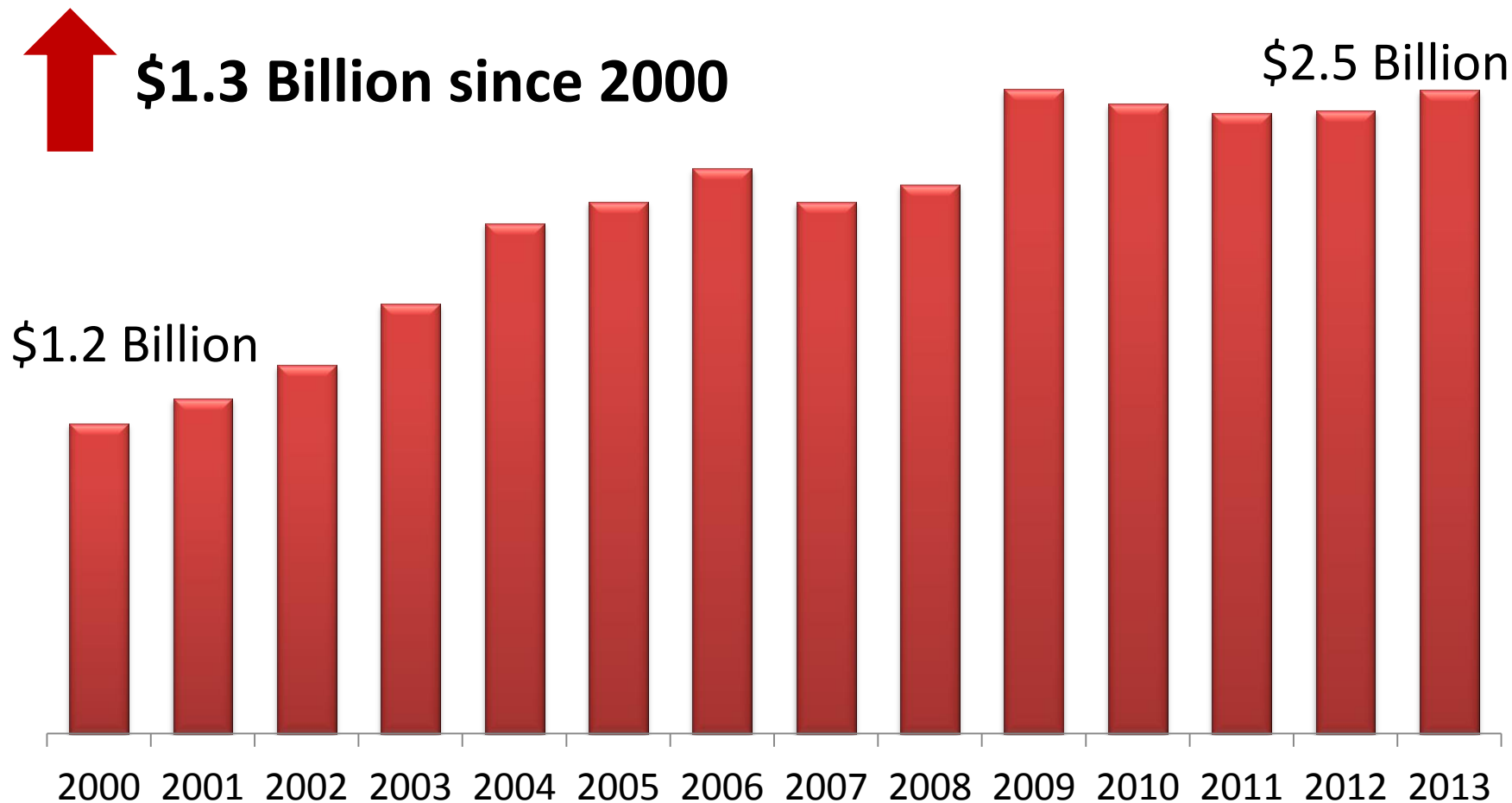
*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*

