CHARTBOOK

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

2012 Edition

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Department of Health and Human Services
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Paul R. LePage, Governor
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UNIVERSITY OF SOUTHERN MAINE
Muskie School of Public Service

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Older Adults and Adults with Physical Disabilities, Population and Service Use Trends in Maine

2012 Edition

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Introduction

This Chartbook is an update to the *Chartbook: Older Adults and Adults with Physical Disabilities: Population and Service Use Trends in Maine 2010.* With the aging of Maine's population and its status as the "oldest" state in the nation, the use of long term services continues to be a critical public policy issue in the State and nationally. The information in this Chartbook is provided to help inform state policy makers, legislators, providers, advocates and others with an interest in this subject.

Sections 1-4 of this Chartbook provide general demographic information on historical and projected change in the population of older adults in Maine, by county and compared with other states. These sections also provide an overview of the number of older adults who live in poverty, have a disability and live in rural areas.

Sections 5 and 6 provide comparisons of the characteristics of people who live in nursing facilities, residential care facilities and at home.

Sections 7-10 examine the trends in the use and "case mix" of people in nursing facilities and residential care facilities. Section 11 provides an overview of the supply of nursing and residential care facilities and beds. Section 12 includes a summary of selected quality indicators across long term care settings. Section 13 provides a comparison of the use of services across long term care settings and Section 14 provides comparative expenditure data.

We hope this Chartbook will be a useful reference document for those interested and involved in planning services for Maine's older adults and adults with disabilities.

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Contents

Introduction ii

Section 1: Maine has one of the oldest populations in the country – and it's growing older 1

The 65-and-above age group will account for nearly all of Maine's population growth in the next ten years. 1

Projected changes in Maine's age profile from 2012 to 2022 2

Maine's older population is projected to grow quickly between 2012 and 2022 3

In Census 2010, Maine ranked 3rd among states in the percent of persons age 65+ 4

As a percent of total population, Maine's 65-and-above age group continues to grow at a faster rate than New England's or the rest of the nation. 5

Maine had the highest median age of any state in 2010 6

Maine's median age is the highest in the United States, a trend that is projected to continue 7

Section 2: Rural Maine has a higher proportion of older adults 8

Percent of population age 65 and above by Maine county, 2012 to 2022 8

Percent of population age 85 and above by Maine county, 2012 to 2022 9

The forecast change in Maine's older population, by age groups, between 2012 and 2022. 10

Section 3: The number of working age adults available to care for older adults is declining 11

Maine has the nation's third-lowest number of working age adults (age 20-to-64) per 100 persons age 65-and-above 11

Projected trend in Maine's elderly dependency ratio 12

Section 4: Older adults in Maine often live in poverty and with a disability, particularly in rural areas 13

Percent of New England's population who had incomes below the federal poverty level (FPL) in 2010 13

Maine's gap between the percent of males and females with incomes below the federal poverty level increased with age in 2010 14

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 2008 to 2010 15

Disability and poverty: Percent of persons age 65 or above with a disability in New England, by federal poverty status, single-year estimates for 2010 16

Percent of persons age 65+ with a disability by income group, 3-year estimates by county for 2008 to 2010 17

Section 5: Long term service users are predominantly, but not exclusively, older and female; many rely on or live with others at home 18

Average age of Maine long term care users by setting SFY 2010 18

Age distribution of long term care users by setting SFY 2010 19

Age distribution of the users of MaineCare and state-funded long term care services by program, SFY 2010 20

Proportion of Maine LTC service users who were female by setting, SFY 2010 21

Proportion of Maine LTC service users who lived alone, by program, SFY 2010 22

Proportion of Maine LTC service users who had no spouse by setting, SFY 2010 23

Section 6: Some of the most common diagnoses among people using long term services include dementia, hypertension, depression and arthritis 24

Prevalence of selected diagnoses among Maine long term care service users by setting, SFY 2010 24

Average number out of five Activities of Daily Living† (ADLs) requiring supervision or greater levels of assistance, among users of different long term service programs, SFY 2010. 25

Average cognitive performance score for Maine long term service users by setting, SFY 2010 26

Average cognitive performance score for Maine long term service users with dementia, by setting, SFY 2010 27

Section 7: Use of Nursing Facilities 28

Maine's average monthly number of nursing facility residents (all payers) declined steadily from SFY 2000 through SFY 2008 then increased in 2010. 28

The average monthly number of MaineCare members who were nursing facility residents declined between 2000 and 2006 and then leveled off. 29

The number of Maine nursing facility residents (all payers) as a percent of population by age group declined steadily across all age groups from 2000 to 2008 and then leveled out in 2010 30

The percent of Maine's population who were MaineCare members residing in nursing facilities declined across all age groups between SFY 2000 and SFY 2010 31

Changes in the average length of stay for Maine nursing facility residents, by payer, 2000 to 2010. 32

Cumberland and Penobscot counties accounted for more than a third of Maine's average monthly number of nursing facility residents (all payers) in SFY 2010 (N=7,513) 33

The percent of the population age 85 and above who resided in nursing facilities varied by county between 2.7% and 17.6% in SFY 2010. 34

Section 8: Use of Residential Care Facilities 35

Maine's monthly average count of case mix residential care residents grew 30% between SFY 2000 and SFY 2010 .. 35

The overall monthly average number of residential care residents (all payers) in case mix residential care facilities increased steadily between 2000 and 2008, and declined slightly between 2008 and 2010. 36

The percent of Maine's population, by age group, residing in case mix residential care facilities (all payers) rose steadily between SFY 2000 and SFY 2008; then declined 37

The percent of Maine's population, by age group, who were MaineCare case mix residential care residents SFY 2000 to SFY 2010 38

Section 9: Admissions to and discharges from nursing facilities and case mix residential care facilities 39

Distribution of nursing facility admissions and case mix residential care admissions (all payers) by source, SFY 2010 39

Annual Sources of Nursing Facility Admissions by Payer, SFY 2010 40

Annual Nursing Facility Discharges by Destination and by Payer, SFY 2000 to SFY 2010 41

Annual Sources of Case Mix Residential Care Admissions by Payer, SFY 2010 42

Annual Case Mix Residential Care Discharges by Destination and by Payer, SFY 2010 43

Section 10: The intensity of services provided in nursing homes and residential care homes has been increasing 44

Maine nursing facilities have seen a steady rise in their average case mix index across all payers between 2000 and 2010 *(based on the Resource Utilization Group (RUG) Grouper 5.12)* 44

Case mix index chart for case mix residential care facilities 2000 to 2010 45

Section 11: The distribution of nursing facility and case mix residential care beds in Maine 46

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 2010 (N=6,997)..... 46

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, September 2010 (N=4,277)..... 47

In 2010, Maine ranked 38th among states in the number of nursing facility beds per 1,000 persons age 65-and-above..... 48

The number of nursing facility and case mix residential care beds per 1,000 persons age 65-and-above by county in 2010 49

In 2010, nearly half of Maine's nursing facilities (48%) were larger than 60 beds (N=109). 50

In SFY 2010, more than a quarter of Maine's nursing facility beds were in facilities with more than 100 beds (N=6,997)..... 51

Between 2001 and 2005 most Nursing Facilities closures or conversions in Maine were among facilities with fewer than 50 beds, but between 2006 and 2010, most closures and conversions were among facilities with 50-or-more beds. 52

Three-out-of-five Maine case mix reimbursed residential care facilities had 30 beds or fewer, SFY 2010 (N=138)..... 53

The total number of case mix-reimbursed residential care facility beds in Maine by facility bed size, SFY 2010 (N=4,293) 54

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..... 55

In 2009, 41% of Maine's case mix residential care facility beds were in buildings in need of replacement or renovation 56

Section 12: The State of Maine uses assessment data to measure and track quality indicators across different long term care residential settings 57

Average quality indicator scores for Nursing Facility long-stay chronic care residents as of SFY 2010-Q3. 57

Average quality indicator scores for persons living in Maine Case Mix Residential Care as of October 1, 2012 58

Average quality indicator scores for Adult Family Care Home Residents as of October 1, 2012 59

Average quality indicator scores for users of home and community based services based on each service user's last MED assessment in SFY 2012 60

Section 13: Older adults continue to receive most long term care services in residential care or a nursing home 61

Change in the average monthly number of MaineCare members using MaineCare long term services between SFY 2000 and SFY 2010..... 61

Distribution of the average monthly number of MaineCare LTC users by setting from SFY 2000 to SFY 2010 62

Distribution of the average monthly number of MaineCare LTC users by setting and by county in SFY 2010 63
Change in the average monthly number of MaineCare members using MaineCare long term services, SFY 2000-2010 64
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 2010 65

Section 14: Expenditure trends 66

Annual MaineCare long term service expenditures by setting and by home care program, SFY 2000 to SFY 2010 ... 66
Average MaineCare expenditures per service user per month for most long term services increased between SFY 2000 and SFY 2010 67
Annual MaineCare LTC expenditures by setting, SFY 2010 68
Annual MaineCare and state-funded long term services expenditures by setting, SFY 2000 to SFY 2010 69
Average MaineCare long term service expenditures per service user per month, SFY 2010 70

Appendix A 71

Maine has one of the oldest populations in the country 71
Maine's population is projected to age between 2010 and 2022, with large increases in the size of the 65-and-above age group 72
Forecast change in the percent of population age 65-and-above and age 85-and-above by Maine County, 2010 to 2022 73
Monthly Average Number of MaineCare long-term service users 74
Annual MaineCare and State-funded expenditures for long-term services 75
Average MaineCare long-term service expenditures per service user per month 76

Appendix B 77

How the Numbers of MaineCare Long Term Care Service Users Were Counted 77

Appendix C 78

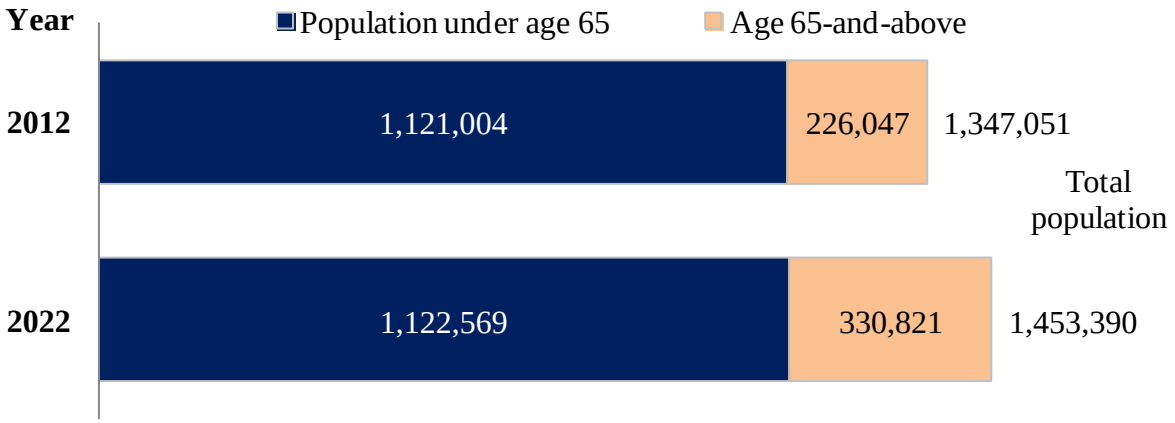
Population estimates and forecasts 78

Appendix D 79

Definitions of MaineCare LTC Services 79

Section 1: Maine has one of the oldest populations in the country – and it's growing older

Figure 1–1
The 65-and-above age group will account for nearly all of Maine's population growth in the next ten years.



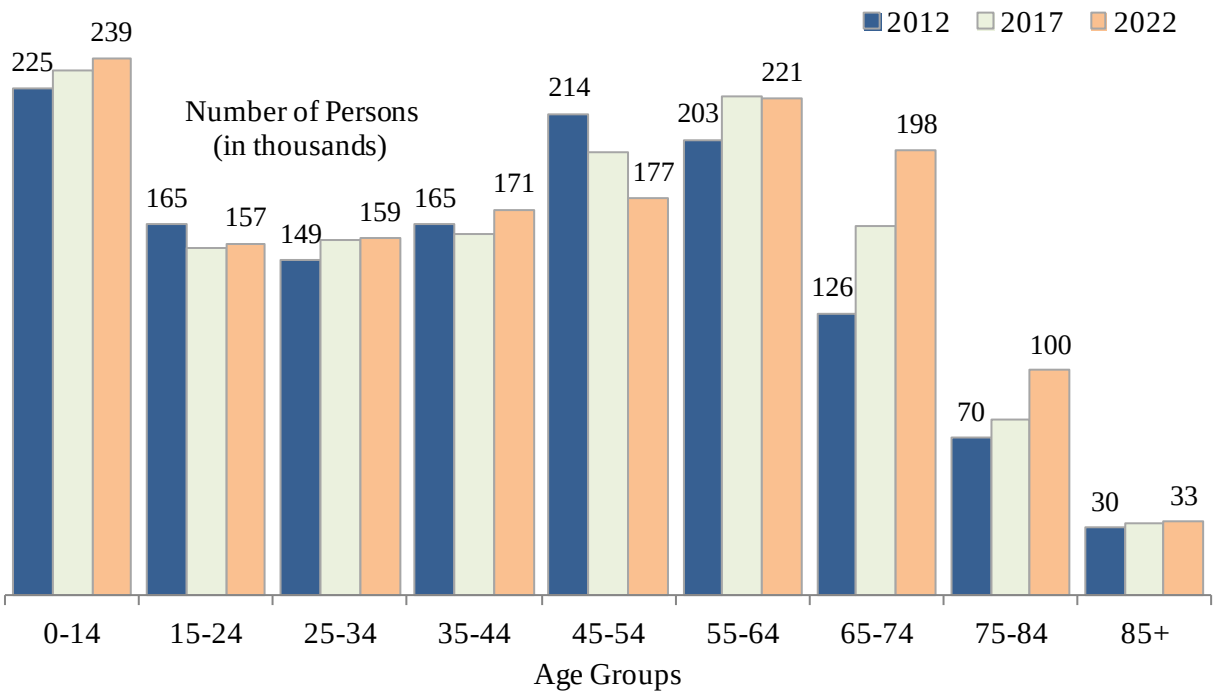
Maine's older population, persons age 65-and-above, is close to one-fifth (17%) of Maine's total population and will account for nearly 99% of Maine's population growth in the next ten years.

While the under-65 age group is projected to grow by only 1,565 people between now and 2022, Maine's public and private long term care systems will need to prepare for the varied needs of almost 105,000 additional persons age 65-or-older.

Note: *The reader should bear in mind throughout this chapter that population projections are estimates that can be affected by a variety of unexpected factors including economic trends, changes in national and international migration patterns, disease outbreak, advances in medicine and public health, natural disasters and other causes.*

Source: *© 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.*

Figure 1–2
Projected changes in Maine's age profile from 2012 to 2022



Current projections forecast that 65-to-74-year-olds will be Maine's fastest growing age group, rising from about 126,000 in 2012 to about 198,000 by 2022. The number of people age 75 to 84 is projected to increase by about 30,000 between 2012 and 2022. The number of people 85 and over is projected to increase by 3,000.

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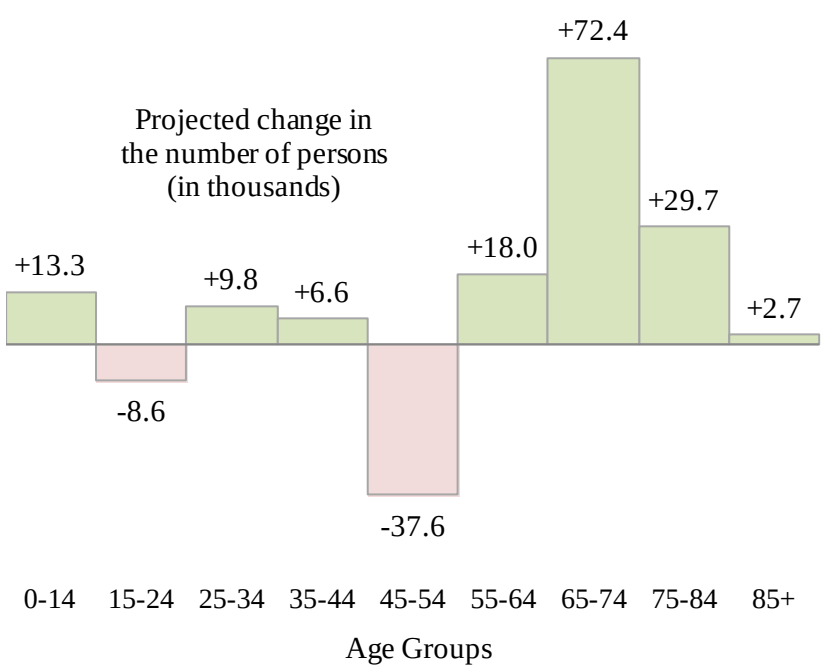
Figure 1–3
Maine's older population is projected to grow quickly between 2012 and 2022



While all Maine age groups in the 55-and-above range are projected to grow in the next ten years, the 65-to-74-year-old age group will grow faster than all others, increasing by more than 72,000 (58%) by 2022.

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, a 9% increase between 2012 and 2022.

Please note that population forecasts do change over time. In the 2010 edition of this Chartbook, the Census projections forecast faster growth in the 65-to-74 age group (77% instead of 58%), slower growth in the 75-to-84 age group (30% vs. 42%), and similar growth in the 85+ age group (11% vs. 9%).

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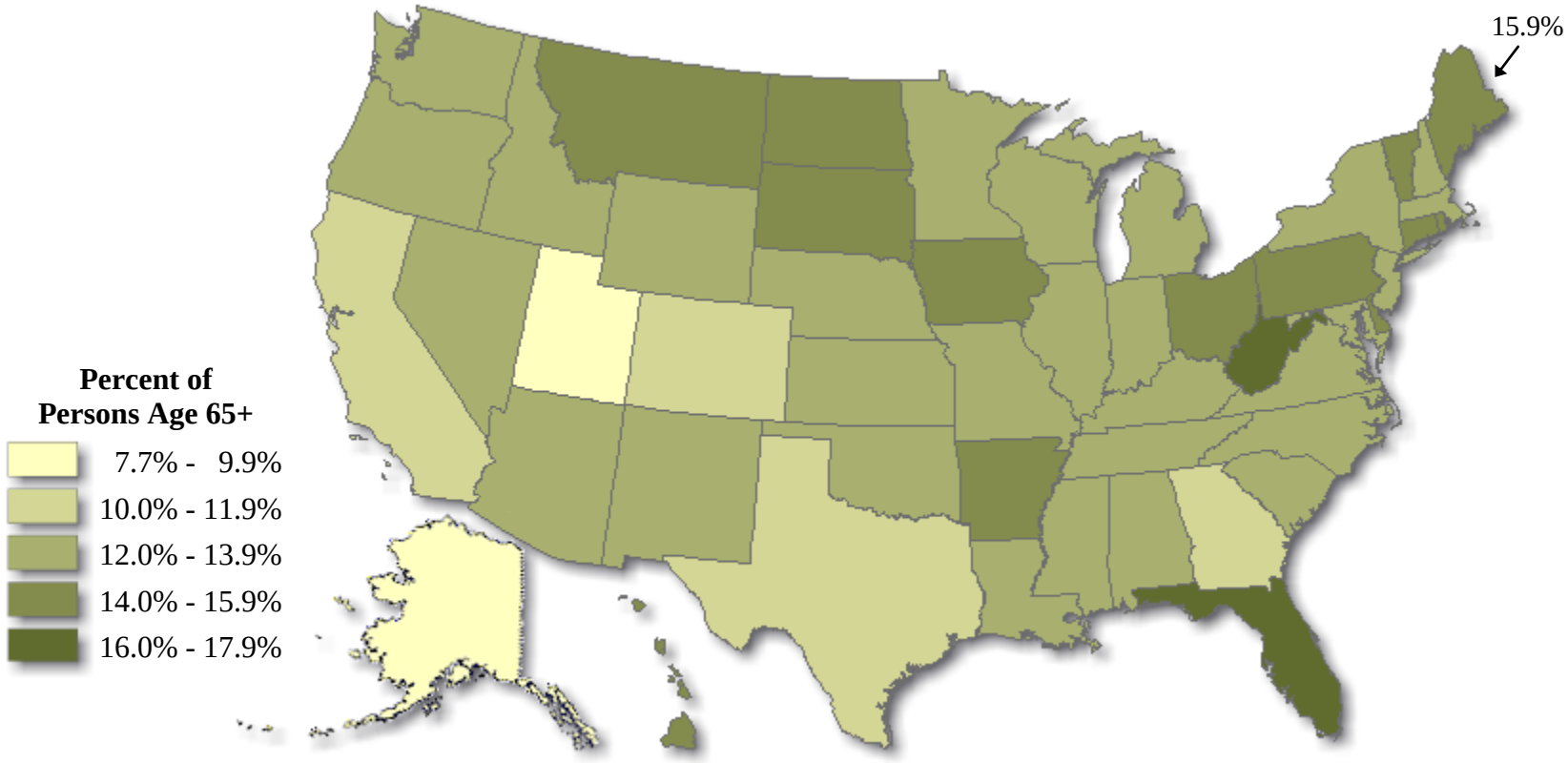
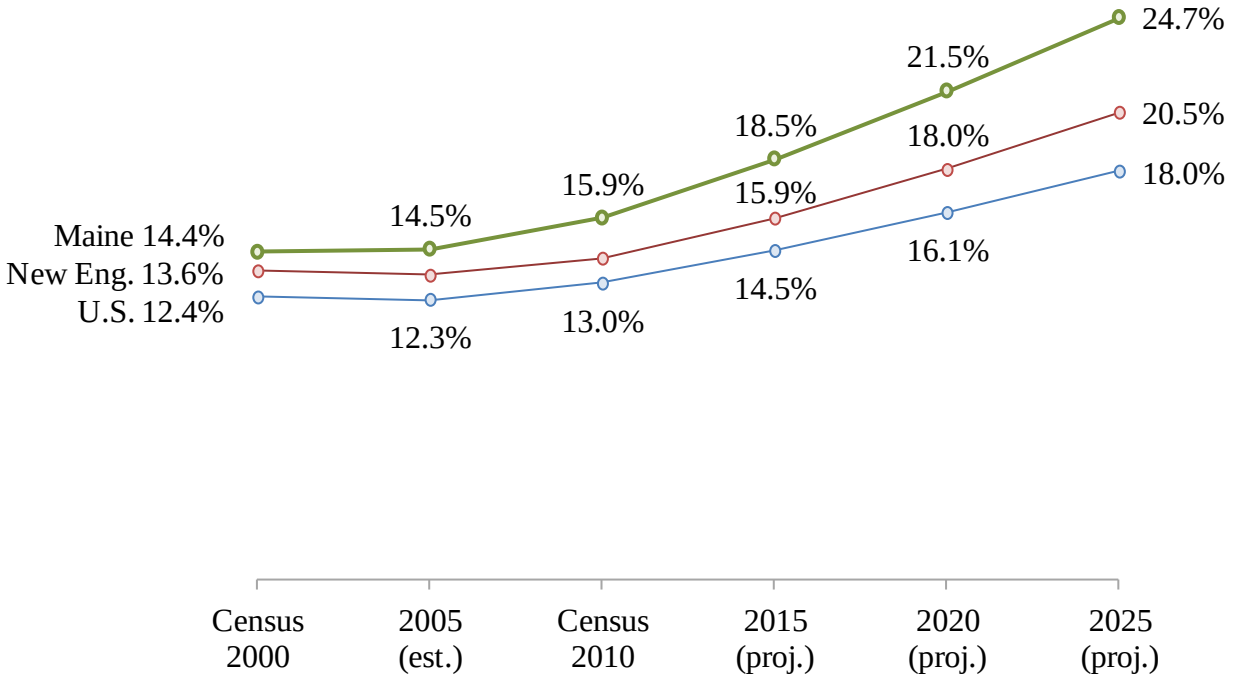
Figure 1-4
In Census 2010, Maine ranked 3rd among states in the percent of persons age 65+



In 2010, only Florida (17.3%) and West Virginia (16.0%) ranked higher than Maine in the percent of population age 65-or-above. At 15.9%, Maine's percent of population age 65-and-above had increased 0.8% over the prior two years and was 2.8% above the national mean average of 13.0%. Between 2008 and 2010, the New England average rose from 13.7% to 14.4%. Alaska still ranked lowest in the country at 7.7%.

Source: U.S. Census 2010, Summary File 1, Quick Table P1, Age Groups and Sex

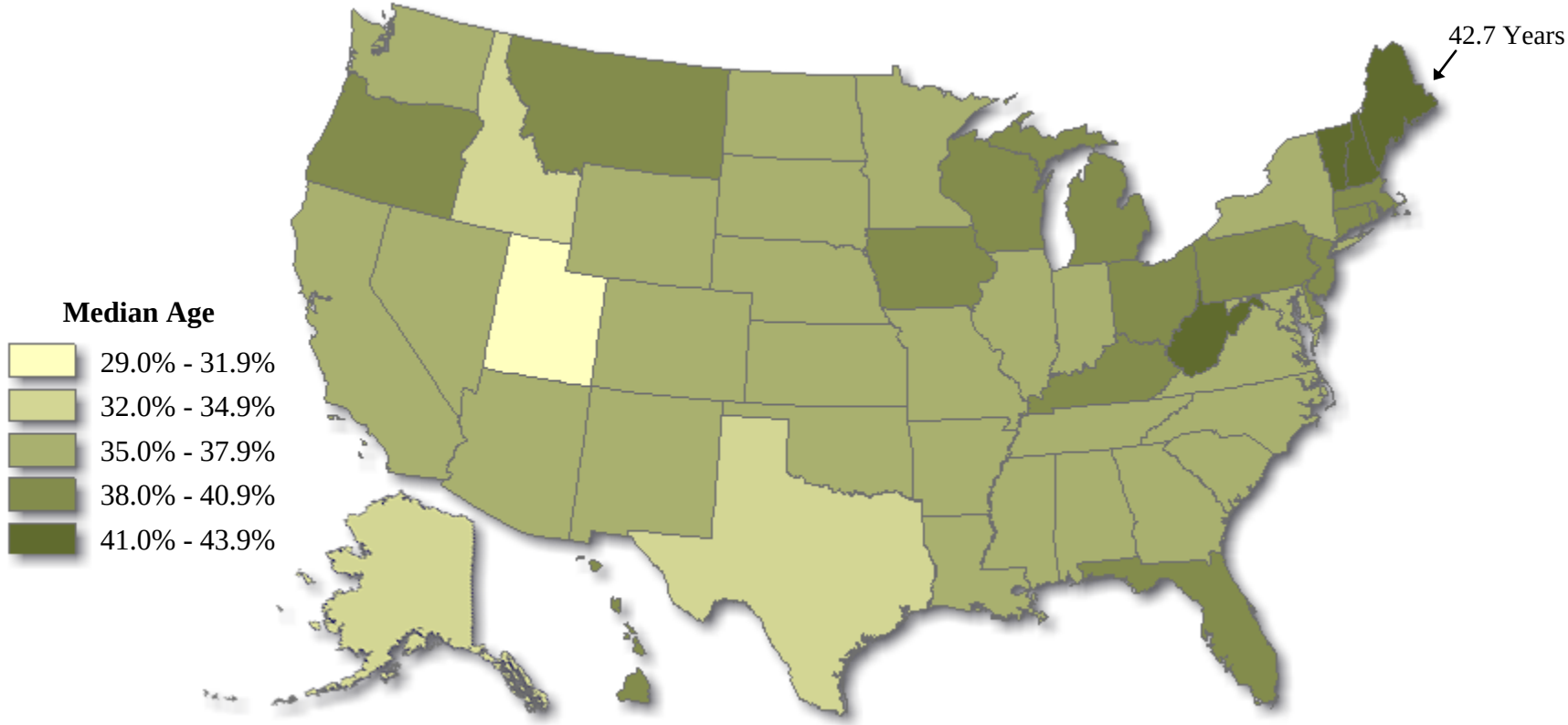
Figure 1-5
As a percent of total population, Maine's 65-and-above age group continues to grow at a faster rate than New England's or the rest of the nation.



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 65-or-above age group's share of Maine's total population grew by 1.5 percentage points between 2000 and 2010, and is projected to grow by another 5.6 percentage points between 2010 and 2020. The same age group's share of the total U.S. population grew by only 0.6% between 2000 and 2010, and is projected to grow by only 3.1% between 2010 and 2020. By 2025, the percent of people over 65 in Maine is projected to be 24.7%, remaining higher than New England and the nation.

Sources: © 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM. U.S. Census 2010, Summary File 1, Quick Table P1, Age Groups and Sex

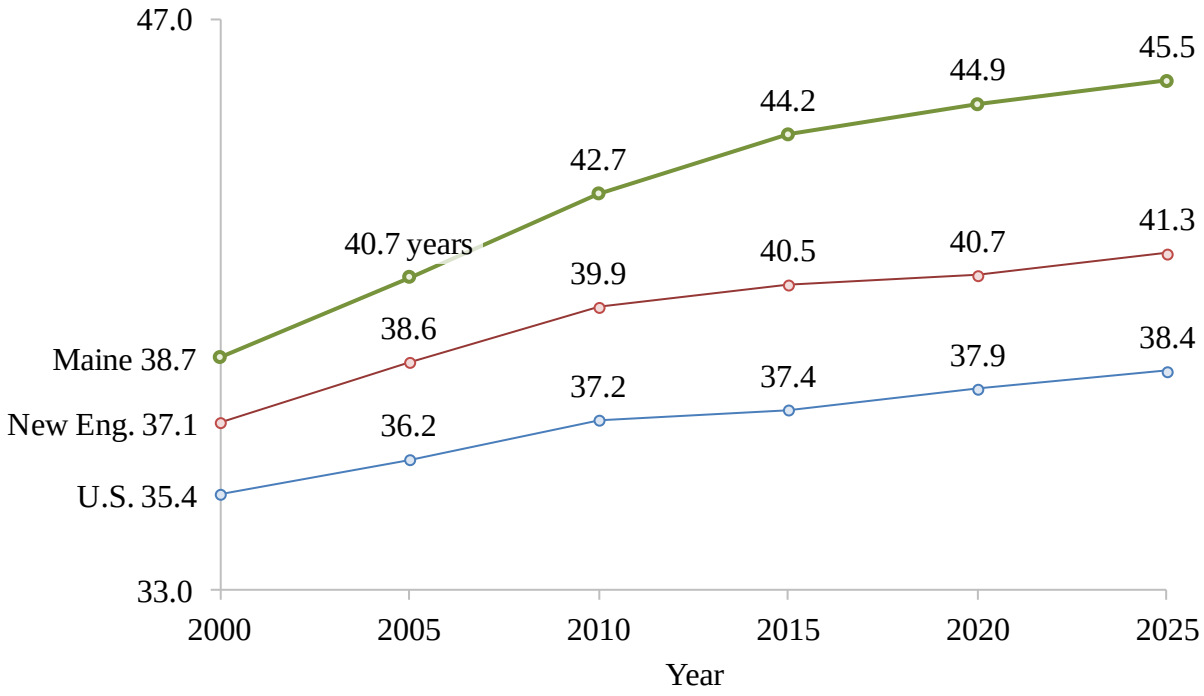
Figure 1-6
Maine had the highest median age of any state in 2010



Maine's median age of 42.7 years made it the oldest state in the country in 2010, followed by Vermont at 41.5 years, Florida at 41.3 and West Virginia at 40.6. Maine's median age was 5.5 years older than the national median of 37.2 years. Utah continued to have the lowest median age at 29.2 years.

Source: U.S. Census 2010, Summary File 1, Quick Table P1, Age Groups and Sex

Figure 1-7
Maine's median age is the highest in the United States, a trend that is projected to continue



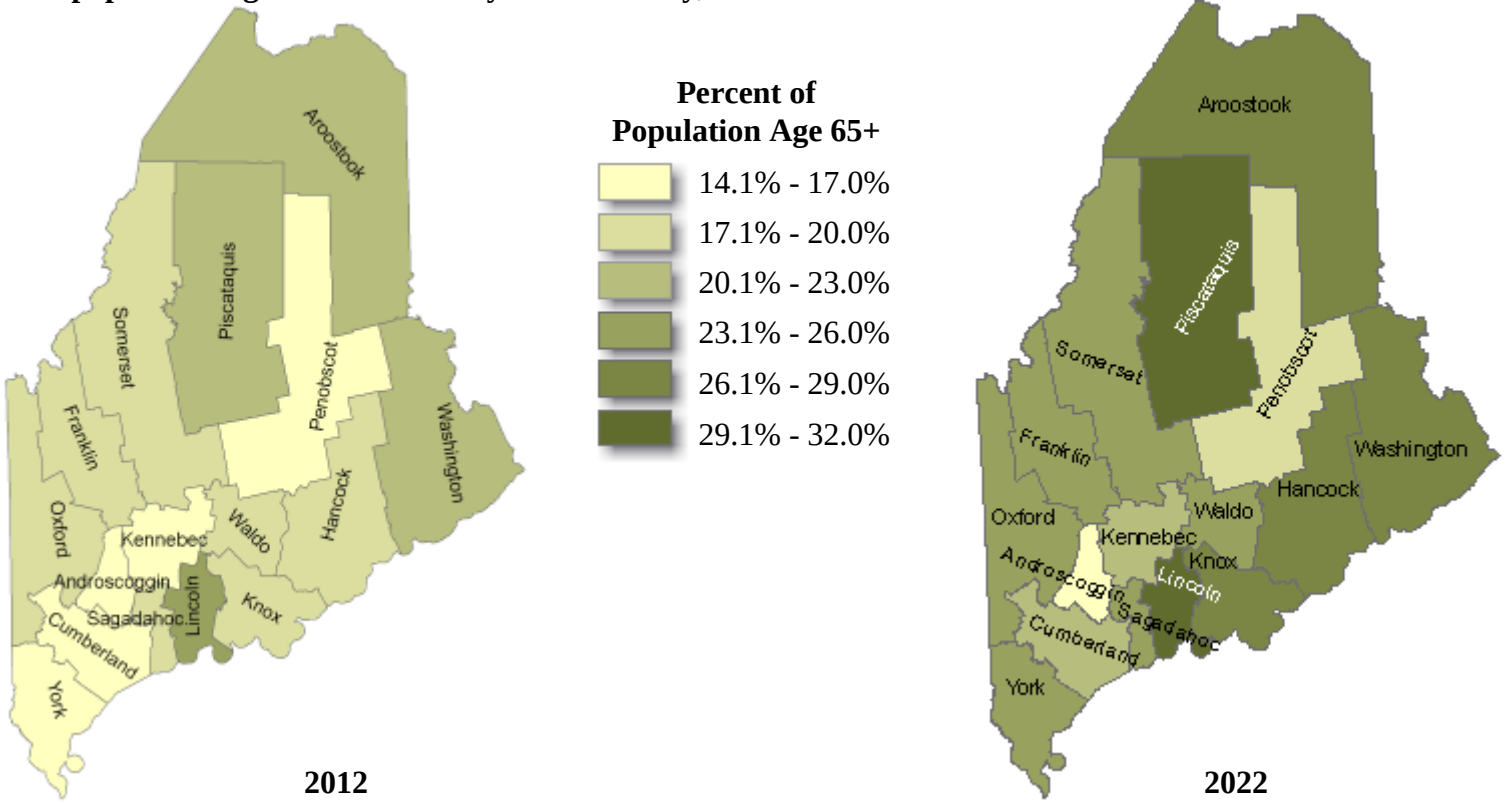
When measured by median age in the 2010 census, Maine, at 42.7 years, was the oldest state in the country compared to a national median age of 37.2. In addition to being the oldest state, between Census 2000 and Census 2010, Maine also aged faster than any other state. During those 10 years, Maine's median age rose by 4.1 years, more than twice as fast as the national median, which only rose by 1.8 years.

While the rate of change is projected to slow between 2010 and 2020, the Maine median age is still projected to rise faster than New England or the whole U.S. During that time, Maine's median age is projected to increase by 26 months, while the median ages for New England and the nation will each rise by only nine months.

Sources: © 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM. U.S. Census 2000 and Census 2010, Summary File 1, Quick Table P1, Age Groups and Sex

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

Figure 2-1
Percent of population age 65 and above by Maine county, 2012 to 2022



Lincoln County is estimated to have the state's highest percent of population age 65-or-above (23.1%) in 2012, while Piscataquis County ranks second oldest at 21.8%. Lincoln is projected to remain the oldest county in 2022, with 30.8% of its population at age 65+ (an increase of 7.8 percentage points), followed by Piscataquis County at 30.5% (up 8.7 percentage points).

In 2012, Androscoggin County, at 14.7%, had the lowest percent of population age 65+. By 2022, Androscoggin will remain the lowest, but its share of population age 65+ will have risen by 3.8 percentage points to 18.4%. Androscoggin is followed by Penobscot whose percent of population age 65+ will have risen from 15.0% in 2012 to 19.9% in 2022. A table of numbers for all counties can be found in Appendix A, Table A-3.

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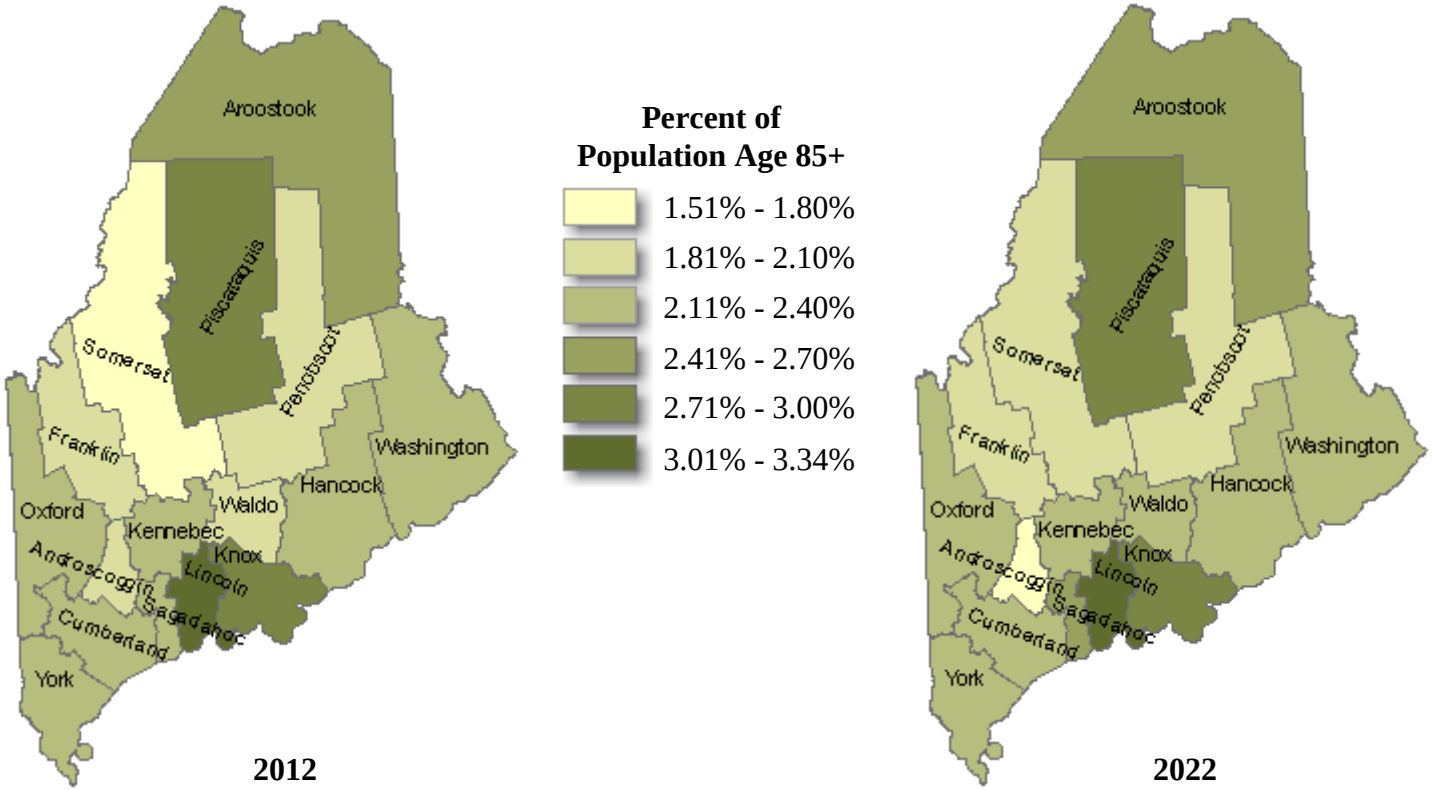
Figure 2-2
Percent of population age 85 and above by Maine county, 2012 to 2022



Although the size of Maine's age 85-plus population is projected to grow 9.1% between 2012 and 2022, this age group's share of overall population will only change from 2.2% of total population in 2012 to 2.3% in 2022. In 2012, Lincoln County (3.1%) and Knox County (2.9%) had the highest percent of population age 85 and above. Somerset County (1.9%) had the lowest share of persons age 85-and-above followed by Penobscot at 2.0%.