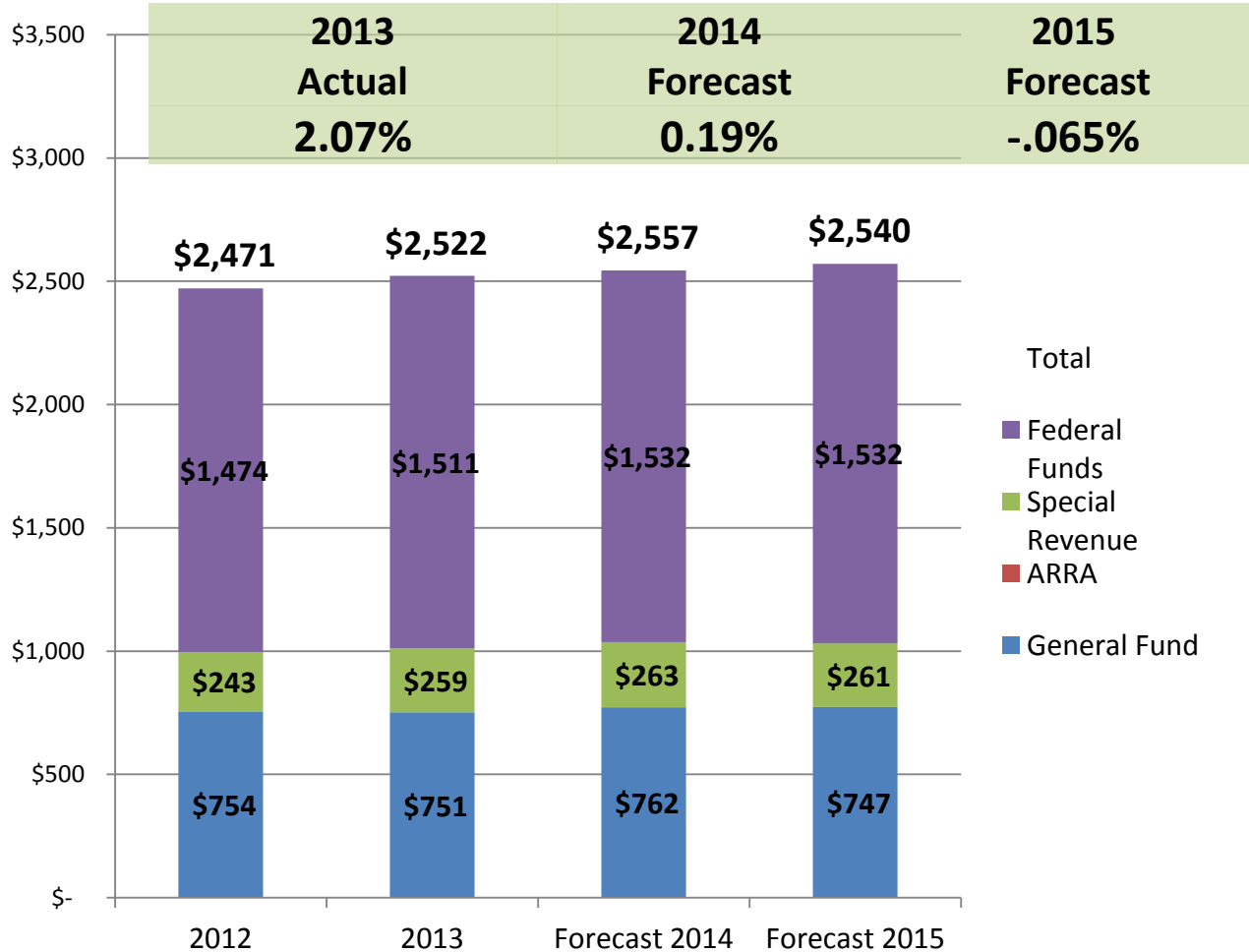
**Maine DHHS:  
Meeting the Needs  
Of Maine's Aging Population**  
Presented by Mary C. Mayhew, Commissioner  
Maine Department of Health and Human Services  
June 13, 2014

# Setting the Context: MaineCare budget growth

Total program cost



# No Longer Bailing Out the Boat – DHHS MaineCare Expenditures\* Year Over Year Growth



\*Does not include DSH, Hospital Settlement Payments, or CDC & OCFS Seed Accounts

Average National  
Healthcare Growth  
**4%**

Projected Average  
Growth  
In the Next 10 Years  
**5.8%**

Projected Average  
National Medicaid  
Growth  
In the Next 10 Years  
**8.1%**

# Underserved Populations

State-Funded Programs	Waitlist (As of 11/1/13)	Average PP Annual Cost (State Funds only)	Annual State Cost to Fund	Annual State & Federal Cost to Fund
Consumer-directed Home Based Care	23	\$18,900	\$434,700	
Home Based Care	210	\$8,856	\$1,859,760	
Home Based Care Assessment Waitlist	444	\$8,856	\$3,932,064	
Homemaker (Independent Support Services)	1832	\$1,428	\$2,616,096	
<b>Annual State-Funded Program Needs Totals</b>	<b>2,509</b>		\$8,842,620	\$8,842,620
MaineCare Programs	Waitlist	Average PP Annual Cost (State & federal Funds)	Annual State Cost to Fund	Annual State & Federal Cost to Fund
Section 21, Home and Community Based Services Comprehensive Waiver	850	\$101,000	\$33,009,325	\$85,850,000
Section 29, Home and Community Based Waiver Support Waiver	478	\$22,000	\$4,043,402	\$10,516,000
Physically Disabled Waiver	73	\$27,719	\$778,034	\$2,023,487
Brain Injury Residential Services	21	\$95,695	\$772,689	\$2,009,595
<b>Annual Maine Care Totals (State Funds only)</b>	<b>1,401</b>		\$38,603,450	
<b>Total State Funding Needed</b>			<b>\$47,446,070</b>	
<b>Total State &amp; Federal</b>		Department of Health and Human Services		<b>\$109,241,702</b>

# State-Funded Elder Services

**Home-Based Care:** Care coordination, personal care, nursing, therapies, home modifications, adult day services, respite, transportation and emergency response services. Individuals self-directed receive skills brokerage and fiscal management services.

**Consumer-Directed Home-Based Care:** Care coordination, skills training, fiscal management services, attendant care, and emergency response services.

**Adult Day Services:** Services by an appropriately licensed adult day program, including assistance with activities of daily living; snacks and a meal; activities, and socialization.