Over the next ten years, the 85+ age group will increase in 10 counties while losing its share of population in 6 others. The 85-and-above age group will rise to 3.3% of Lincoln's population, but its share of Androscoggin's total population will decline from 2.0% in 2012 to 1.7% in 2022.
The reader can find a table of projections for all counties in Appendix A, Table A-3

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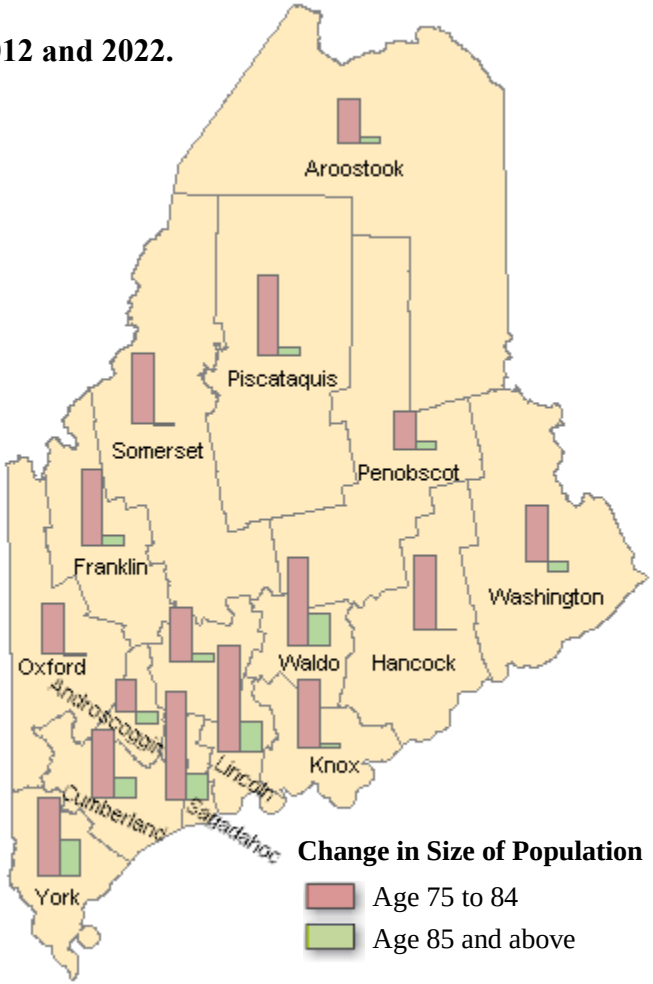
Figure 2-3
The forecast change in Maine's older population, by age groups, between 2012 and 2022.

County	Age Groups					
	65-74		75-84		85+	
Androscoggin	+4,215	+49%	+1,118	+22%	-173	-8%
Aroostook	+2,983	+38%	+1,344	+29%	+66	+4%
Cumberland	+15,497	+66%	+6,039	+46%	+907	+13%
Franklin	+1,443	+45%	+845	+51%	+46	+7%
Hancock	+3,275	+53%	+1,640	+50%	-2	-0%
Kennebec	+6,735	+61%	+2,257	+36%	+124	+5%
Knox	+2,484	+56%	+1,120	+46%	+29	+2%
Lincoln	+2,090	+45%	+1,677	+70%	+223	+20%
Oxford	+3,272	+56%	+1,104	+34%	-10	-1%
Penobscot	+6,272	+50%	+1,895	+25%	+185	+6%
Piscataquis	+1,006	+45%	+596	+53%	+25	+5%
Sagadahoc	+2,217	+59%	+1,305	+71%	+136	+17%
Somerset	+2,483	+46%	+1,308	+47%	-12	-1%
Waldo	+2,547	+62%	+1,216	+59%	+172	+21%
Washington	+1,454	+37%	+804	+38%	-53	-7%
York	+14,407	+78%	+5,393	+52%	+1,070	+24%
Maine	**+72,380**	**+58%**	**+29,661**	**+42%**	**+2,733**	**+9%**



Between 2012 and 2022, Cumberland and York counties are forecast to see the largest increases in number of persons in their older populations. Five counties are likely to see small declines in the size of their age 85-and-above population.

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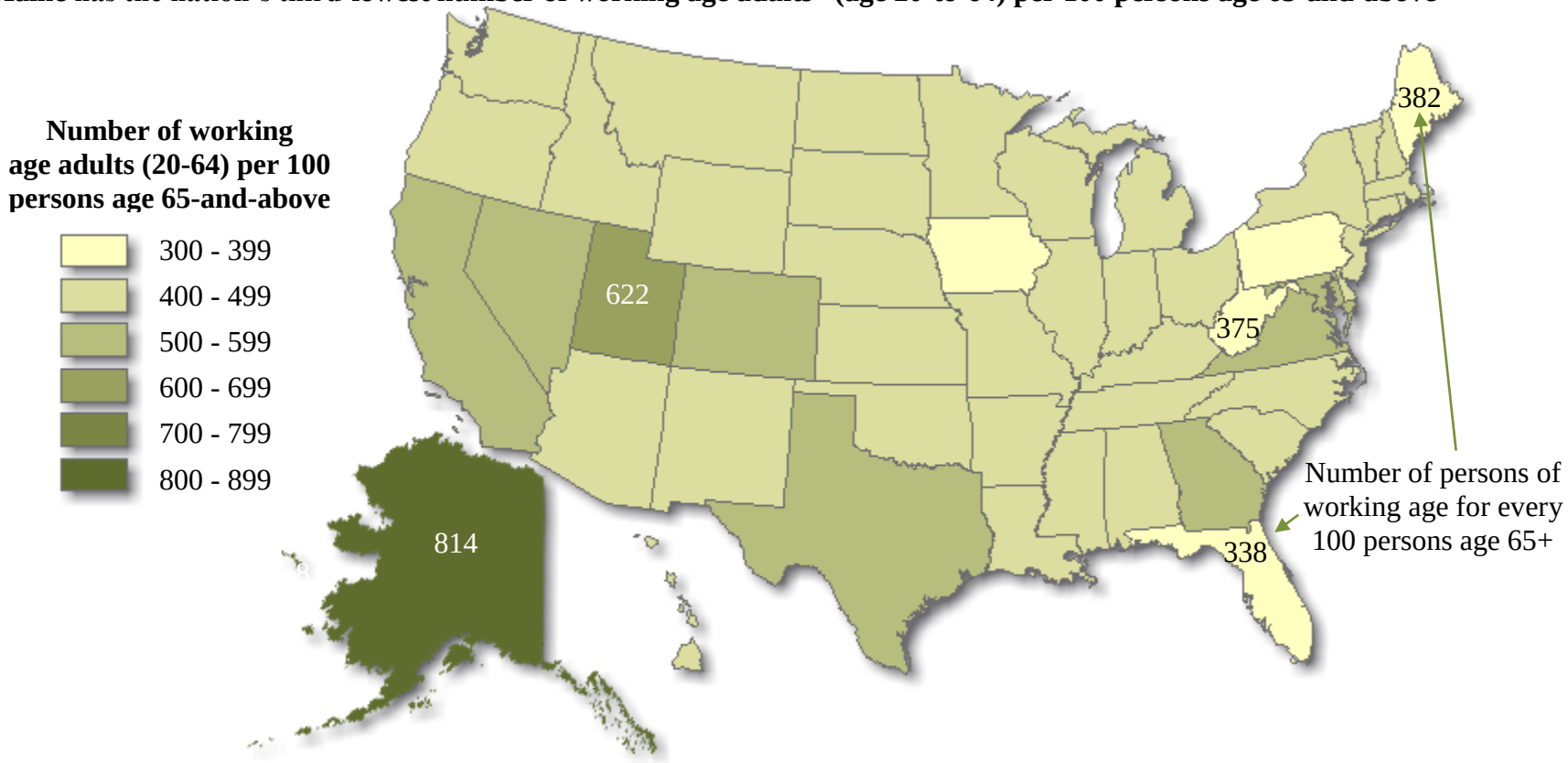
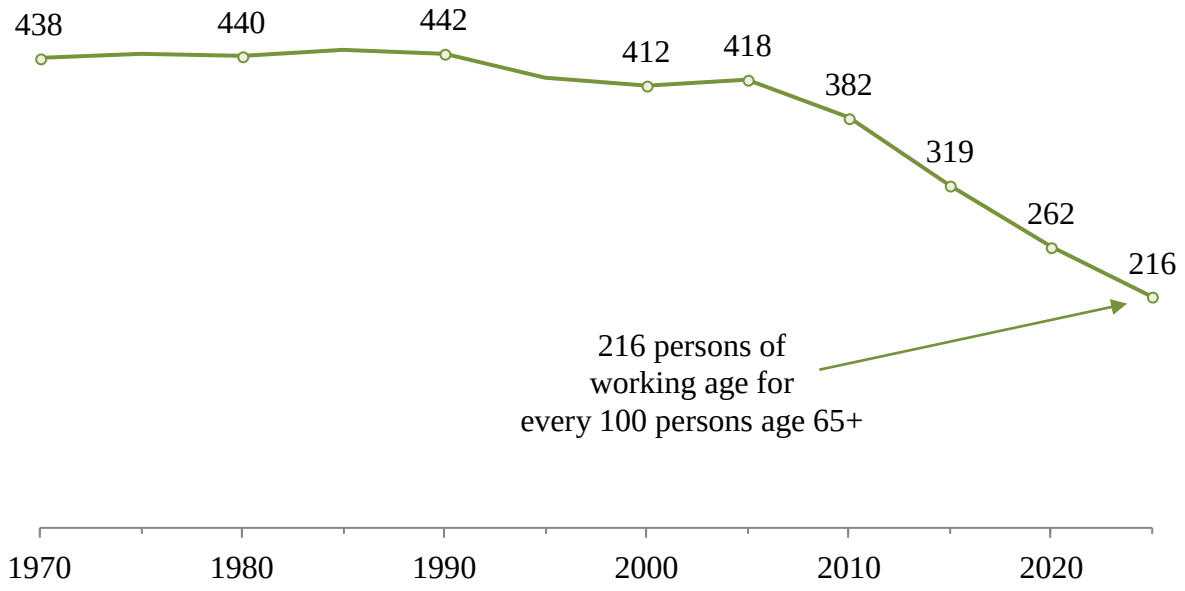
Figure 3-1
Maine has the nation's third-lowest number of working age adults* (age 20-to-64) per 100 persons age 65-and-above



In 2010, Maine had 382 working age adults for each 100 persons age 65-or-above. All but two states had a higher ratio of working age to older adults. That means Maine had fewer working age adults to support or provide care for each older person.

Source: U.S. Census 2010, Summary File 1, Quick Table P1, Age Groups and Sex

Figure 3-2
Projected trend in Maine's elderly dependency ratio
The number of persons of working age (20-64) for each 100 persons age 65+



Although Maine's elderly dependency ratio held fairly steady from 1970 to 2005, it is projected to be in continuous decline through 2005 and beyond. This means Maine will have fewer working age adults to support or provide care for each older person.

In 2010, Maine had an estimated 382 working age persons (age 20-to-64) for every 100 persons age 65-or-above. By 2025, when the ratio is expected to reach 216 per 100, it will have fallen to less than half of what it had been in 1990.

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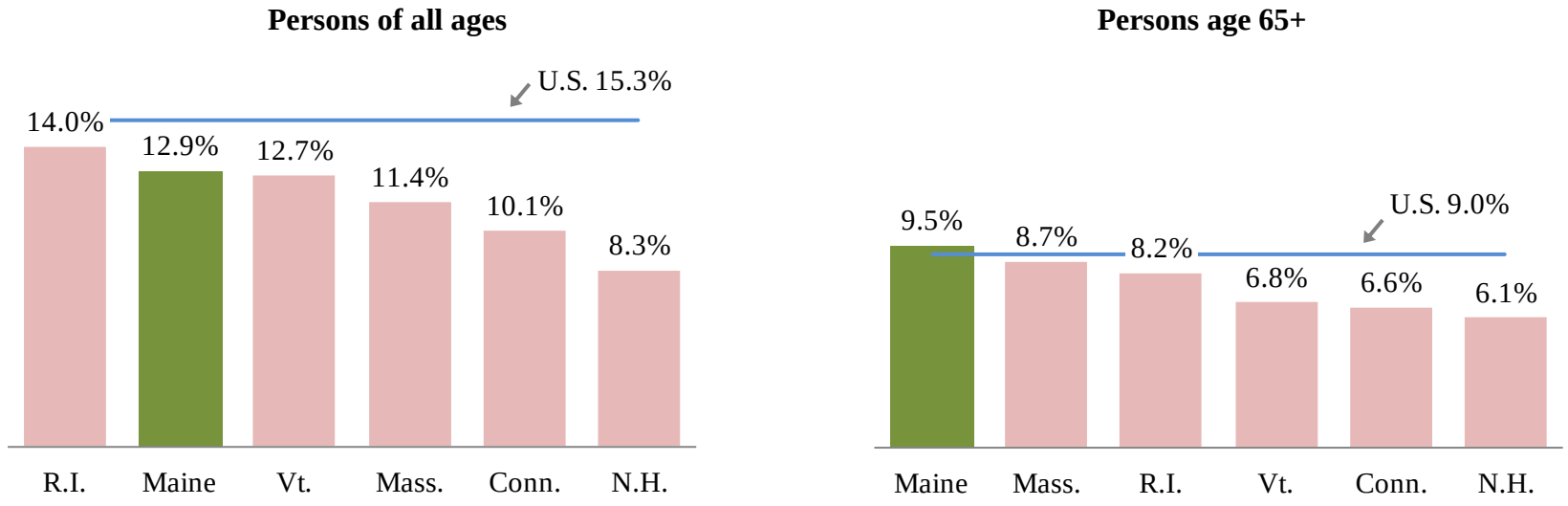
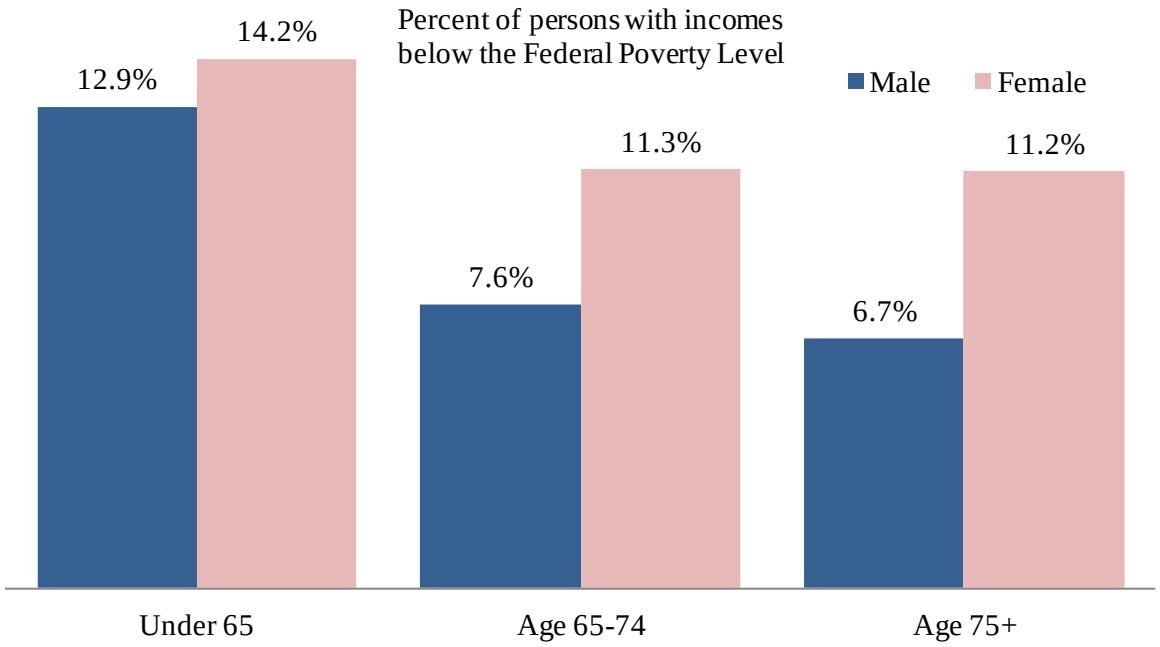
Figure 4-1
Percent of New England's population who had incomes below the federal poverty level (FPL) in 2010
(Limited to persons for whom poverty status could be determined)



Maine's population across all age groups had New England's second-highest poverty rate in 2010 (12.9%) and the highest poverty rate among persons age 65-and-above (9.5%). While every New England State had an overall poverty rate below the national average, Maine was the only New England State to have an elder poverty rate above the U.S. average. This differed from 2008, when Maine's 9.2% elder poverty rate was lower than the national average and lower than the rates for Rhode Island and Massachusetts. In fact, while Maine's elder poverty rate rose between 2008 and 2010, the elder poverty rate for all other New England States declined by a full percent or more.
.

Source: U.S. Census Bureau, American Community Survey One-Year Estimates for 2010, "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 2010



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 in 2010, the gap between poverty rates for men (12.9%) and women (14.2%) was 1.3%. However, women age 75-and-above (11.2%) were more than one-and-a-half times 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 and gender inequalities in the Social Security law, and other factors.*

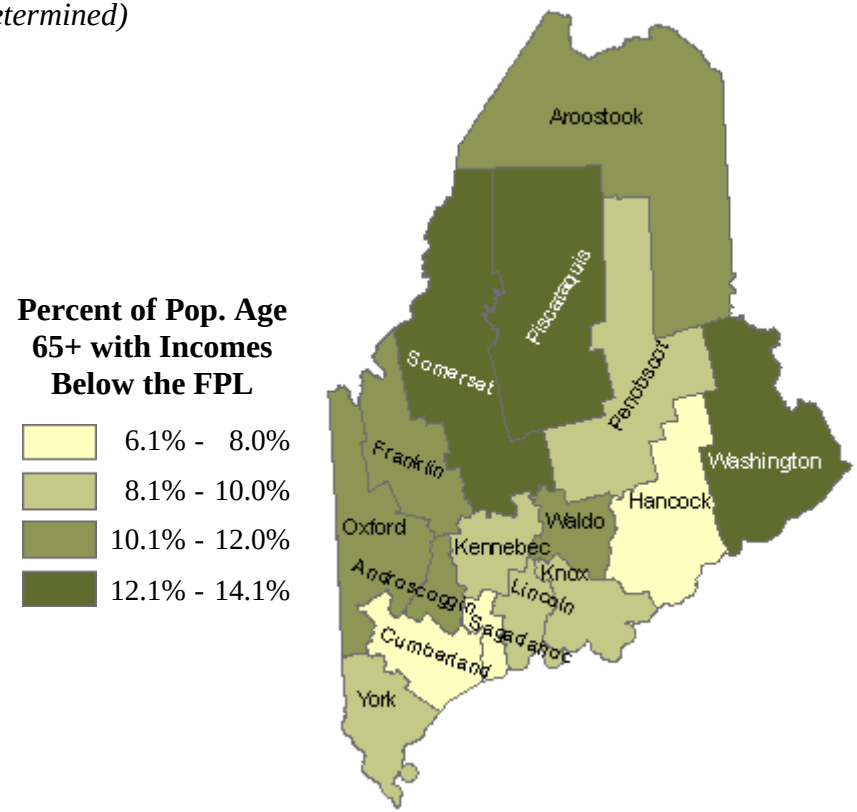
** Stone, Robyn I."The Feminization of Poverty Among the Elderly," Women's Studies Quarterly, v. 17 (Spring/Summer 1989) p. 20-34.*

Sources: U.S. Census Bureau, American Community Survey One-Year Estimates for 2010, "Poverty status in the past 12 months by sex by age"

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 2008 to 2010*
(Limited to persons for whom poverty status could be determined)

Table 4-1

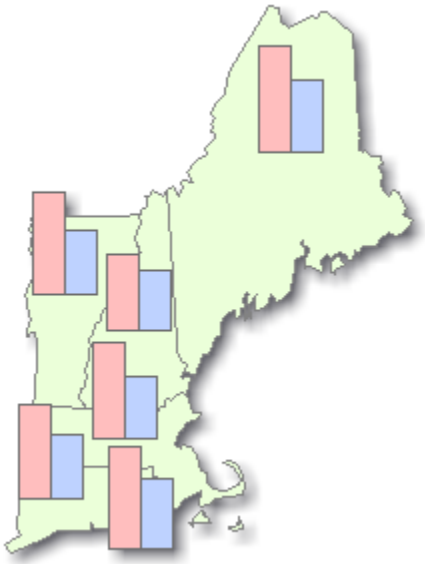
County	Percent of Pop. 65+ below FPL
Androscoggin	11%
Aroostook	10%
Cumberland	6%
Franklin	11%
Hancock	7%
Kennebec	10%
Knox	10%
Lincoln	10%
Oxford	12%
Penobscot	9 %
Piscataquis*	13%
Sagadahoc	8%
Somerset	14%
Waldo	12%
Washington	13%
York	8%



Between 2008 and 2010, Somerset County had a higher proportion of its older population living below the federal poverty level (14%) than any other county in Maine. Washington County (13%) had Maine's second highest prevalence of elder poverty. The lowest poverty rates among persons age 65-and-above were found along the coast in Cumberland (6%), Hancock (7%), Sagadahoc (8%) and York (8%) counties.

* Due to its small population, the Census Bureau did not publish a 3-year estimate for Piscataquis County, so its 2006-2010, 5-year estimate appears instead.
Source: U.S. Census Bureau, American Community Survey 3-Year Estimates for 2008 to 2010 and 5-Year Estimates for 2006 to 2010

Figure 4-4
Disability and poverty: Percent of persons age 65 or above with a disability* in New England, by federal poverty status, single-year estimates for 2010



Disability rate for persons age 65+ with:

Incomes below FPL

Incomes at or above FPL

Table 4-2: Percent of persons reporting that they had a disability in 2010

	Conn.	**Maine**	Mass.	N.H.	R.I.	Vt.	N. Eng.	U.S.
Persons age 65+ with:								
Incomes below the FPL	47%	**54%**	48%	39%	52%	52%	49%	51%
Incomes at or above FPL	32%	**36%**	32%	31%	35%	32%	32%	35%
All persons age 65+	33%	**38%**	33%	32%	37%	34%	34%	37%

Example: Among Mainers age 65-and-above, 54% of those with incomes below the FPL reported having a disability, while only 36% 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 the non-military, non-institutional population, age 65-or-above, who reported on Census Bureau surveys in 2010 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.