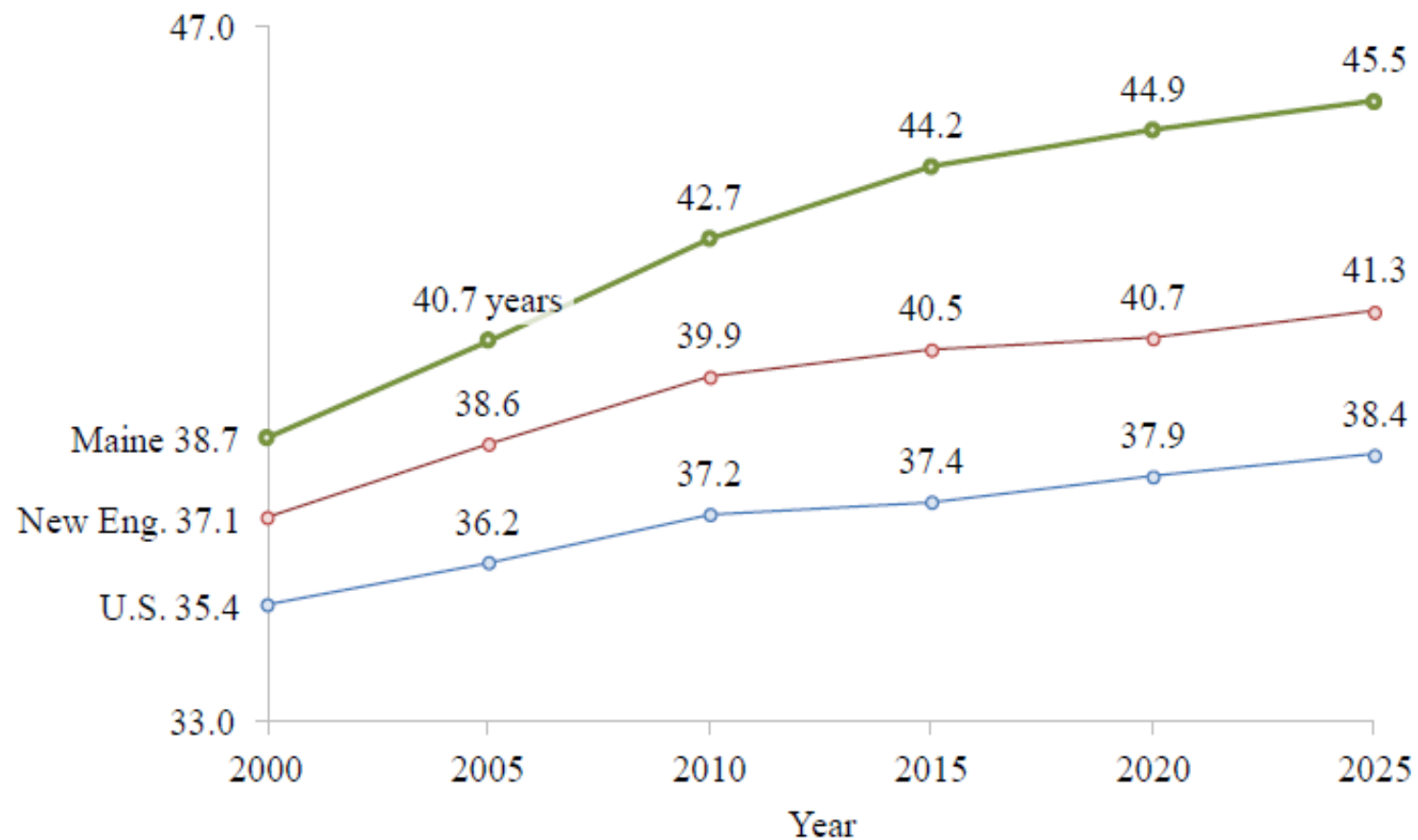
**Independent Support Services (Homemaker) Program:** Assistance with Instrumental Activities of Daily Living such as meal preparations, grocery shopping, household cleaning and laundry.

**Independent Housing with Services Programs:** Provides services in specified sites to eligible residents including help with meals, housekeeping and chore assistance, personal care services, emergency response and other services delivered on site.

**Respite Care for People with Dementia.** Short-term service due to the family caregiver's absence or need for relief. It may be provided in the home, in a licensed adult day program, or in an institutional setting.

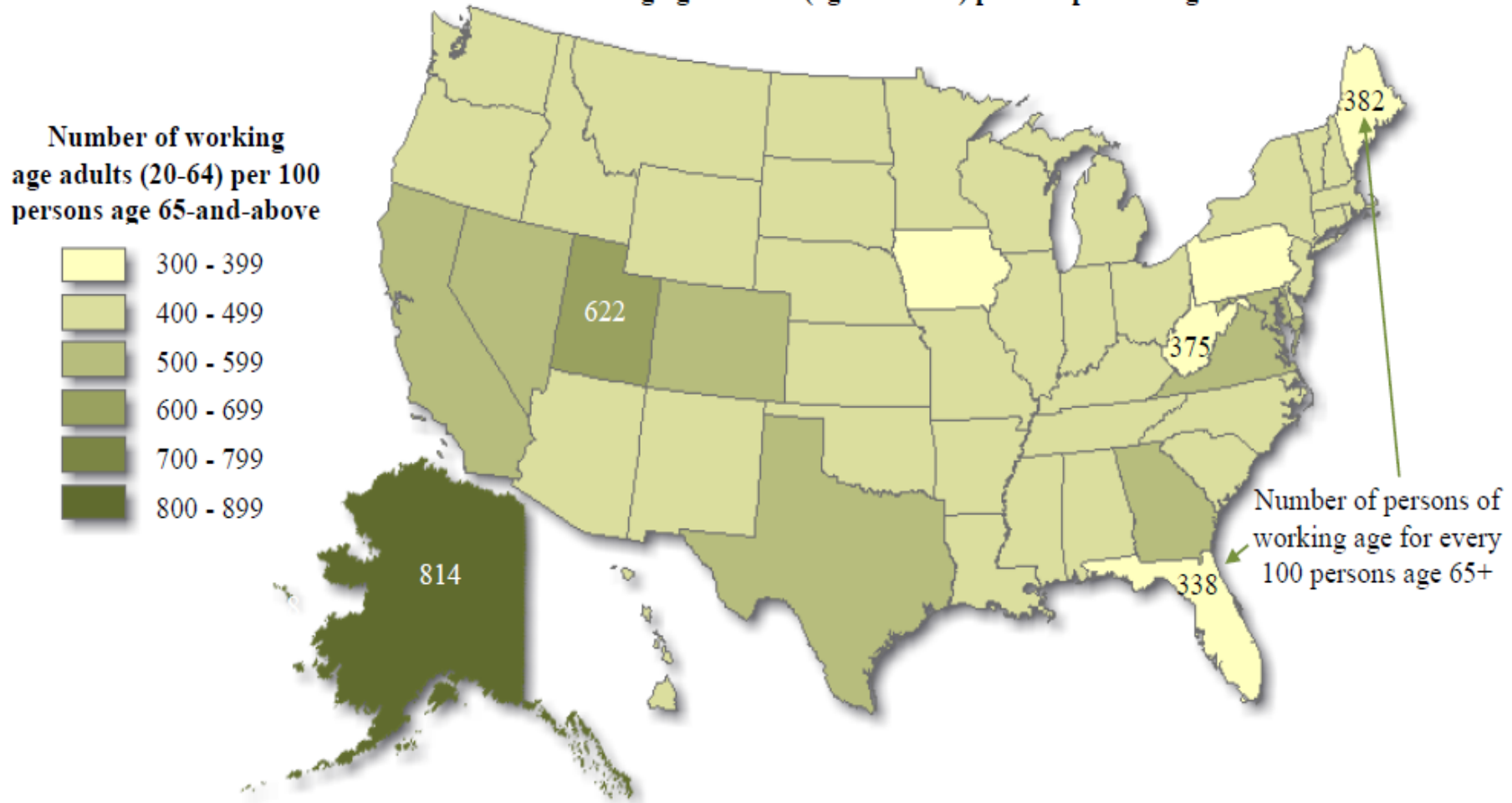
# Maine's Elder Wave Has Yet to Crest

Maine's median age is the highest in the United States, a trend that is projected to continue