In Maine and in New England as a whole, persons who had incomes below the FPL were about 1½ times as likely to report having a disability than persons who had incomes at-or-above the FPL.

Source: U.S. Census Bureau, American Community Survey 2010 1-year estimates of age by disability status by poverty status

* 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 non-military, non- institutionalized persons for whom poverty status could be determined.

Figure 4-5

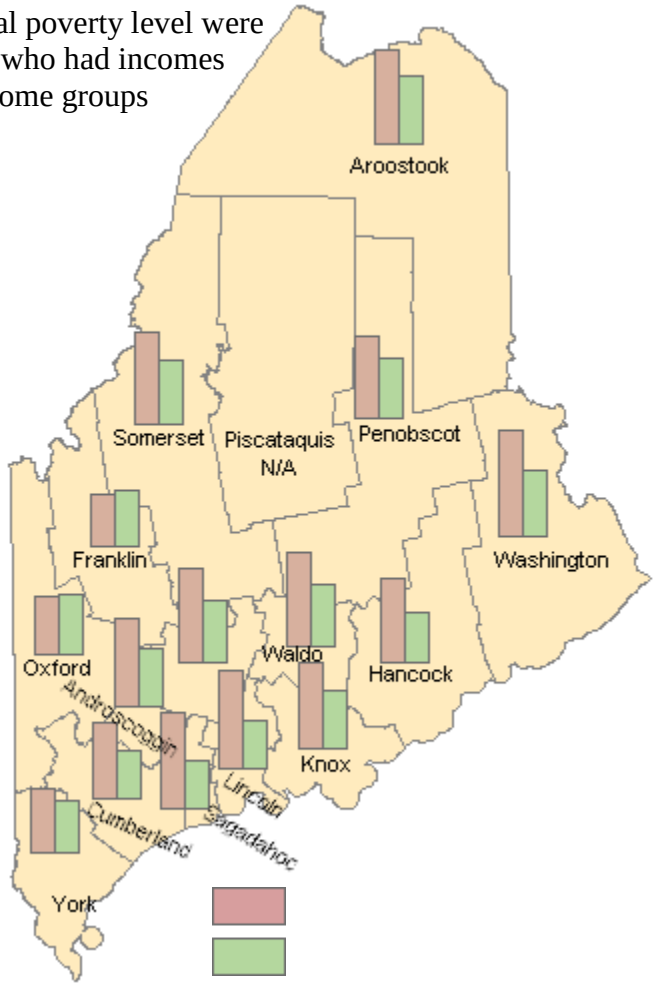
Percent of persons age 65+ with a disability* by income group, 3-year estimates by county for 2008 to 2010

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

Table 4-3: The percent of the age 65+ population that had a disability, by income group

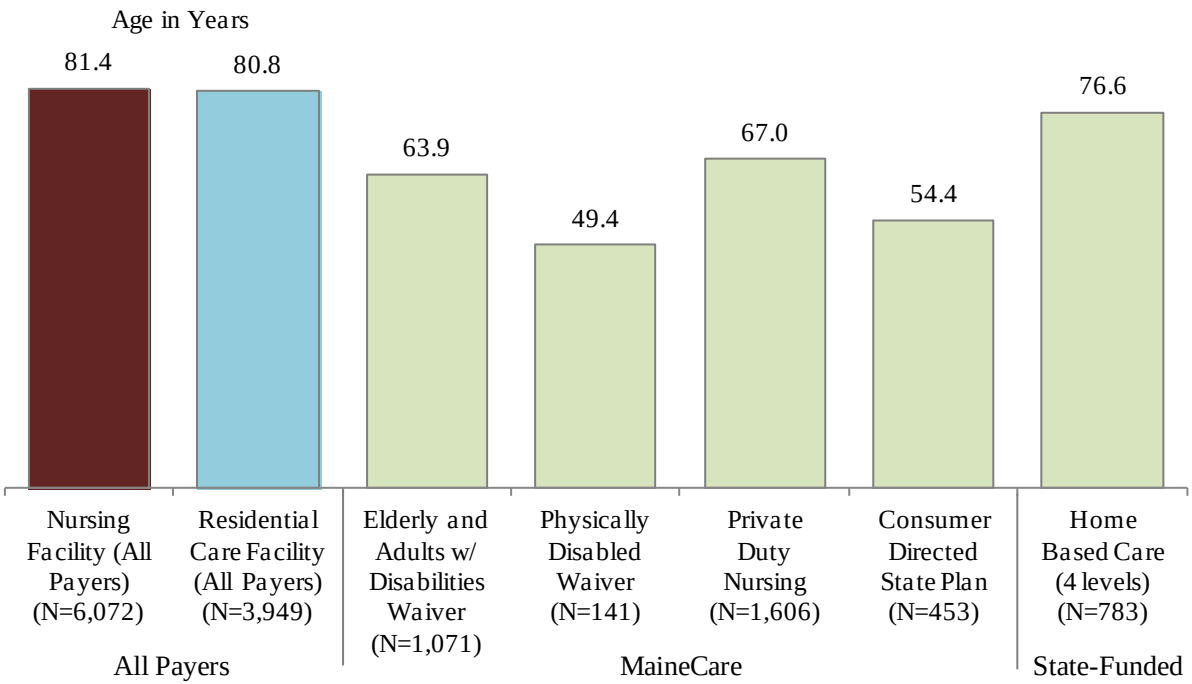
County	Persons with 12-month incomes:	
	Below the federal poverty level	At or above the federal poverty level
Androscoggin	59%	39%
Aroostook	63%	45%
Cumberland	50%	32%
Franklin	35%	38%
Hancock	57%	33%
Kennebec	62%	41%
Knox	57%	38%
Lincoln	65%	32%
Oxford	39%	40%
Penobscot	55%	40%
Piscataquis	n/a	n/a
Sagadahoc	63%	32%
Somerset	61%	43%
Waldo	63%	41%
Washington	71%	44%
York	42%	35%
Statewide	54%	36%

Source: U.S. Census Bureau's American Community Survey for 2008 to 2010



* 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 non-military, non-institutionalized persons for whom poverty status could be determined.

Figure 5-1
Average age of Maine long term care users by setting SFY 2010*

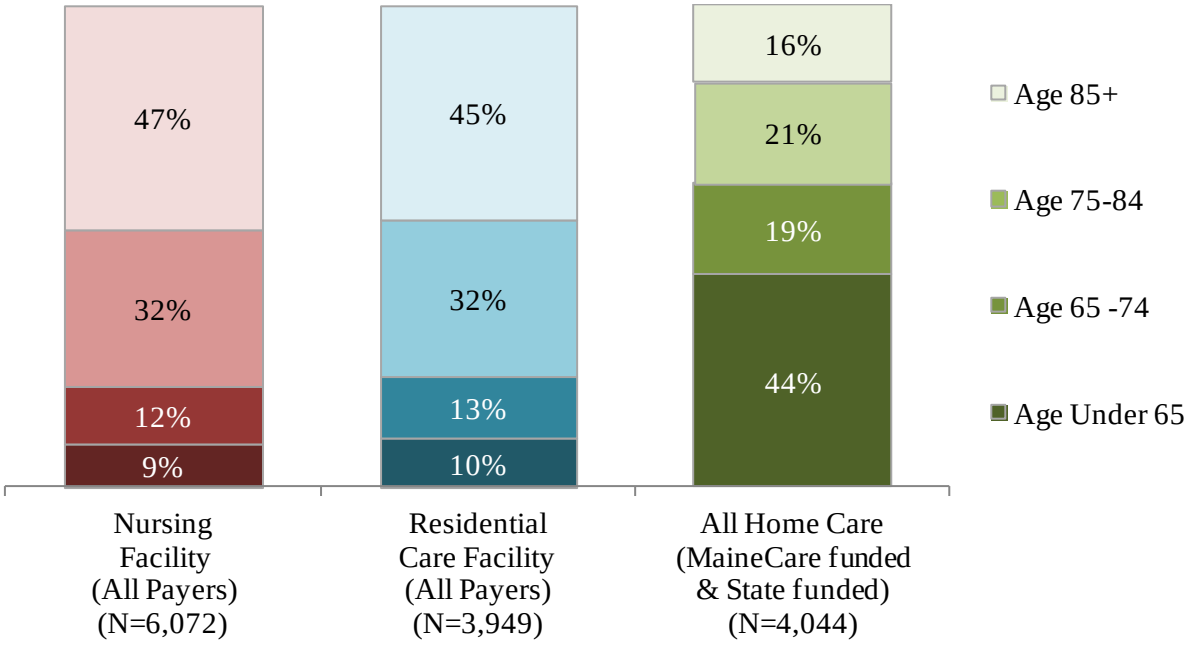


The residents of Maine nursing facilities and case mix residential care facilities† had a similar average age of 81.4 and 80.8, respectively. MaineCare users of home care services and participants in the state-funded Home Based Care program tended to be younger. Users across the four levels of the Home Based Care program had an average age of 77 years. MaineCare users of Private Duty Nursing averaged 67 years old. Members of the Elderly and Adults with Disabilities Waiver program had an average age of 64. The average age for Consumer Directed State Plan services was 54. 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 3/15/2010. All home care data based on the last SFY 2010MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.*

† *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 2010*



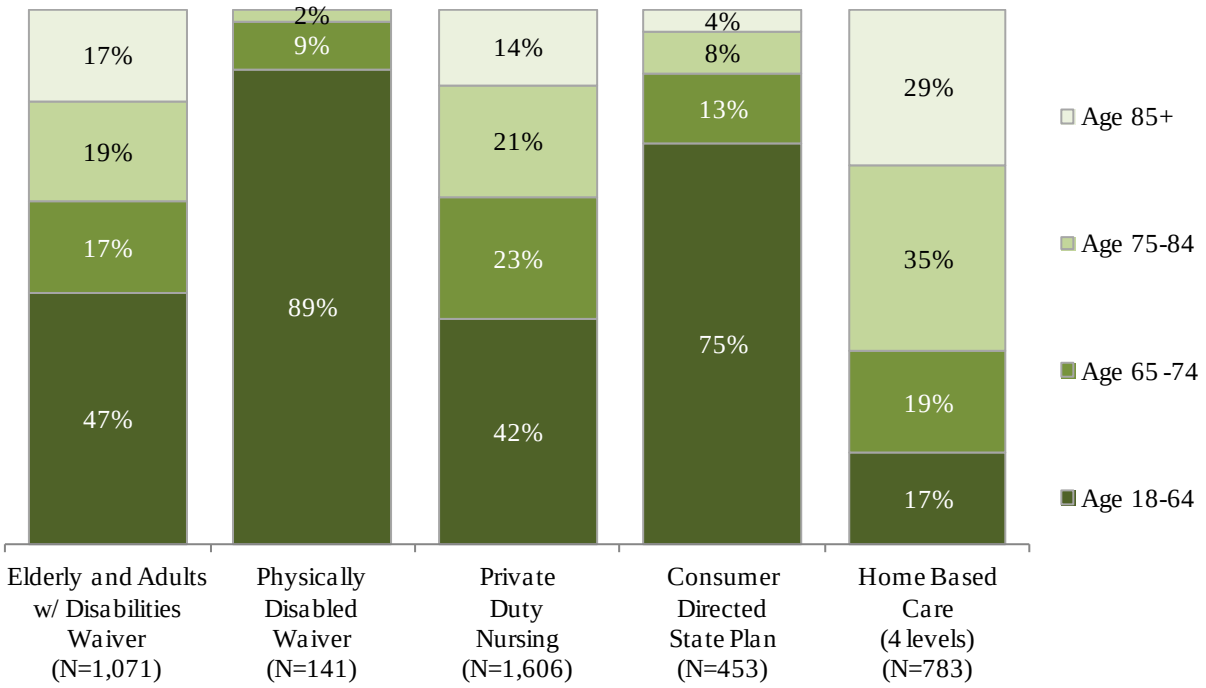
In SFY 2010, close to half of all Maine nursing facility residents and case mix residential care† residents were age 85-or-above. MaineCare and state-funded home care service users on average tended to be younger with only 16% at age 85-and-above and 40% at age 65-84. A full 44% of MaineCare and state-funded home care users were below the age of 65, while the same was true for only 9% of nursing home residents and 10% 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 3/15/2010. All home care data based on the last SFY 2010 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.*

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

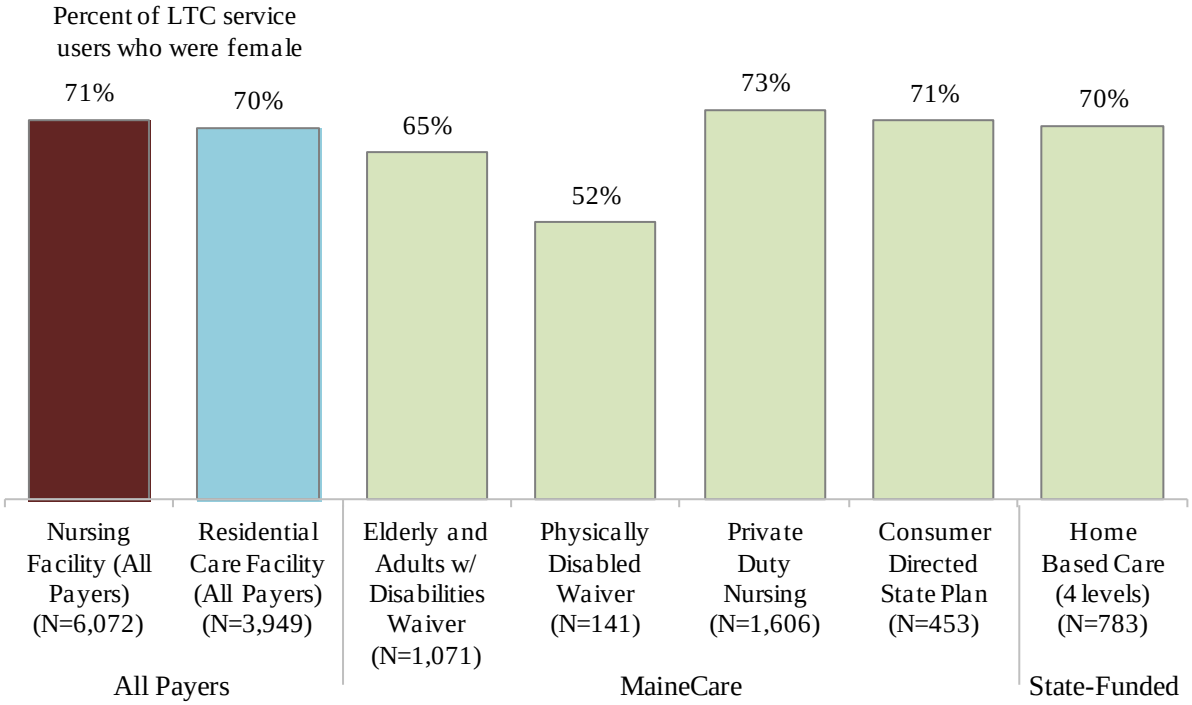
Figure 5-3
Age distribution of the users of MaineCare and state-funded long term care services by program, SFY 2010



In SFY 2010, 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. Slightly less than one-third (29%) of all persons served by the state-funded Home Based Care program (levels I through IV) were age 85-or-above. The Physically Disabled Waiver and the Consumer Directed State Plan programs serve younger populations; 89% of those on the Physically Disabled Waiver and 75% of those served by the Consumer Directed State Plan were between age 18 and 65. More than half of the people served on the Elderly and Disabled Waiver and the Private Duty Nursing program are over age 65.

* *All home care data based on the last SFY 2010 MED assessment for each person who had an assessment for any home care service during the fiscal year.*

Figure 5-4
Proportion of Maine LTC service users who were female by setting, SFY 2010*

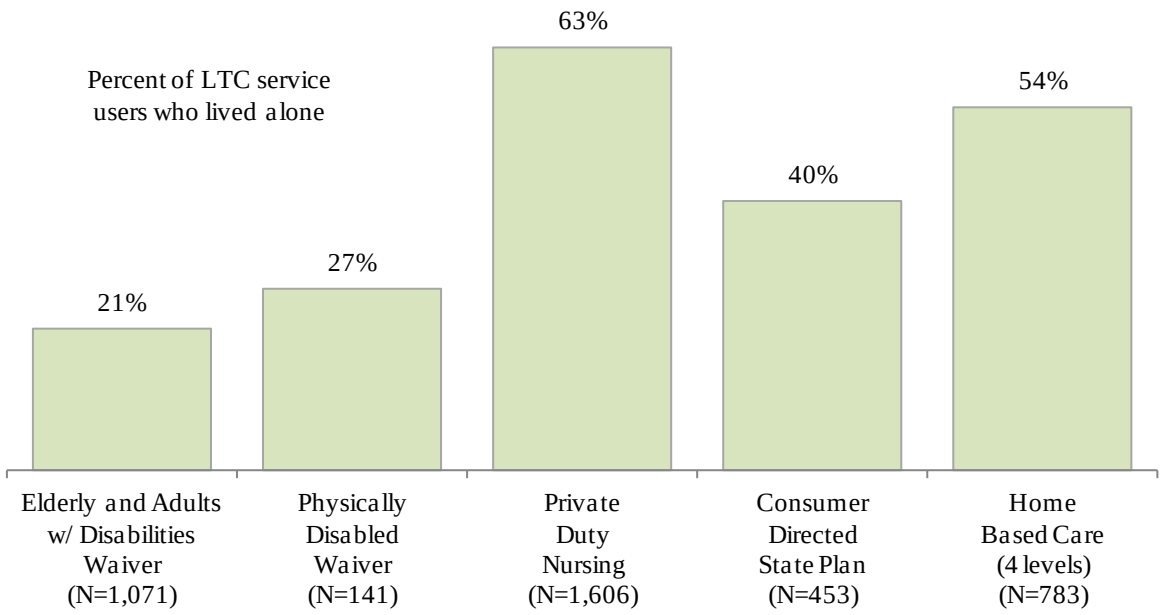


Long term service users are predominantly female. Seventy percent or more of nursing facility residents, case mix residential care residents,[†] MaineCare Private Duty Nursing users and state-funded Home Based Care service users were female. Women accounted for about two-thirds of participants in the 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 3/15/2010. We used a point-in-time count of nursing facility and residential care residents as of 3/15/2010. All home care data based on the last SFY 2010 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.*

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

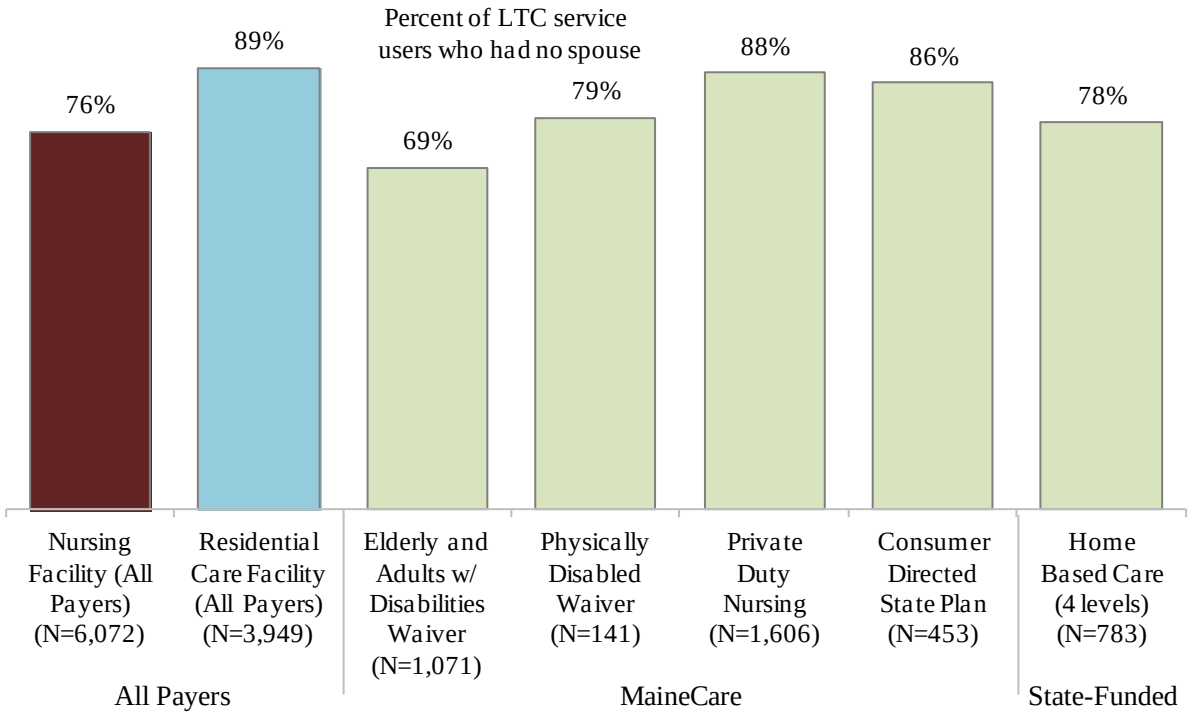
Figure 5-5
Proportion of Maine LTC service users who lived alone, by program, SFY 2010*



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 participants (levels I through IV) lived alone. Twenty-seven percent of Physically Disabled waiver participants, and 21% of Elderly and Adults with Disabilities waiver participants lived alone, as did 40% of participants in the Consumer Directed State Plan program.