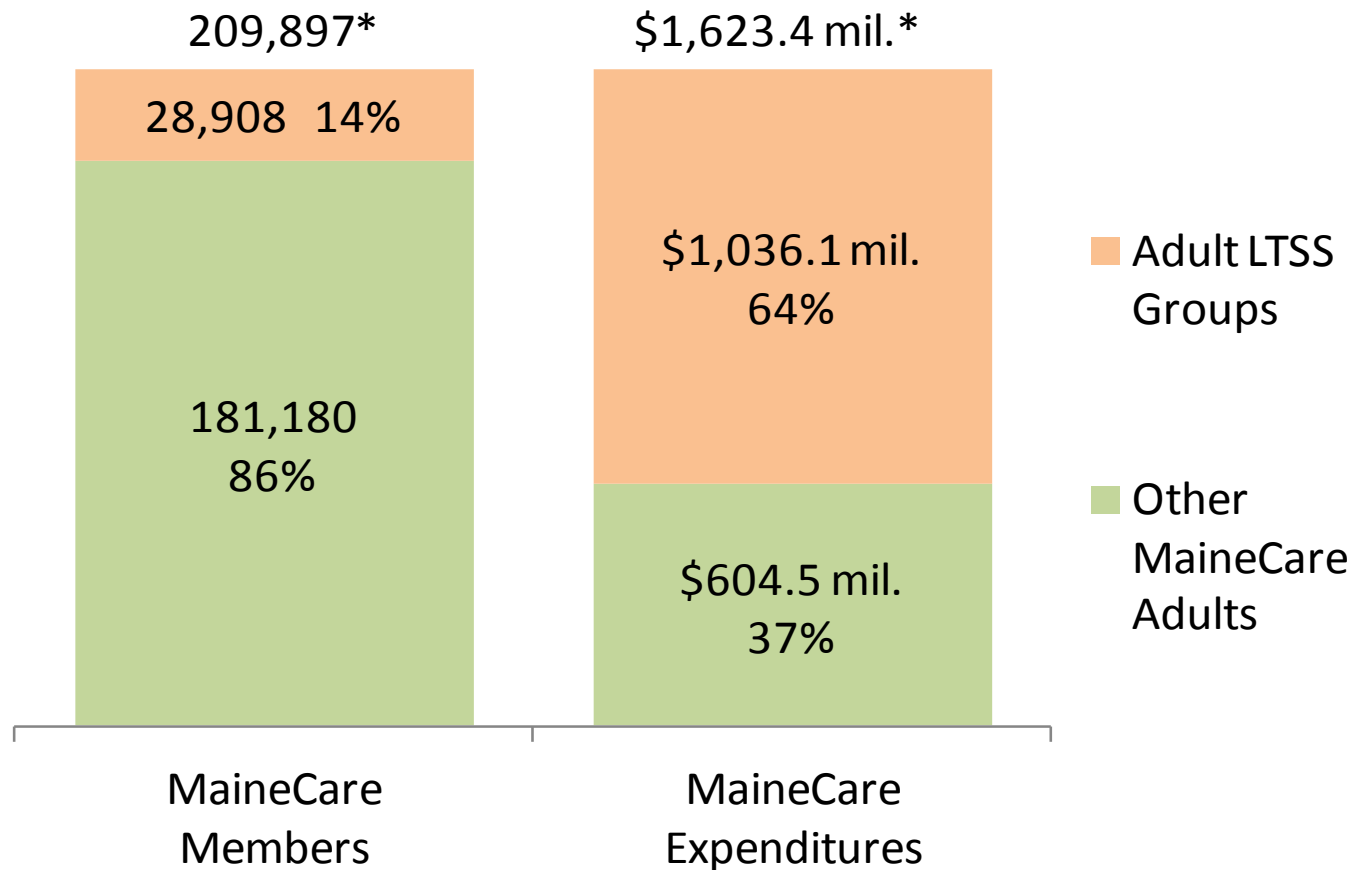


# Maine's Working-Age Adults Among the Lowest in the Nation

Maine has the nation's third-lowest number of working age adults\* (age 20-to-64) per 100 persons age 65-and-above



# Adult Long Term Services and Supports: 14 percent of MaineCare Members; 64 percent of MaineCare Cost





# Cost of Caring For Specific LTSS Populations

Group	MaineCare Expenditures (millions)	Medicare Expenditures <sup>†</sup> (millions)	Total
Adults with Mental Illness	\$305.2	\$70.3	\$375.5
Adults with Brain Injury	\$34.4	\$3.2	\$37.6
Adults with Intellectual Disabilities	\$391.0	\$15.2	\$406.2
Adults with Physical Disabilities Who Self Direct	\$11.8	\$7.2	\$19.1
Older Adults and Adults with Disabilities	\$447.7	\$181.9	\$629.5

# The Impact Of Mental Illness

## **Persons with Mental Illness represent:**

6 percent of adult MaineCare population

23 percent of adult MaineCare expenditures

## **Mental Illness for those receiving LTSS represents:**

45 percent of the adult LTSS population (all LTSS groups)

37 percent of adult LTSS population expenditures

# Maine's Medicaid Program is Robust

- Mandatory and optional State Plan Services
- Seven approved home and community based waivers
- 'Other Related Conditions Waiver'
- New waiver to serve individuals with brain injury

# Reforming the System: Value-Based Purchasing

**Volume-based purchasing**



More service =  
More \$\$\$ for providers

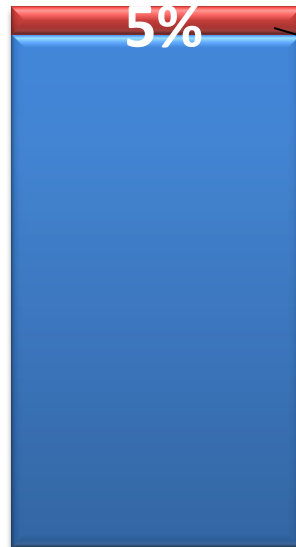
**Value-based purchasing**



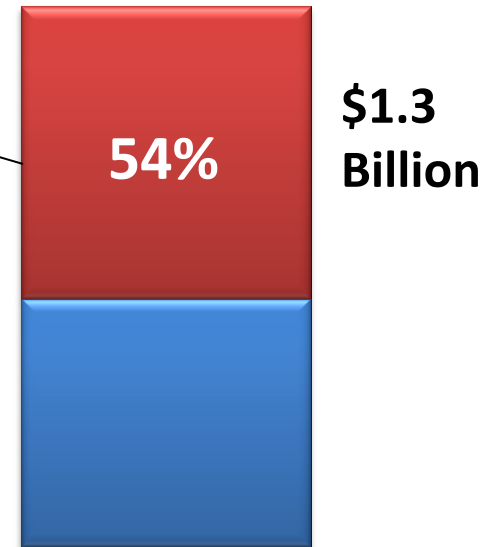
Better outcomes =  
More \$\$\$ for providers

# Maine's Top Five Percent

**Enrollment**



**Cost**



■ High Five  
■ All Other...