* *All home care data based on the last SFY 2010 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.*
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 2010*



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 married.

* *We used a point-in-time count of nursing facility and residential care residents as of 3/15/2010. All home care data based on the last SFY 2010 MED assessment for each person who had an assessment for any home care service during the fiscal year. Private Duty Nursing includes Levels I, II, III for adults only.*

† *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 2010*

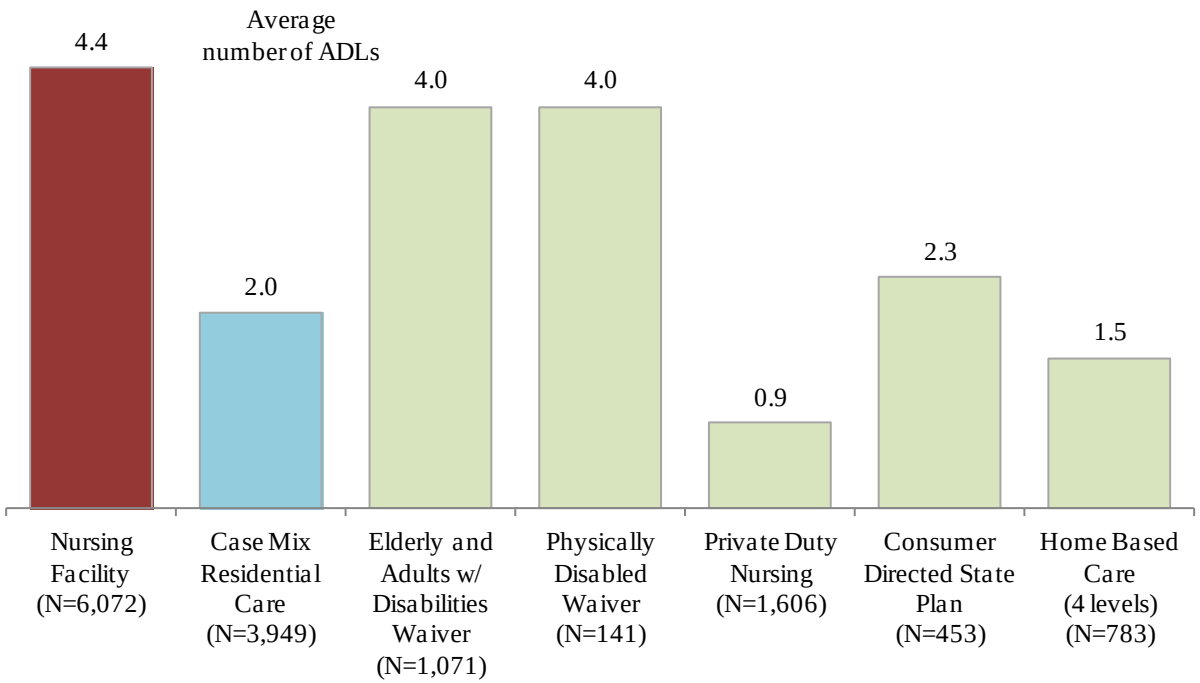
Diagnosis	Nursing Facility (All Payers) (N=6,072)	Case Mix Residential Care Facility† (All Payers) (N = 3,949)	All Home Care (MaineCare & State-Funded) (N=4,044)
Hypertension	62%	69%	64%
Depression	59%	42%	48%
Any Dementia	57%	47%	14%
Arthritis	35%	23%	57%
Diabetes	31%	29%	37%
Osteoporosis	28%	23%	22%
Anemia	29%	21%	15%

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 3/15/2010. All home care data based on the last SFY 2010 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
Average number out of five Activities of Daily Living† (ADLs) requiring supervision or greater levels of assistance, among users of different long term service programs, SFY 2010.



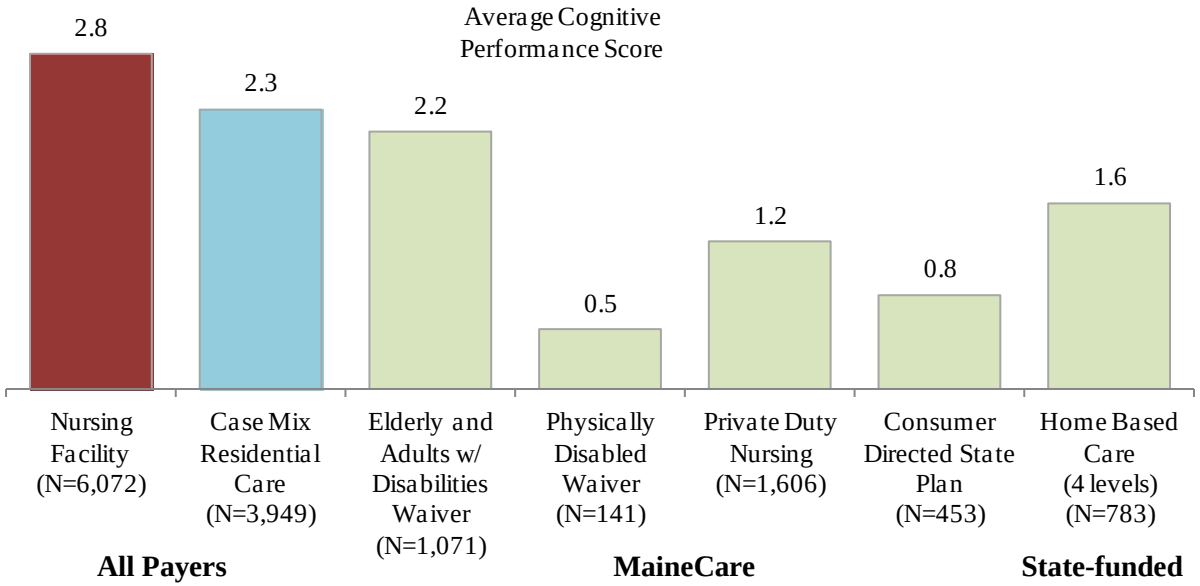
Nursing facility residents required supervision or hands-on assistance with an average of 4.4 ADLs. Those in case mix residential care facilities required supervision or assistance with an average of 2 ADLs. Those served in the Elderly and Disabled Waiver and the Physically Disabled Waiver both required assistance with an average of 4.0 ADLs.

Source: The ADL counts for nursing facilities and residential care were based on each resident's most recent assessment as of 3/15/2010. All home care data based on the last SFY 2010 MED assessment for each home care user throughout the fiscal year.

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

‡ *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 2010
(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 2010, residents in nursing facility had the highest average cognitive performance score (2.8).

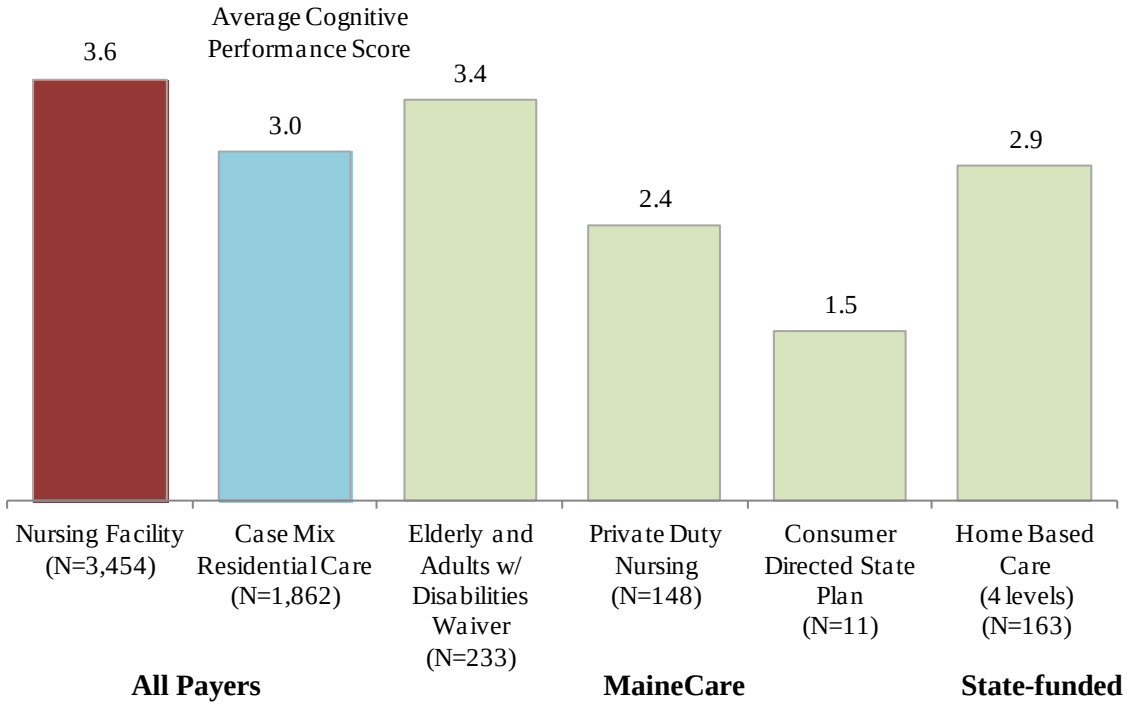
Case mix residential care† residents and participants in the MaineCare Elderly and Adults with Disabilities waiver program were somewhat close behind with scores of 2.3 and 2.2, respectively.

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 3/15/2010. All home care data based on the last SFY 2010 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 6-3
Average cognitive performance score* for Maine long term service users with dementia, by setting, SFY 2010



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

In 2010, residents with dementia in nursing facility had the highest average cognitive performance score (3.6).

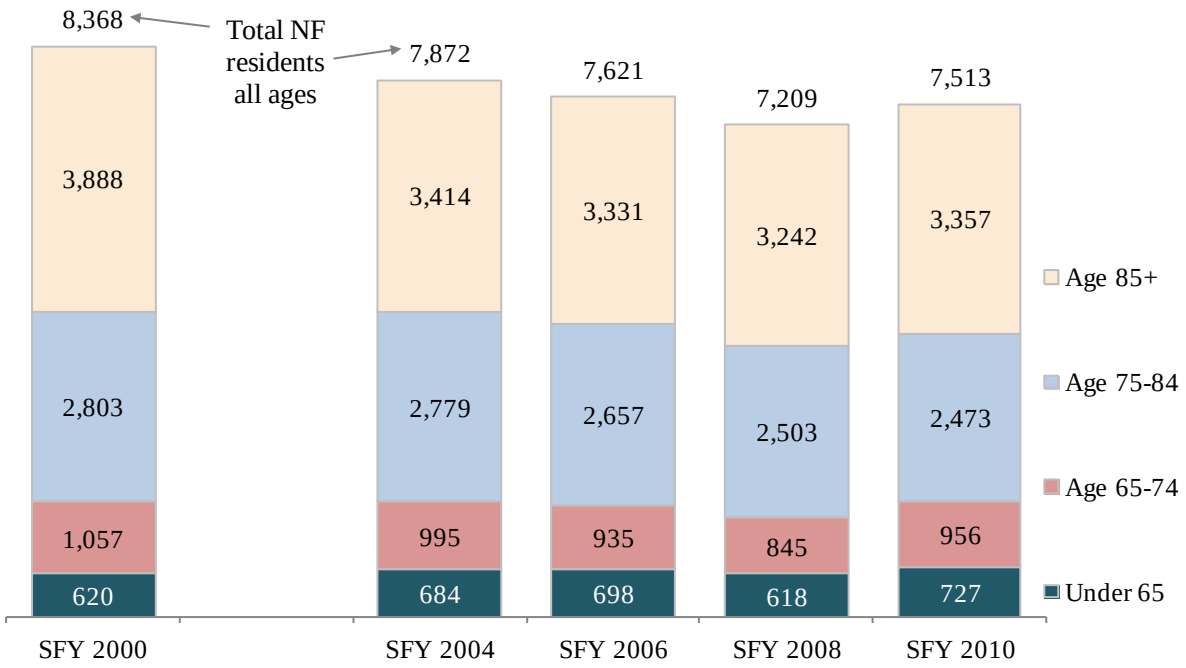
Case mix residential care† residents with dementia and participants with dementia in the MaineCare Elderly and Adults with Disabilities waiver and state-funded Home Based Care programs were somewhat close behind with scores of 3.0, 3.4, and 2.9 respectively.

Persons with dementia who were users of other MaineCare 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 3/15/2010. All home care data based on the last SFY 2010 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.*

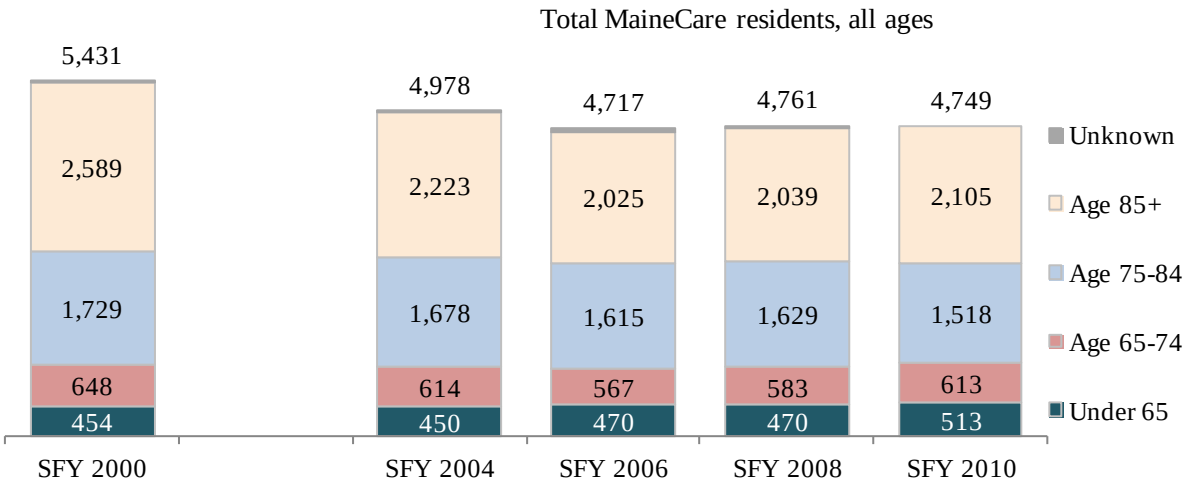
Figure 7-1
Maine's average monthly number* of nursing facility residents (all payers) declined steadily from SFY 2000 through SFY 2008 then increased in 2010.



The average monthly number of people in Maine nursing homes declined steadily across all age groups between SFY 2000 and SFY 2008 and increased slightly in 2010. From 2000 to 2010, the total average monthly number of users fell by 855 (10.2%). Most of this decline was within the 85+ age group, whose numbers decreased by 531 or by 13% of their year 2000 total.

Source: MDS data for SFY 2000 to SFY 2010.
* *"Average monthly users" represents a 12-month average of each month's unduplicated count of the number of nursing facility residents.*

Figure 7-2
The average monthly number* of MaineCare members who were nursing facility residents declined between 2000 and 2006 and then leveled off.



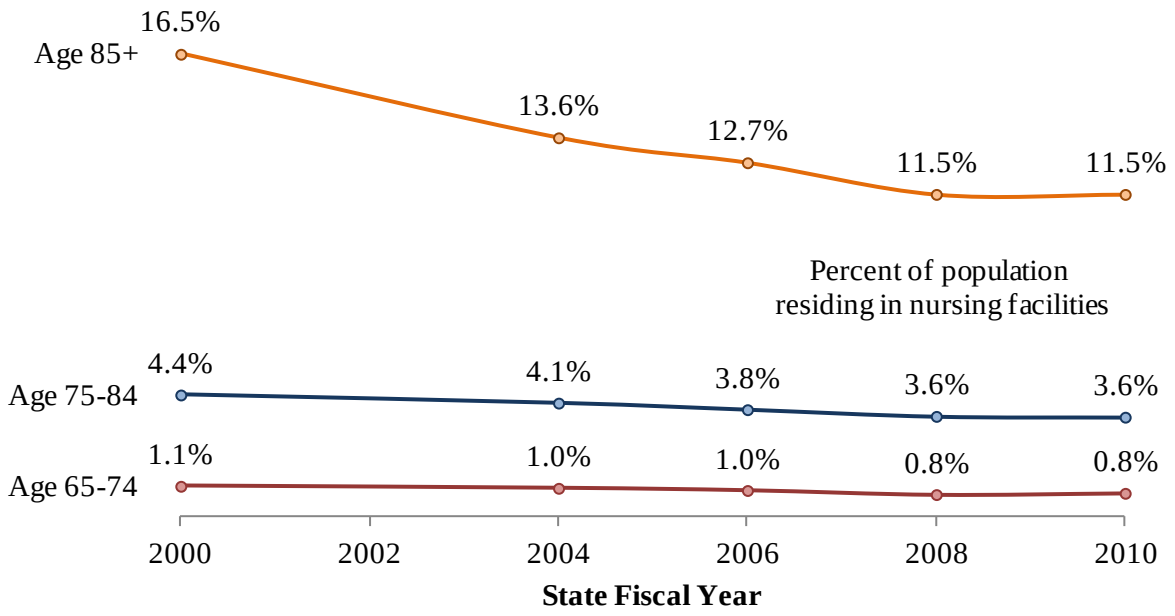
The average monthly number of MaineCare nursing facility residents was 682 (13%) lower in SFY 2010 than it had been in SFY 2000. All of the decline occurred between SFY 2000 and SFY 2006, and then the average monthly number of MaineCare nursing facility residents remained nearly unchanged between SFY 2006 and SFY 2010.

Between SFY 2000 and SFY 2010, the greatest decline occurred within the 85-and-above age group, whose average monthly number decreased by 484 residents (19%). During the same ten years, the average monthly number of residents in the 65-74 age group decreased by 211 or 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. Claims for SFY 2008 incurred and paid as of 4/17/09. Claims for SFY 2010 incurred and paid as of 5/30/2011.

* *"Average monthly users" represents a 12-month average of each month's unduplicated count of the number of nursing facility residents..*

Figure 7-3
The number of Maine nursing facility residents (all payers) as a percent of population by age group declined steadily across all age groups from 2000 to 2008 and then leveled out in 2010

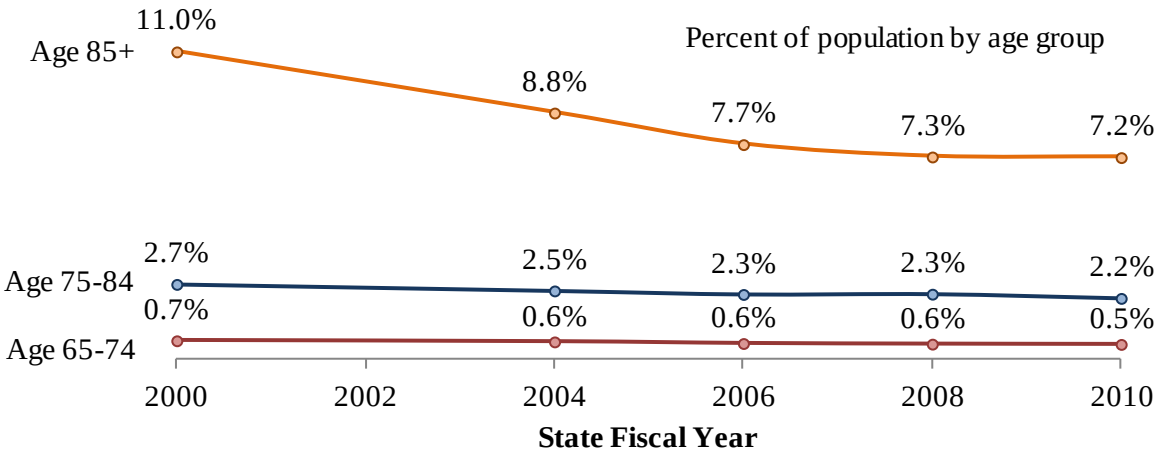


People of all ages are less likely to use nursing facilities today than they were in 2000. Between SFY 2000 and SFY 2008 the percent of Maine's population over age 85 in nursing facilities fell from 16.5% to 11.5% and remained level between 2008 and 2010. Similar declines were observed in all age groups.

Source: © 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM."

Note: Some of the rates displayed above for SFY 2004 to SFY 2008 differ from earlier editions of the Chartbook, due to updated population estimtes in the 2012 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 2010



In 2000, the average monthly number* of MaineCare members who were age 85-and-above and residing in nursing facilities represented 11.0% 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%; and by 2010 this had declined further to 7.2%.