Cost PMPM	Top 5	90 to 95%	80 To 90%	Bottom 80%
	\$5,713	\$1,750	\$766	\$78

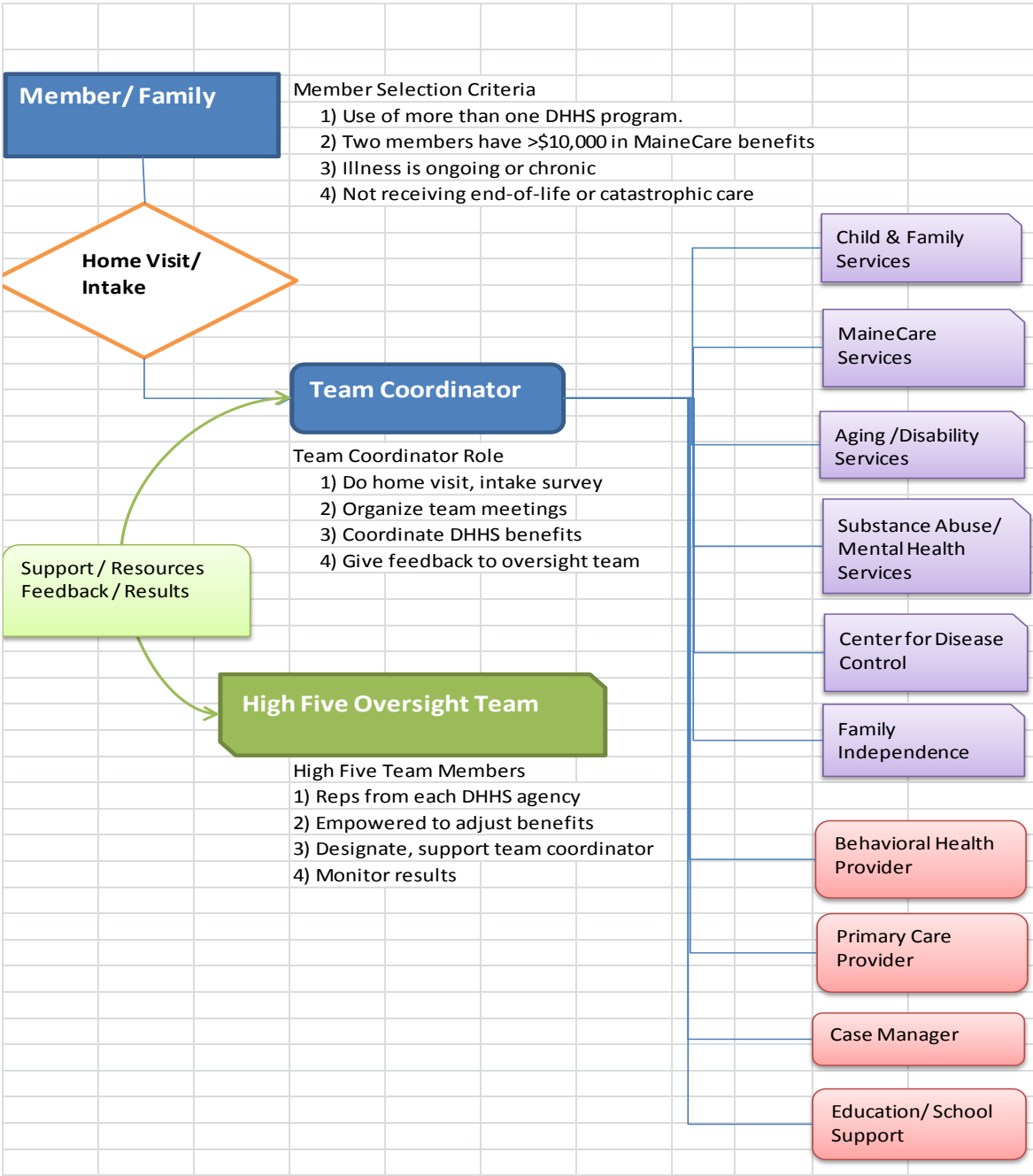
# Maine's Partners in Wellness Project

## **How this project began**

- Wondered whether high users of MaineCare were also high users of other DHHS programs
- Saw potential for helping people by streamlining benefits

# Maine's Partners in Wellness Goals

- Coordinate services and support for members' best possible outcome
- Better use of resources
- Decrease adverse events
- Improve health and well-being





# Selection of Pilot Families

- MaineCare claims of more than \$10,000 by two members of the household (Case ID) in a single fiscal year
- AND*
- Participation in at least one of the following:
    - Temporary Aid for Needy Families/ ASPIRE/ Parents as Scholars
    - Rent or utility subsidy
    - WIC or Public Health Nursing (PHN)
    - Mental health or substance abuse services
    - Child protective services
    - Case management

*Members are excluded if they are receiving end-of-life care, have HIV/AIDS, or meet the criteria due to a catastrophic illness (e.g. cancer)*

# What We Learned About Pilot Families

- 105 cases with two members spending more than \$10,000 in MaineCare benefits in Androscoggin County
- Average case had approximately \$60,000 in MaineCare expenses
- 155 members had \$2,000 each in Signs/Symptoms/Other
- 12 newborns cost in total more than \$500,000
- 210 members had \$700,000 in prescription drugs
- Mental health (psychoses, neuroses, and anti-social behavior) cost \$1.5 million

# Where the Project Stands Today

- Five cases are in process
- Preliminary findings reveal correlation between the need for coordinated social services and impact on health care services
- Example family goals: obtain driver's license; arrange child care so parent can take classes at university; apply for Head Start; connect with state energy conservation programs to insulate a bedroom; find a primary care provider within walking distance

# Reforming the System: Emergency Department Collaborative

- Began as a one-hospital pilot project in 2011
- Identified 30 frequent ED users
- Managed care with delivery in most appropriate setting
- Recognized more than \$100,000 in savings



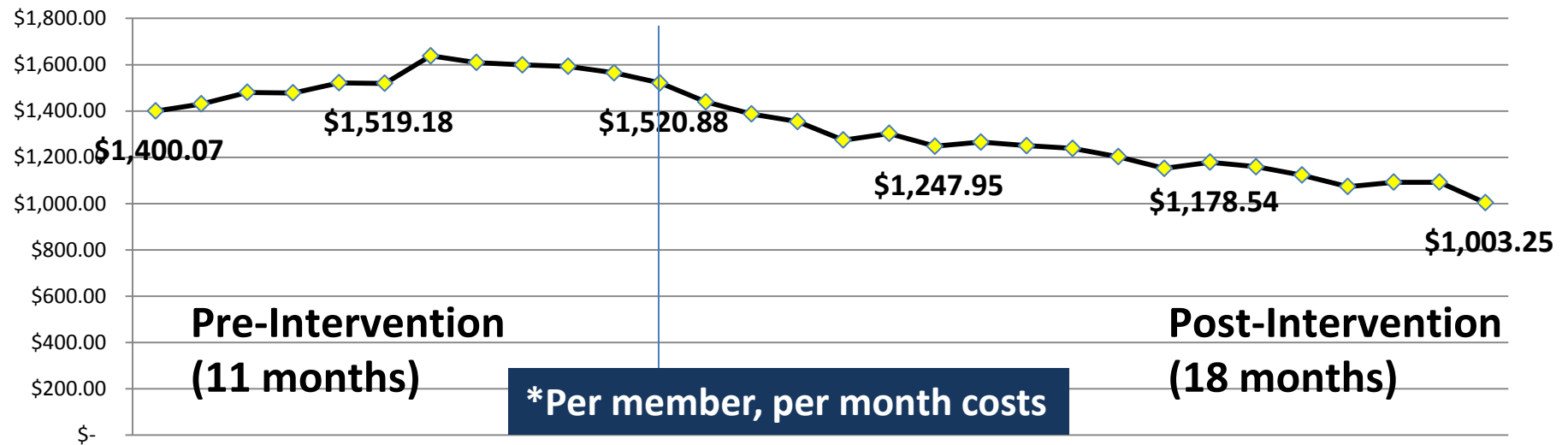
# Reform the System: Emergency Department Collaborative

## Currently

- All hospitals in Maine have constructed their lists of high utilizers
- Now working with 1,700 members
- State staff dedicated to the program
- We are working with the larger health systems to help standardize processes and facilitate clear communication



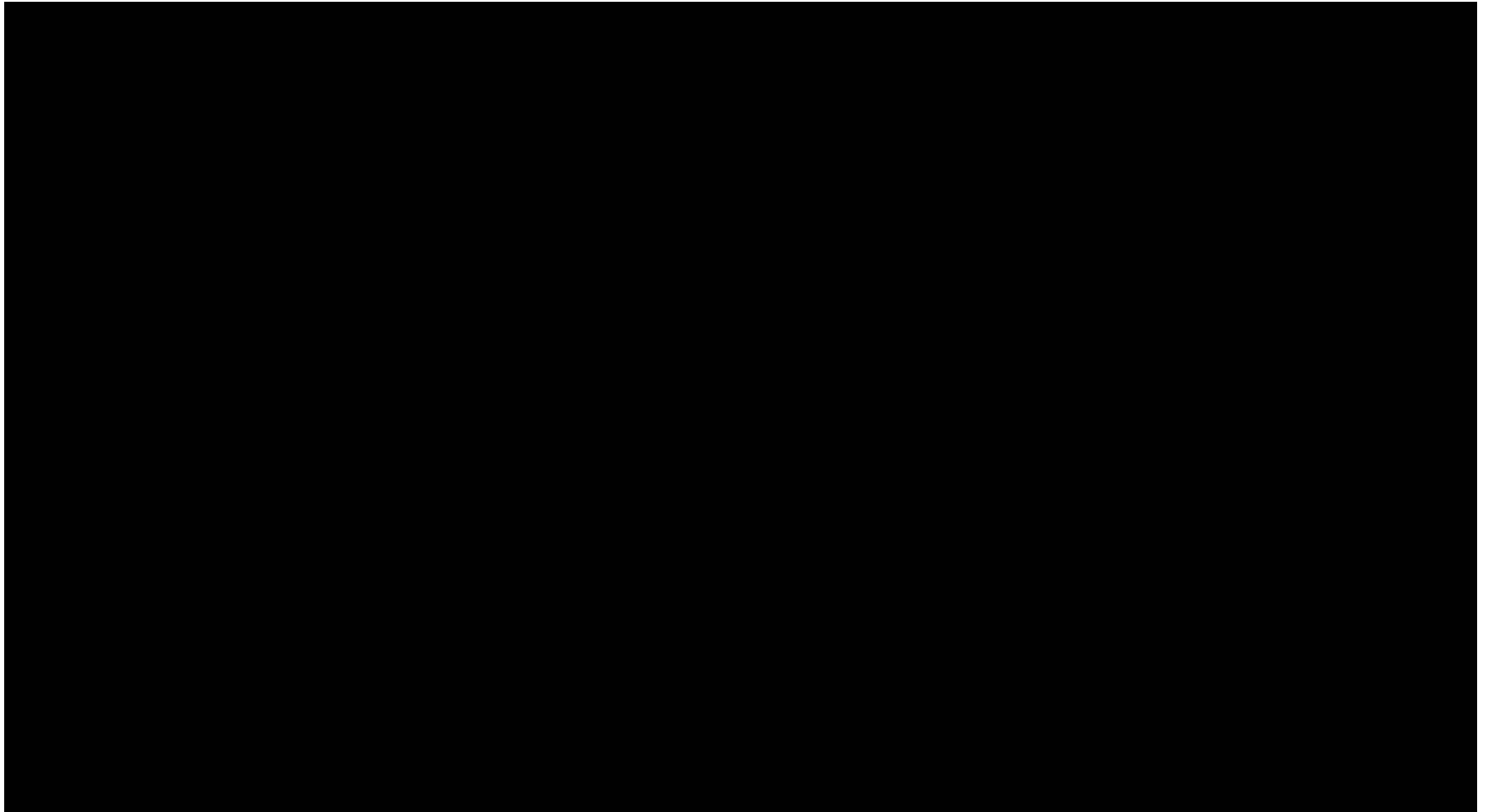
# Emergency Department Collaborative Financial Results