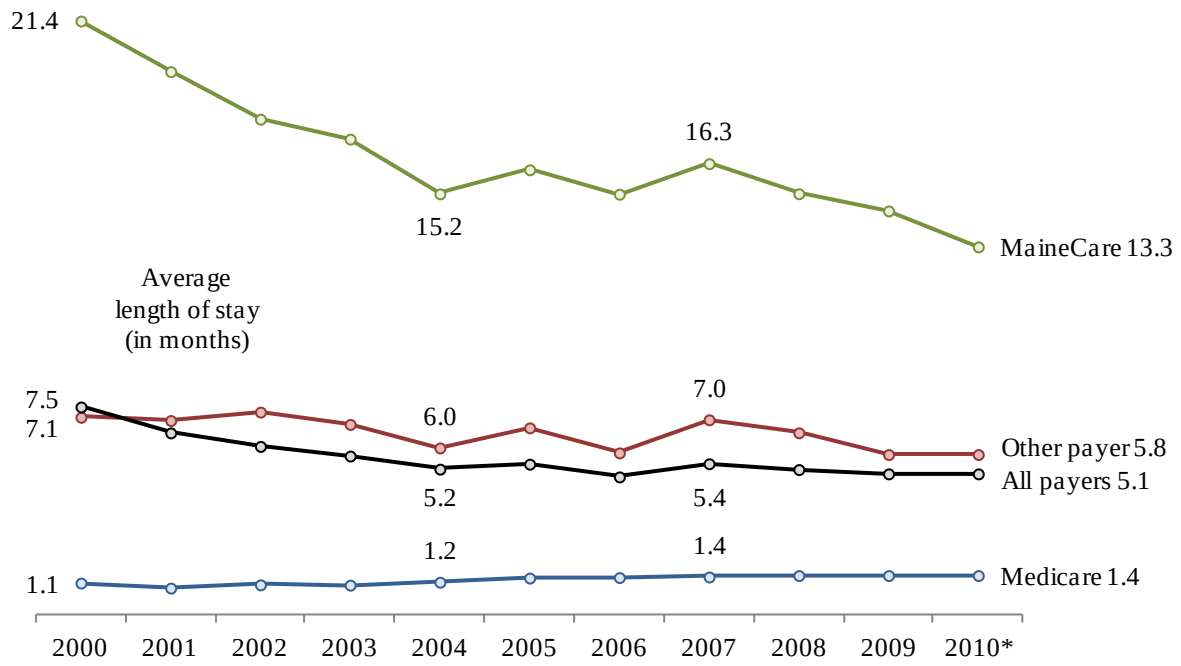
---

* *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of nursing facility residents.*

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. Claims for SFY 2010 incurred and paid as of 5/30/2011.
© 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM."

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 estimates and projections in the 2011 edition of the Woods and Poole Economics population profile.

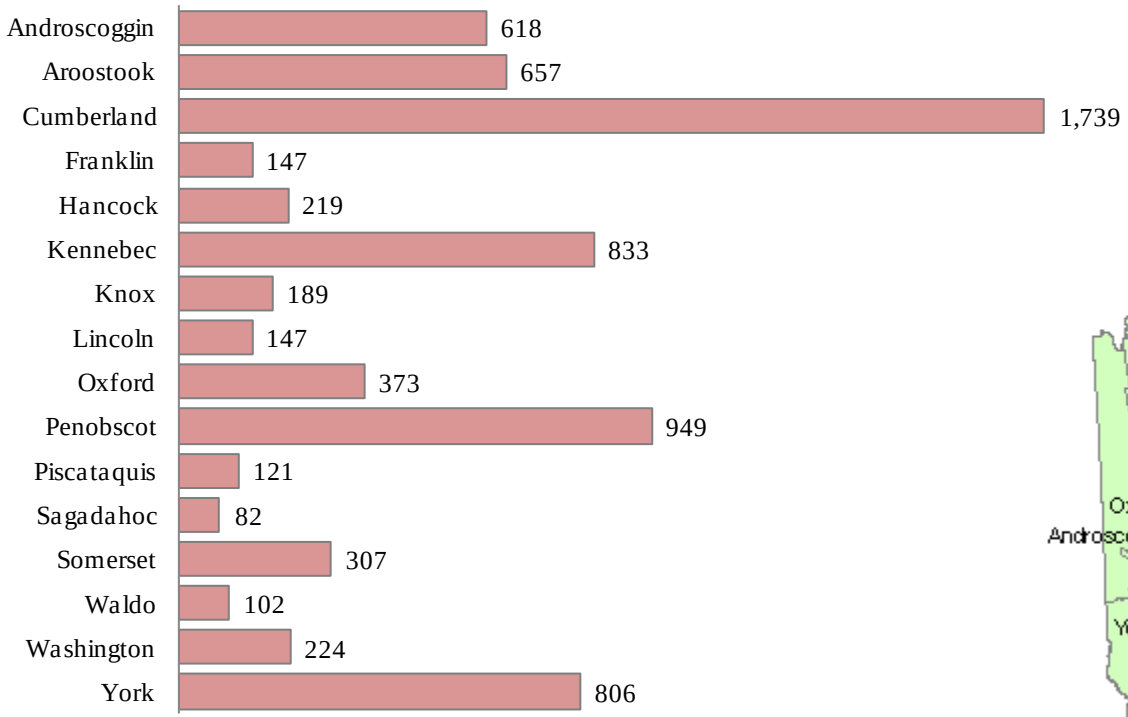
Figure 7-5
Changes in the average length of stay for Maine nursing facility residents, by payer, 2000 to 2010.



Between 2000 and the first nine months of 2010, the average length of stay for MaineCare residents declined by 8.1 months while the average length of stay for Medicare residents increased by 9 days. The average length of stay across all payers declined by close to 2½ months.

Sources: Maine Dept. of Health and Human Services, "QR-NF16: Length of Stay by RUG Group 5.01", Oct. 12, 2010
Length of stay is based on resident discharge data. It is calculating by subtracting the resident's admission date from his or her discharge date.
**Data for 2010 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 2010 (N=7,513)



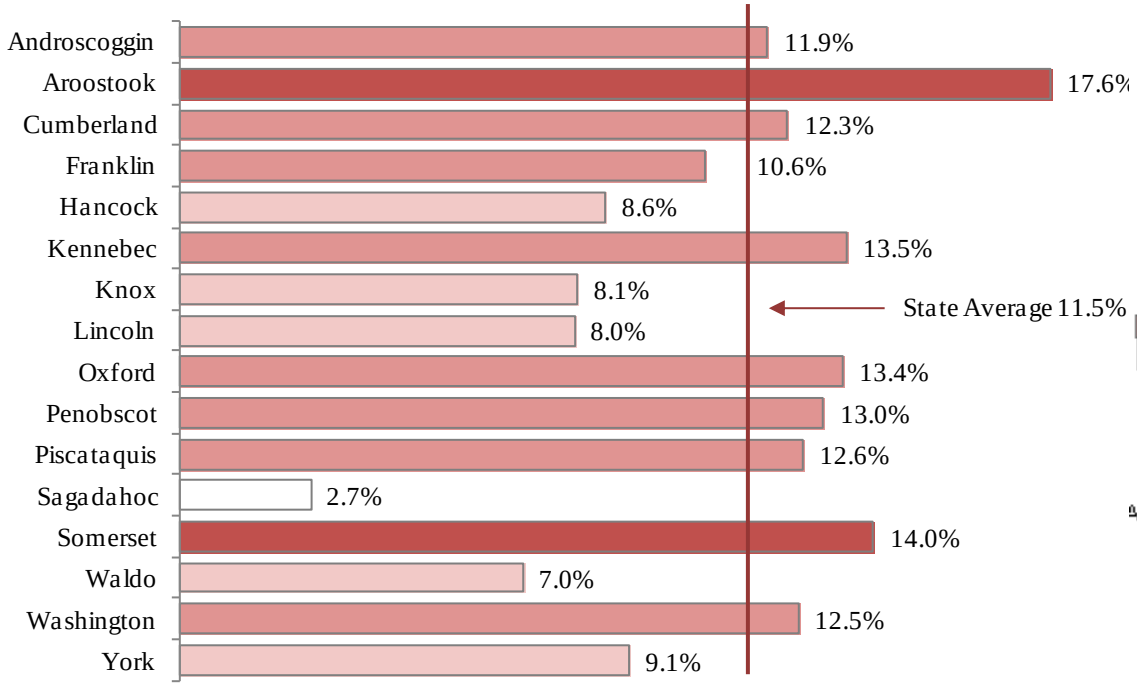
In SFY 2010, Cumberland County had a monthly average unduplicated count of 1,739 nursing facility residents, the highest monthly average in Maine. Cumberland County was followed by Penobscot County with 949 residents and Kennebec County with 833 residents. Sagadahoc County had the State's smallest monthly average nursing facility population at 82.

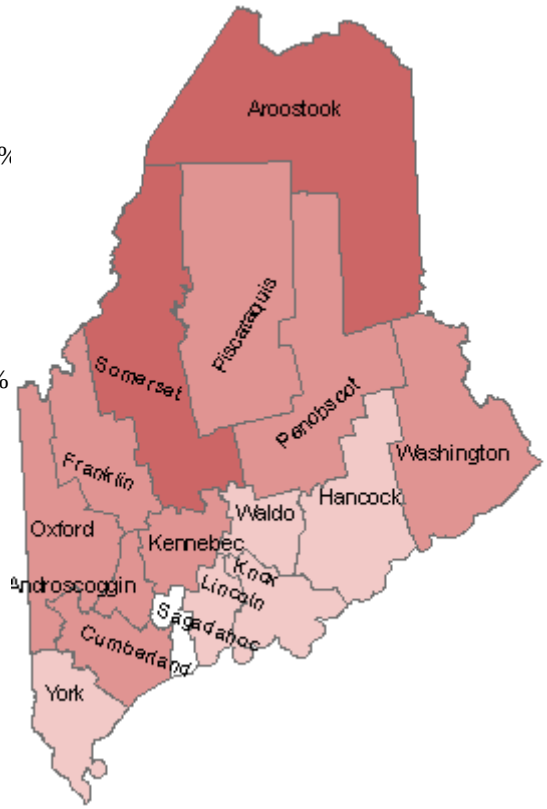
---

* *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of nursing facility residents.*

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 2.7% and 17.6% in SFY 2010.





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 2.7% of the age 85-plus population in Sagadahoc County to a high of 14.0% in Somerset and 17.6% in Aroostook County.

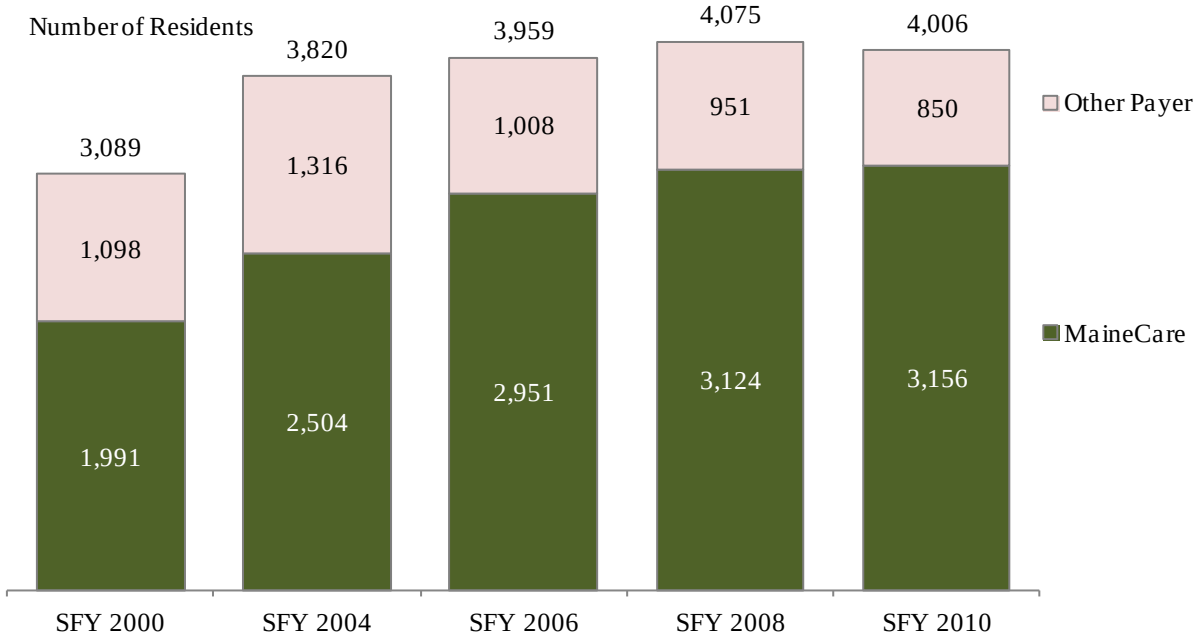
---

* *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of nursing facility residents.*

Source: MDS assessment data and
© 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM."

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

Figure 8-1
Maine's monthly average count* of case mix residential care† residents grew 30% between SFY 2000 and SFY 2010



While the number of people in nursing facilities declined between 2000 and 2012 (see Figure 7-1), the average monthly number* of people in residential care facilities grew from 3,089 to 4,006, an increase of 30% between SFY 2000 and SFY 2008.

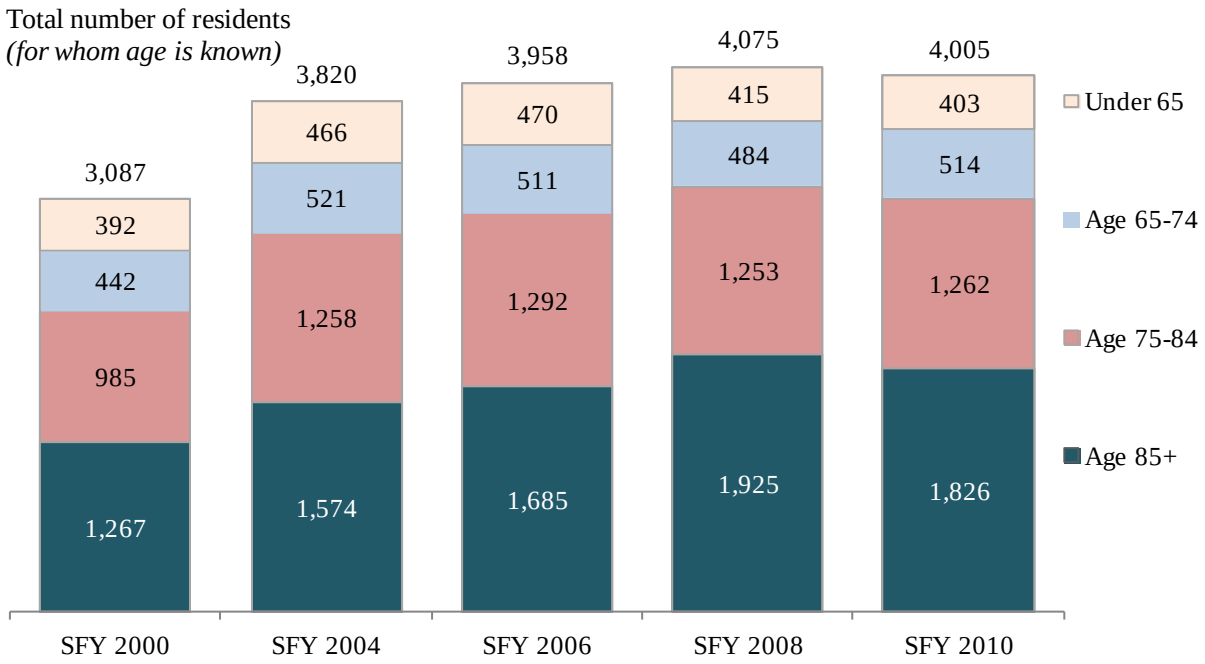
The number of MaineCare residents increased from 1,991 to 3,156 (58.5%), while the number of people reimbursed by other payers decreased from 1098 to 850 (a decline of 248 members or less than 1%).

* *"Average monthly count" represents a 12-month average of each month's unduplicated count of the number of nursing facility residents.*

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

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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

Figure 8-2
The overall monthly average number* of residential care residents (all payers) in case mix residential care facilities† increased steadily between 2000 and 2008, and declined slightly between 2008 and 2010.



The average monthly number of residents in the 85-plus age group grew by 658 (52%) between 2000 and 2008 and declined slightly between 2008 and 2010. The number of residents in the 75-to-84 age group grew by 277 (28%). The average monthly number of persons aged 65-to-74 rose by 72 for a 16% increase. The slowest increase occurred among residents under age 65. Their group gained only 11 new residents, an increase of 2%.

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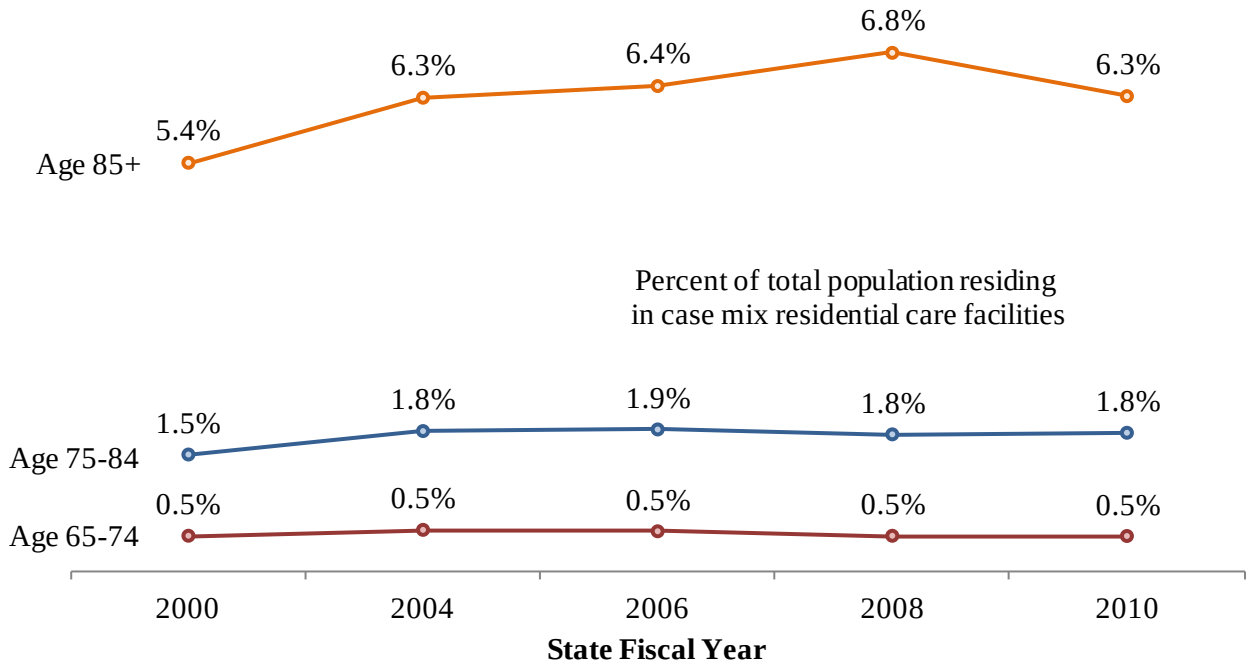
* *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of residential care facility residents.*

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

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

Figure 8-3
The percent of Maine's population, by age group, residing in case mix residential care facilities† (all payers) rose steadily between SFY 2000 and SFY 2008; then declined

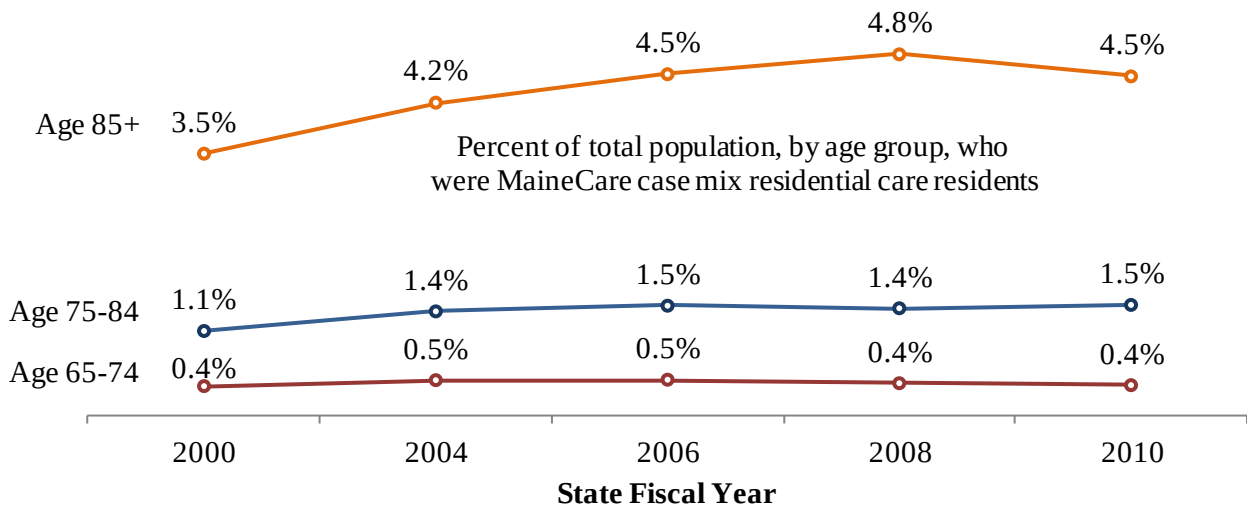


People over 85 are the most common age group living in case mix residential care facilities. A full 6.3% of Maine's over-85 population lived in residential care facilities in 2010. The percent of people age 85 and over who lived in residential care facilities increased between 2000 and 2008 and declined slightly between 2008 and 2010. Of Maine's population between ages 75 and 84, 1.8% lived in case mix residential care facilities. This has been fairly constant since 2004.

Source: Monthly average number of Maine case mix residential care residents from residential care assessment data, and Woods and Poole Economics, Inc., "2012 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 editions of the chartbook due to updated estimates in the 2012 edition of the Woods and Poole Economics population figures.

† *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, by age group, who were MaineCare case mix residential care† residents SFY 2000 to SFY 2010

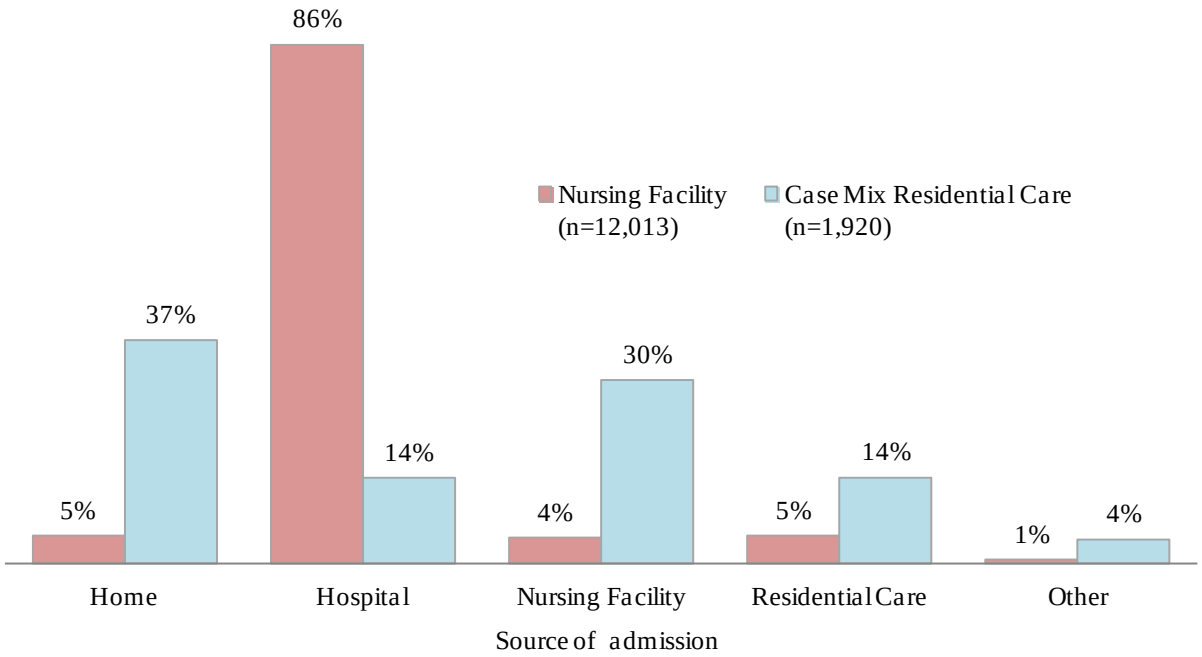


The percent of Maine's population who were MaineCare residents and living in residential care facilities has been increasing since 2000. The percent of the 85-and-over age group who were MaineCare residents living in residential care facilities grew from 3.5% in 2000 to 4.8% in 2008; and declined slightly to 4.5% in 2010.

Source: Monthly average number of Maine case mix residential care residents from residential care assessment data, and Woods and Poole Economics, Inc., "2012 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 2012 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 9-1
Distribution of nursing facility admissions and case mix residential care† admissions (all payers) by source, SFY 2010

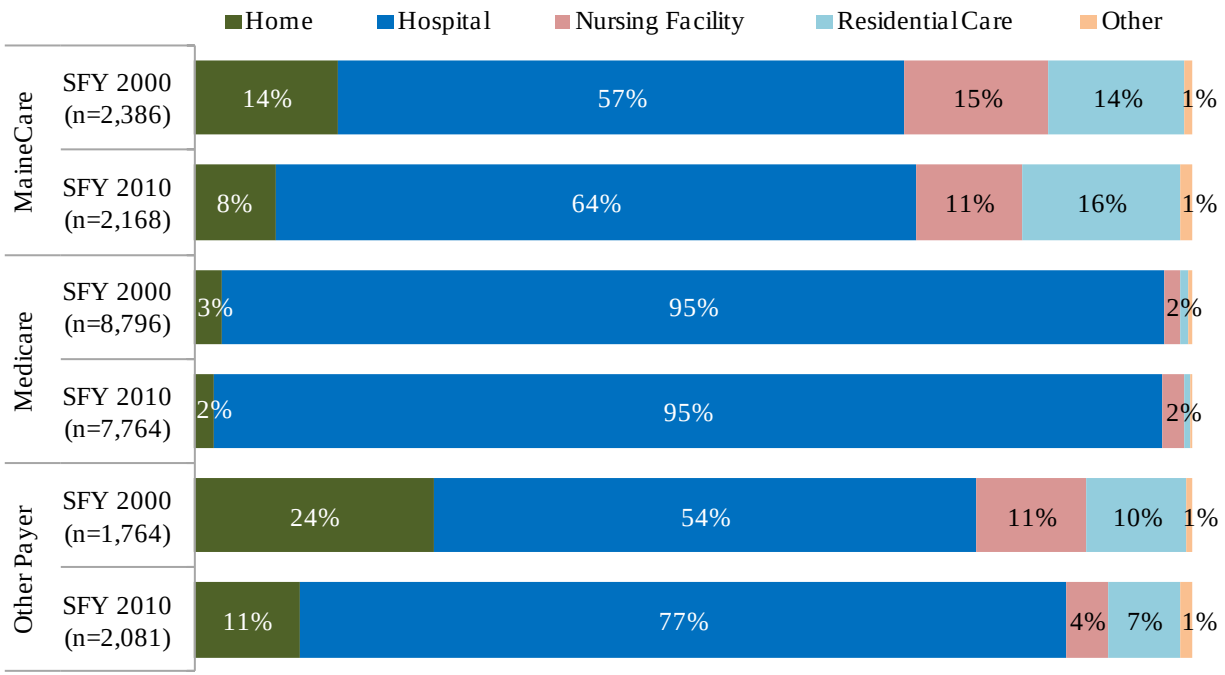


Across all payers, a large majority of nursing facility residents (86%) were admitted from a hospital stay. Case mix residential care residents were more likely to have been admitted from home (37%) or transferred from a nursing facility (30%).

Source: Maine MDS assessment data and Maine residential care assessment data for SFY 2010

† *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 2010



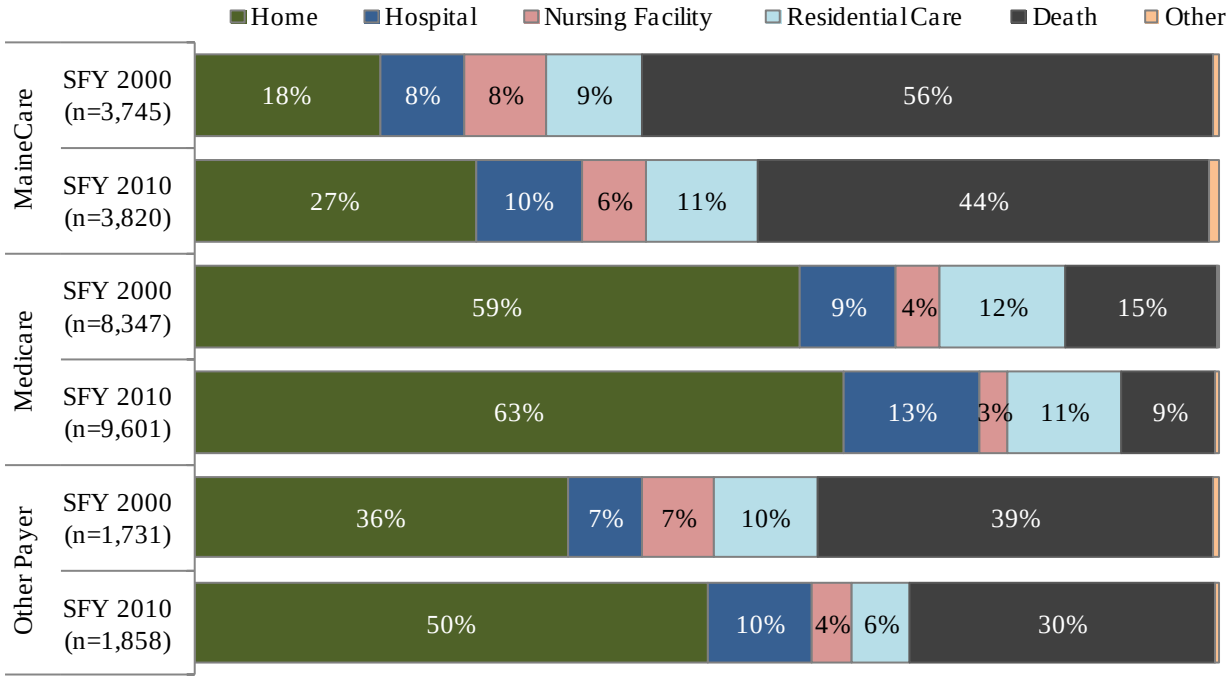
Between SFY 2000 and SFY 2010, patient transfers from a hospital have represented the main source of nursing facility admissions across all payers. Since Medicare requires a minimum three-day hospital stay prior to nursing facility admission, hospitals accounted for nearly all (95%) Medicare nursing facility admissions in both years.

However, during the same ten-year period, hospitals have increased in proportion as a source of MaineCare and other payer nursing home admissions. Where MaineCare is the payer, the share of nursing home admissions that came from hospitals rose from 57% to 64%. For other payers, the rise has been from 54% to 77% of admissions.

At the same time, MaineCare and other payer admissions from home and transfers from other nursing facilities have been on the decline. MaineCare transfers from residential care was the only other source to increase its share of nursing home admissions during the decade, rising from 14% to 16%. For other payers, residential care shrank from a 10% share of nursing home admissions down to 7%.

Source: Maine Dept. of Health and Human Services, "QR-NF37: Admissions by Source of Admissions," November 16, 2012

Figure 9-3
Annual Nursing Facility Discharges by Destination and by Payer, SFY 2000 to SFY 2010



Since Medicare reimburses nursing facilities for short-stay visits after hospitalization, a majority of Medicare residents (63%), when they leave, are discharged to home. This percentage increased slightly between SFY 2000 and SFY 2010. At the same time, the percentage of Medicare residents discharged due to death declined from 15% down to 9%, a trend that nearly mirrored a concurrent rise from 9% to 13% in the proportion of Medicare residents discharged to hospital.

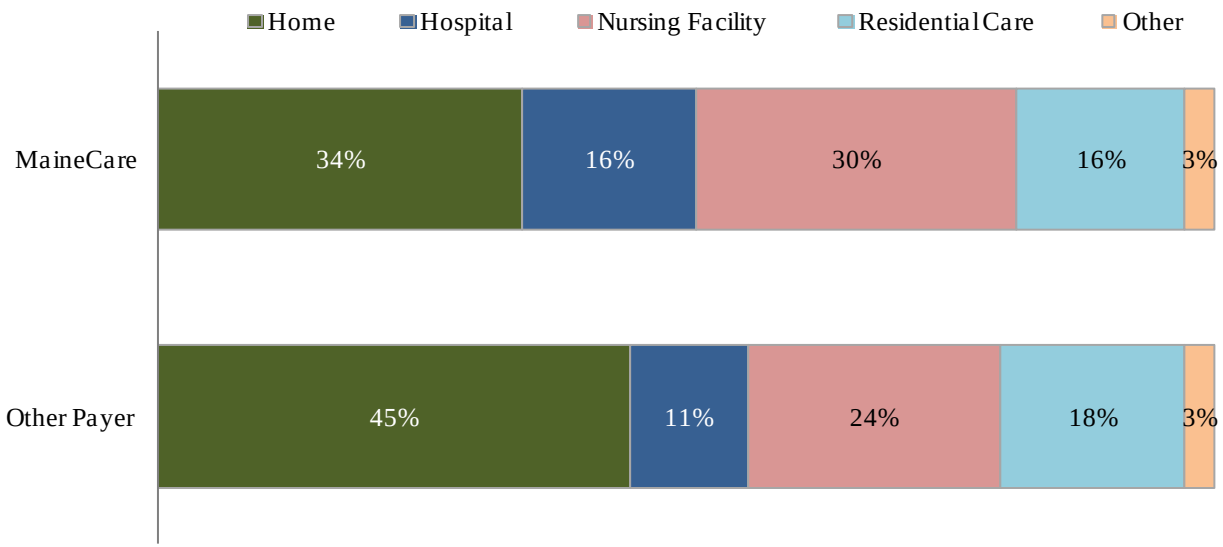
Since MaineCare covers longer-term nursing facility stays, a much larger proportion of MaineCare residents (44%) remain until they die. However, by SFY 2010, the percentage of MaineCare discharges due to death had fallen 12% from where it had been just ten years earlier. This decline was offset by increases in the proportion of MaineCare discharges to home, hospital, and to residential care 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," October 12, 2010

* *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 2010

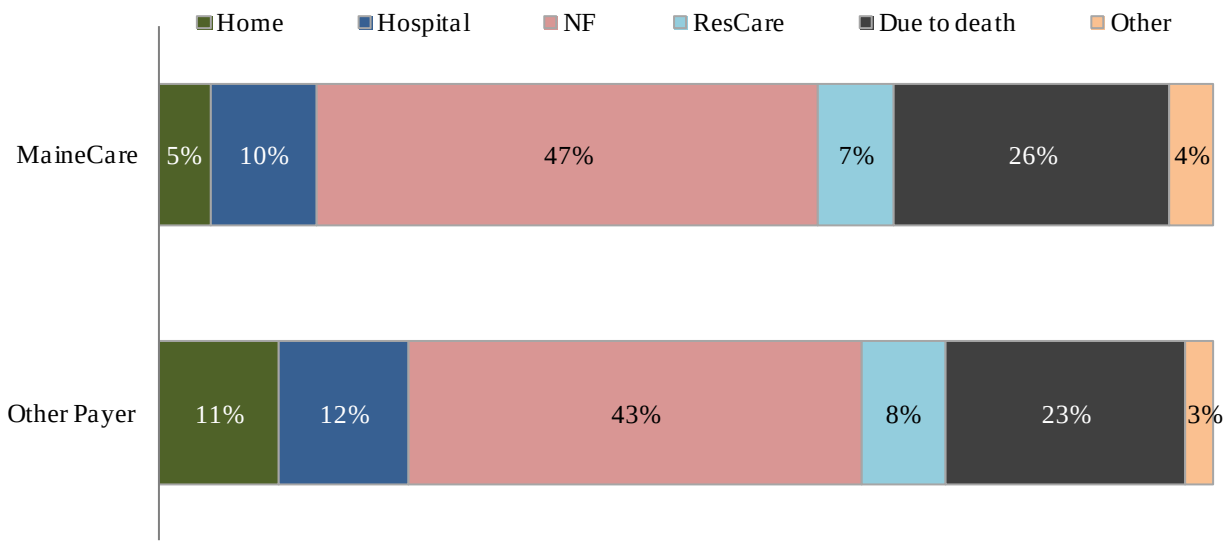


The two largest sources of admissions for MaineCare-reimbursed case mix residential care residents are nursing facilities (30%) and from home (34%). Home accounts for nearly half (45%) of all case mix residential care admissions for residents reimbursed by other payers. Another one-fourth of other payer residents transfer to case mix residential care from nursing facilities.

Source: Maine residential care assessment data for SFY 2010

† *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 2010

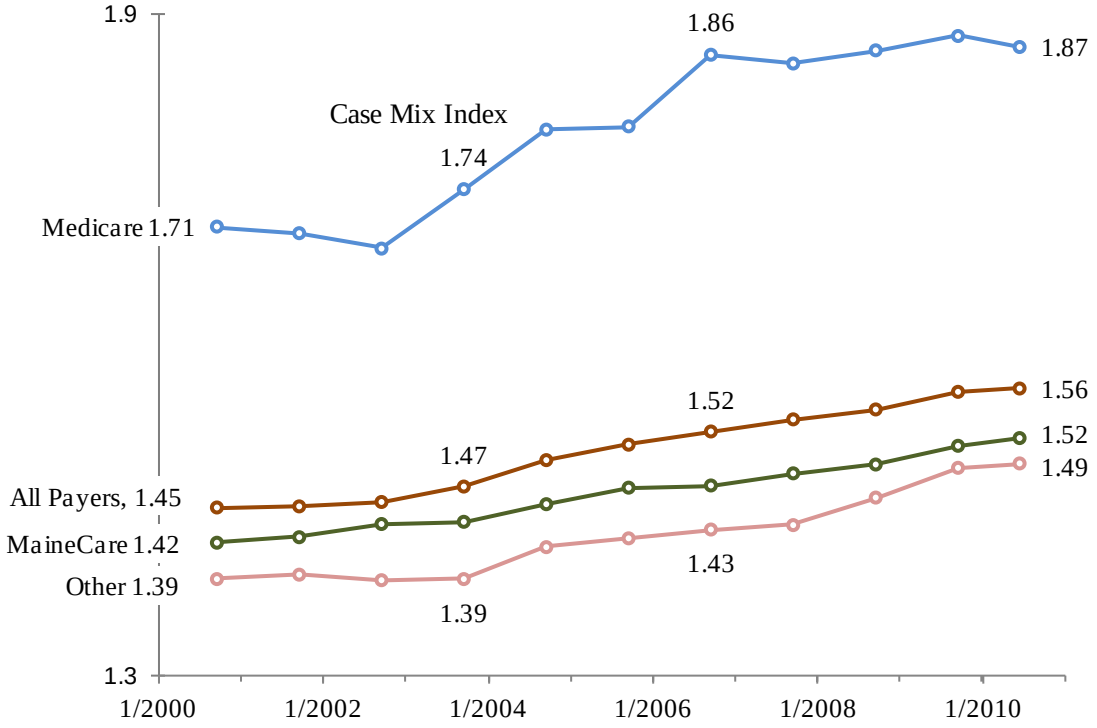


Nearly half (47%) of all MaineCare residents leaving from case mix residential care facilities are discharged to nursing facilities. Nearly one-quarter (26%) are discharged due to death. Only 5% of MaineCare residents return home upon discharge from a case mix residential care facility. The corresponding proportions are about the same for residents whose care is reimbursed by other payers.

Source: Maine residential care assessment data for SFY 2010

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

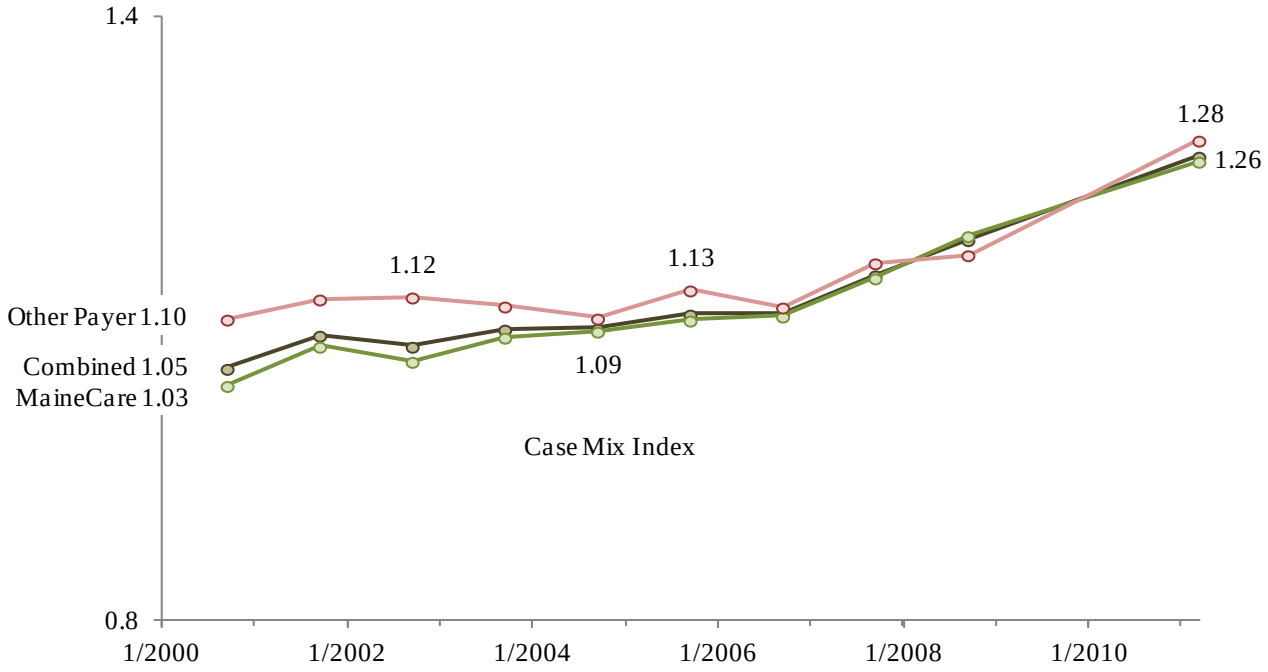
Figure 10-1
Maine nursing facilities have seen a steady rise in their average case mix index across all payers between 2000 and 2010
(based on the Resource Utilization Group (RUG) Grouper 5.12)



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 7% between 2000 and 2010. During that same period, Medicare's average case mix index rose by 9.4%, the index for other payers rose by 7.2%, and the all-payer index increased 7.6%.