\*The above graph represents outcomes for the 947 members that have received 18 months of intervention. Per member, per month costs represent outcomes at a specific point in the intervention process: 11 months pre-intervention, 6 months pre-intervention, start point, 6 months post-intervention, 12 months post-intervention and 18 months post-intervention. This graph does not represent costs at a specific point in time (i.e. April, 2014). This graph includes MaineCare incurred claims data as of April 30, 2014.

- Collaborate with hospitals, providers, community and family resources and MaineCare staff to reduce avoidable trips to the Emergency Department
- Average number of ED visits pre-intervention: **13 in eleven months**, this population
- Most visits by one member pre-intervention: **141 in 11 months**, this population
- Members managed: **947** this population, **1,795** total since program inception
- Savings realized: **\$9.1 million** (\$3.4 million in State Funds) total since program inception

# Liz's Story



# Supporting Reform: The State Innovations Model Grant (SIM)

*“...to test whether new payment and service delivery models will produce superior results when implemented in the context of a state-sponsored State Health Care Innovation Plan. These plans must improve health, improve health care, and lower costs for a state’s citizens through a sustainable model of multi-payer payment and delivery reform, and must be dedicated to delivering the right care at the right time in the right setting.”*



# SIM – Areas of Investments And Provider Benefits

## **Patient Accountability**

- Resources for shared decision making
- Assistance with patient incentives, benefit design

## **Data Analytics**

- EHR for behavioral health organizations
- Connection to Health Information Exchange
- Resources for other data analytic needs

## **Transformation Support**

- Leadership training
- Practice transformation learning collaborative
- ACO learning collaborative

## **Payment Reform**

- Greater consistency and alignment across payers/initiatives
- Potential for grant-funded performance-based shared savings payments

# Supporting Reform: The Balancing Incentive Payment Program (BIP)

**Focusing on providing long-term, community based care to seniors, adults and children**

In July, 2013, Maine was one of 16 states chosen to receive the Balancing Incentive Program (BIPP) grant from the Federal government

The grant provides additional money for new or expanded long term care and services provided in the home or community

The funding also allows Maine to:

- Improve and streamline systems
- Increase efficiency in providing long term services
- Provide one stop for beginning the care planning and assessment process
- Improve quality measurement and oversight

# The Balancing Incentive Payment Program (BIP)

Individuals and families will no longer have to go from agency to agency and provide the same information each time to find the services they need

Consumers can choose to access the long-term care system:

- At a DHHS Office
- Through a community partner
- By phone, by calling a 1-800-number
- Online

Regardless of how a consumer begins learning about care options, we will provide help navigating what can be a complex process

# Maine Health Homes

## A Key to Long-Term Sustainability

### **Stage A (ongoing):**

- Health Home = Medical Home primary care practice + CCT
- Currently have 170 enrolled practices and 10 CCTs
- Payment weighted toward medical home
- Eligible Members:
  - Two or more chronic conditions
  - One chronic condition and at risk for another

### **Stage B (Behavioral Health):**

- Health Homes = CCT with behavioral health expertise + primary care practice
- 26 participating providers representing more than 70 practices
- Payment weighted toward CCT
- Eligible Members:
  - Adults with Serious Mental Illness
  - Children with Serious Emotional Disturbance

# Other Areas of Reform

## Impacting Long Term Services and Support

- Flexibility in Medicaid needed to free up savings
- PNMI
- Core training for direct care workers
- Money Follows the Person

# Money Follows the Person: Homeward Bound

## Two components:

- A transition program that helps Medicaid beneficiaries living in long term care institutions move to the community.
- Rebalancing program that makes community based long term care services and supports more accessible.

MFP programs exist in 45 states and District of Columbia – with 35,050 transitions from 2008 through June 2013.

Maine's program, Homeward Bound, began in the fall of 2012:

- 26 transitions through June 2013
- 17 more through 2014
- At least 25 a year planned through 2016.

# Continued Efforts to Prioritize and Align Services With Mission Include:

- Delivering services that are right-sized, in the right setting at the right cost
- Creating a patient-centric system where care is integrated and coordinated
- Driving payment reform to focus on financial reward for producing quality results vs. volume-based payment
- Prioritizing services to Maine's most vulnerable who remain on waitlists

# Questions?

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