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.

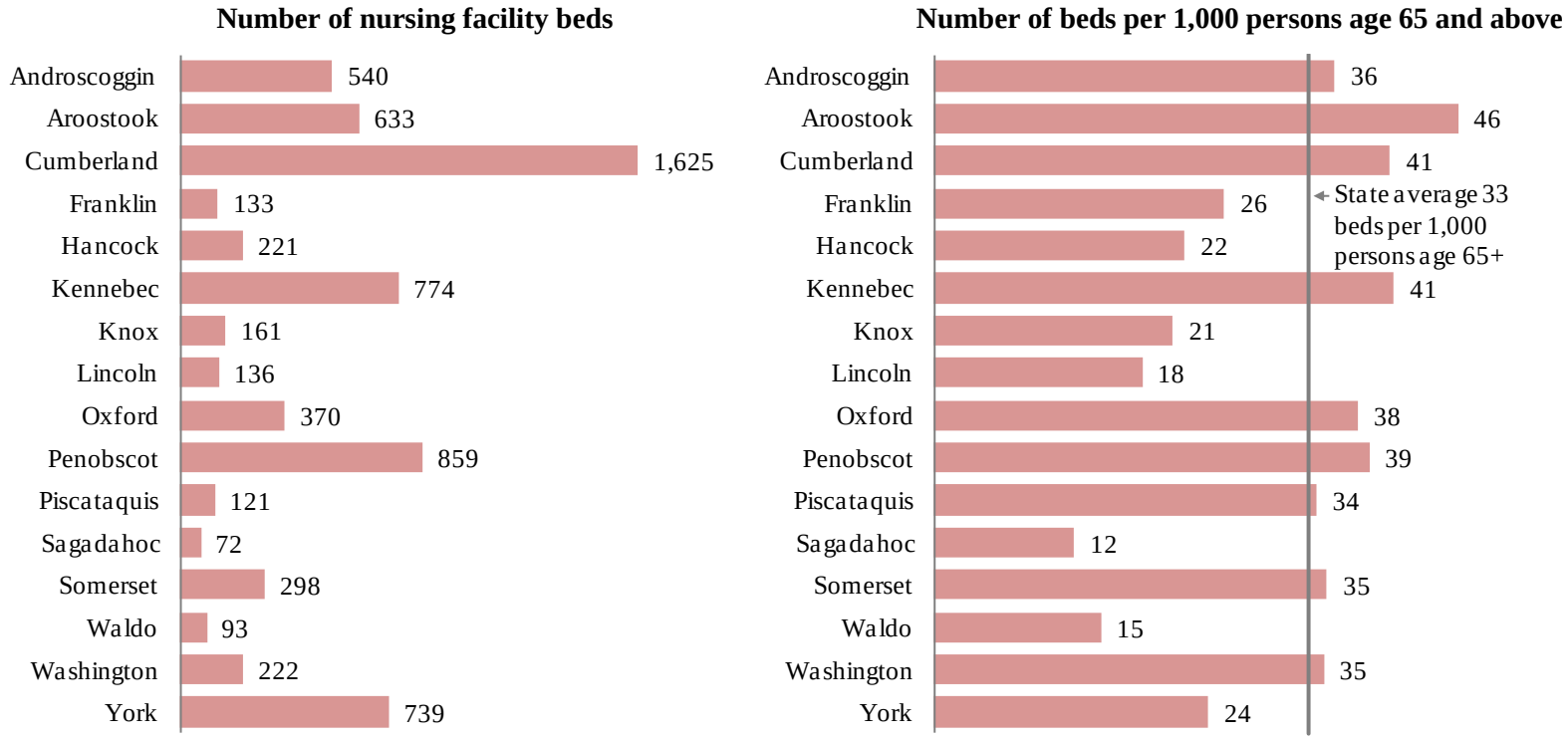
Figure 10-2
Case mix index chart for case mix residential care facilities† 2000 to 2010



The average case mix index for persons in case mix residential care facilities was also on the rise between 2000 and 2010. Within ten years, the overall case mix index grew by 20% from 1.05 to 1.26. The average case mix index for MaineCare residents was slightly lower than the average case mix index for other payers in 2000, but by 2010, at 1.26, it was just below the 1.28 case mix 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.*

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 2010 (N=6,997)

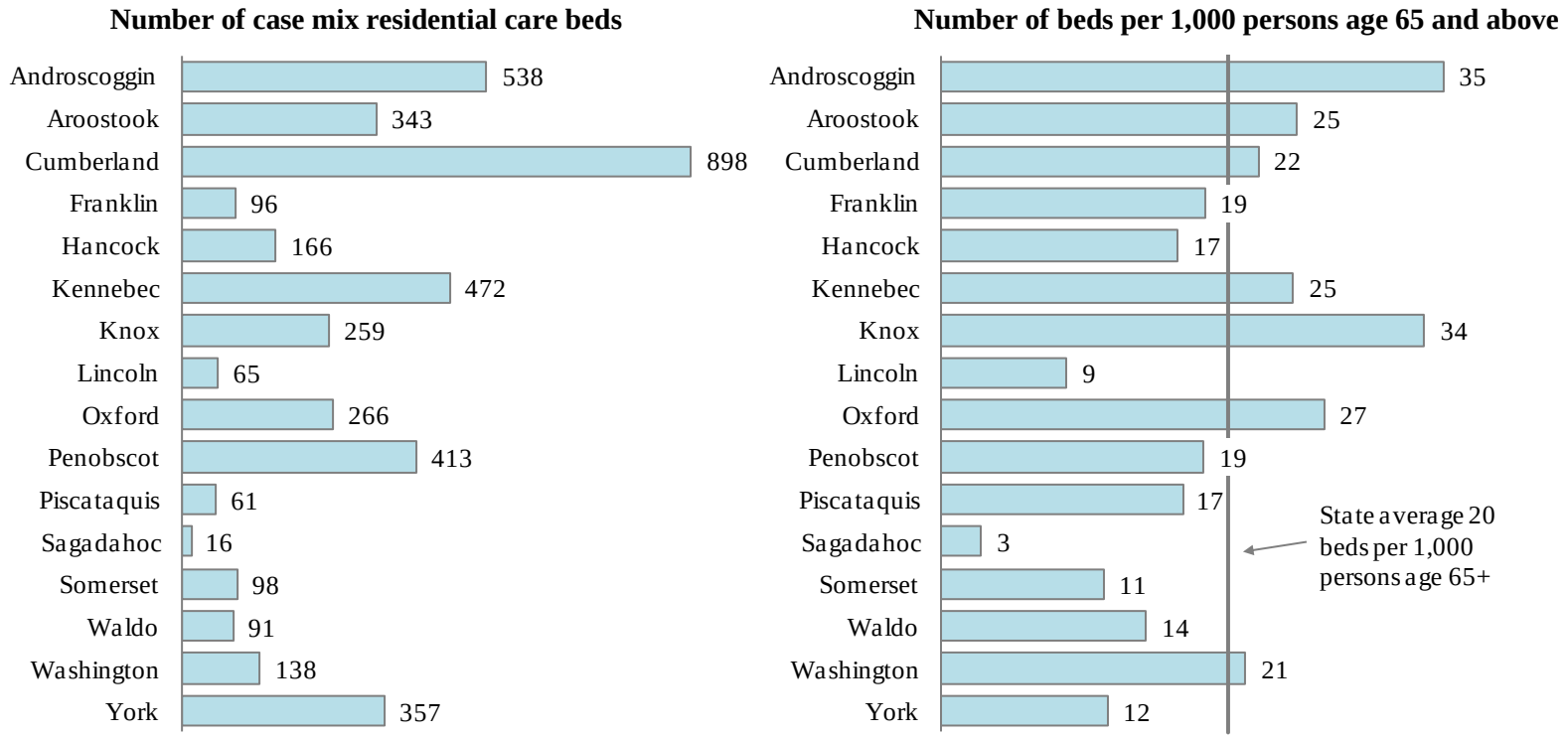


Maine had 6,997 nursing facility beds at the end of 2010. Cumberland County had the most with 1,560, followed by Penobscot County (859), and Kennebec County (774). Waldo County had the fewest number of beds with 93.

When measured by the ratio of number of beds to the size of the older population, Aroostook had 46 beds per 1,000 persons age 65-and-above, the highest ratio in the State. Kennebec County had 41 beds per 1,000 persons age-65-plus. Sagadahoc County had 12 beds per 1,000, the lowest ratio in the State.

Sources: Maine MDS Data, and
© 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.
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, September 2010 (N=4,277)



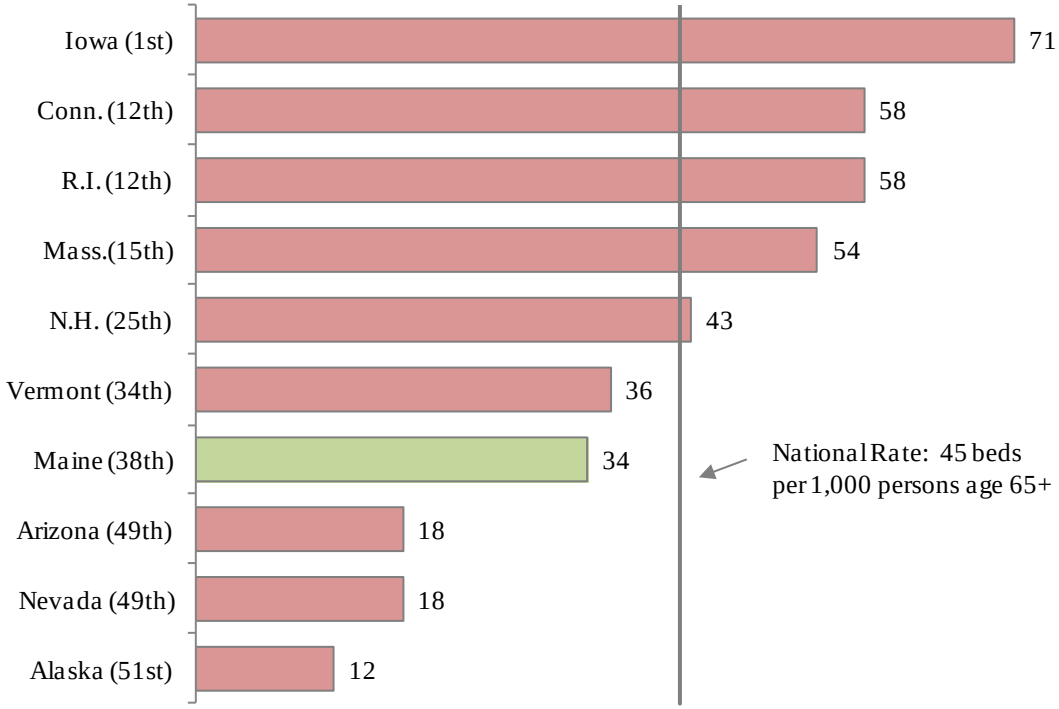
In September 2010, 898 beds out of Maine's 4,277 case mix residential care beds were located in Cumberland County. Androscoggin County had the second highest number of beds (538), followed by Kennebec County at 472 beds. Sagadahoc County had the fewest number of beds with 16.

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 2011 and Woods and Poole Economics, Inc., "2012 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 11-3
In 2010, Maine ranked 38th among states in the number of nursing facility beds per 1,000 persons age 65-and-above

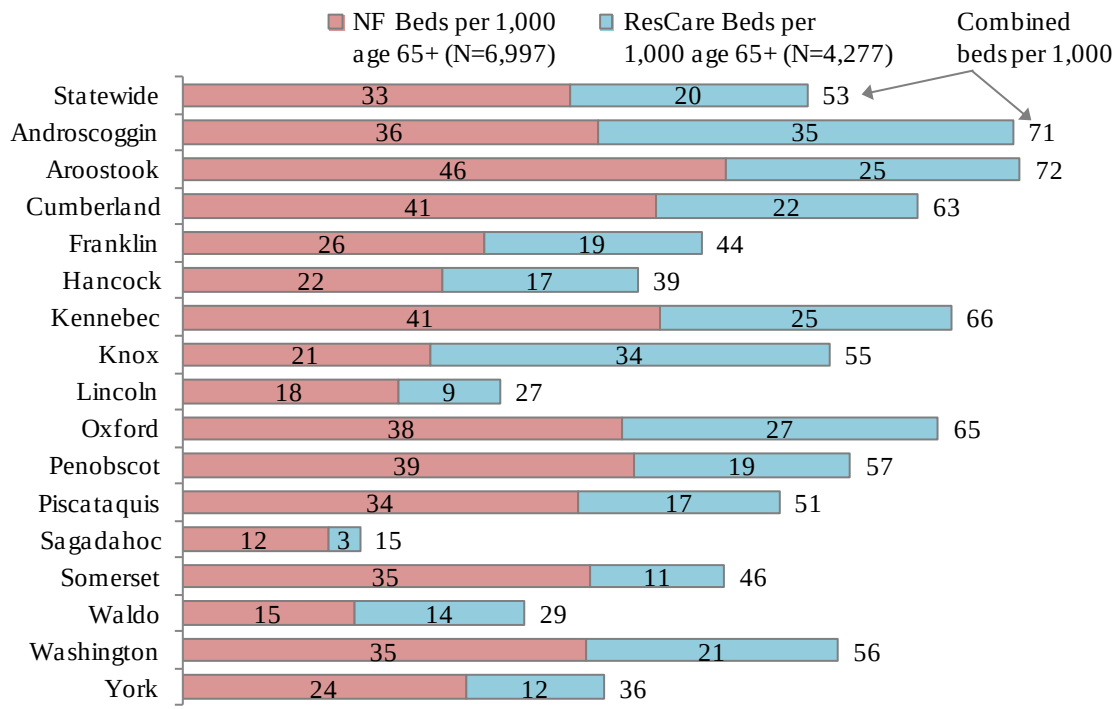


In 2010, Maine had 34 nursing facility beds per 1,000 persons age 65-and-above. Maine's rate was 7 beds lower than the national average and placed it 38th among states. Maine also had the lowest number of nursing facility beds per 1,000 in New England.

Source: Houser, Ari, et.al, Across the States: Profiles in Long Term Care and Independent Living, Executive Summary, State Data and Rankings 9th Edition 2012, (Washington, D.C.: 2012), p.77

Note: Houser, et. al., based their 34 beds per thousand rate on 7,130 Maine nursing facility beds, 133 more beds than we report elsewhere in this chartbook. While our data is based on the up-to-date SFY 2010 data in the CMS QIES system, AARP's numbers are based on 2010 OSCAR data, which for some facilities could be as much as 15 months old.

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 2010

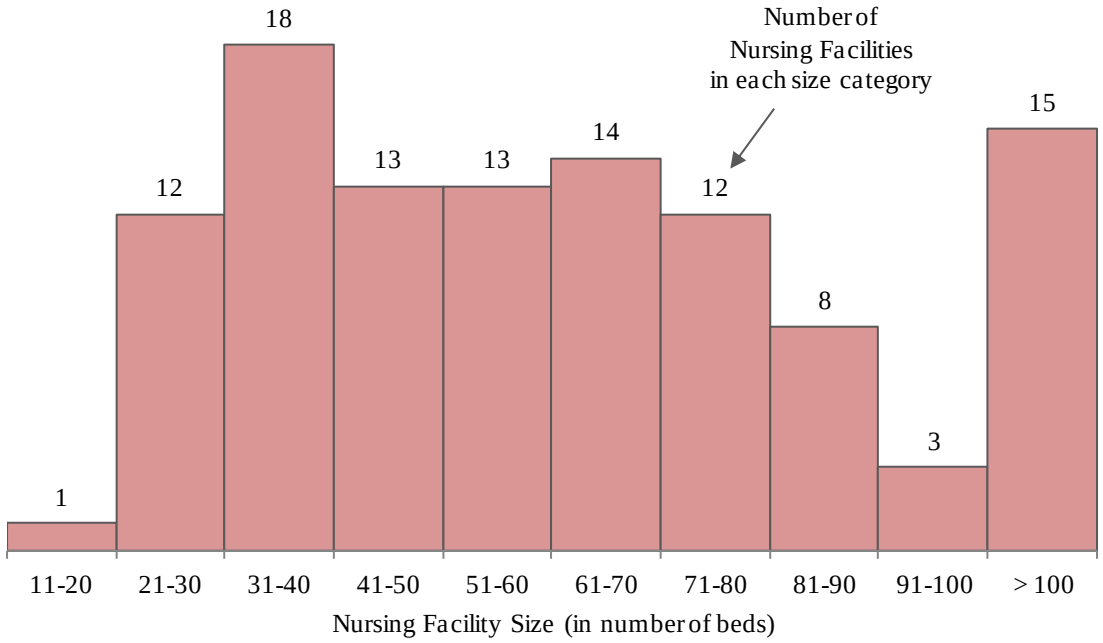


At the end of 2010, Maine averaged 33 nursing facility beds and 20 case mix residential care bed per thousand persons aged 65-and-above. This ratio of beds to persons differed between counties. Aroostook County had 46 nursing facility beds per 1,000, the highest number in state. Androscoggin County had the highest number of case mix residential care ratio with 35 beds per 1,000. Sagadahoc County had the lowest number of nursing facility beds per 1,000 persons and 65-and-above (12 beds) and the lowest ratio of case mix residential care beds in Maine (3 bed per 1,000). Androscoggin County had the highest combined ratio 71 beds of both types per 1,000 persons aged 65-and-above.

Source: Maine MDS Data, The Residential Care Facility Database by the Muskie School of Public Service, and © 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

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

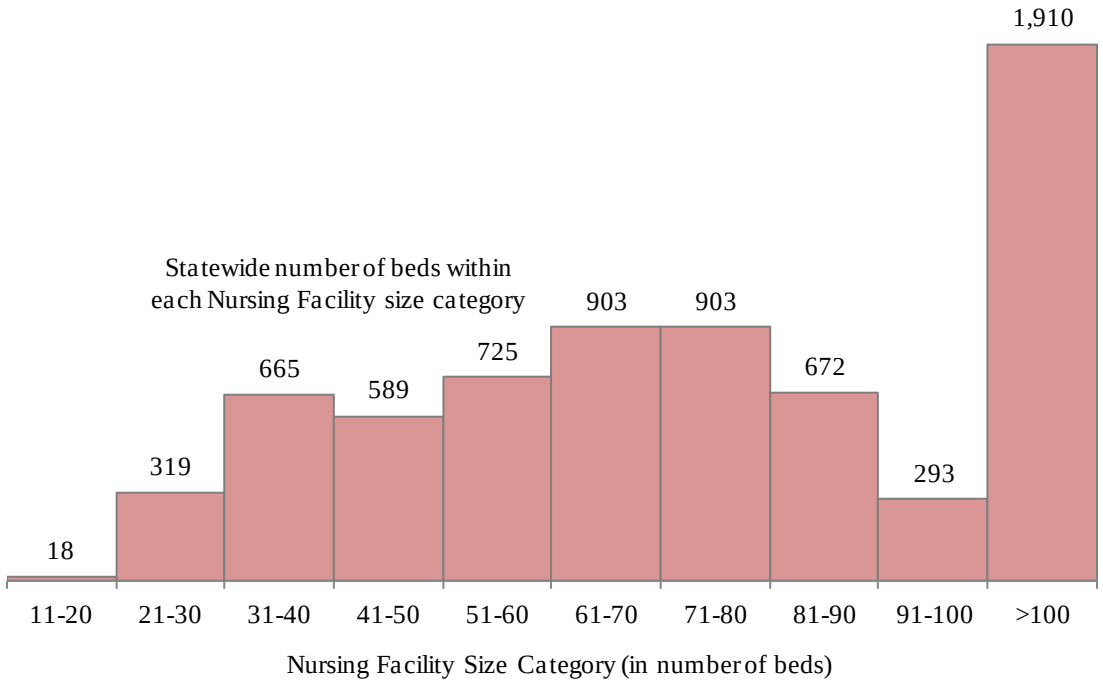
Figure 11-5
In 2010, nearly half of Maine's nursing facilities (48%) were larger than 60 beds (N=109).



At the end of SFY 2010, nearly half (48%) 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 64 beds while the median facility size was 60.

Source: Maine QIES Data

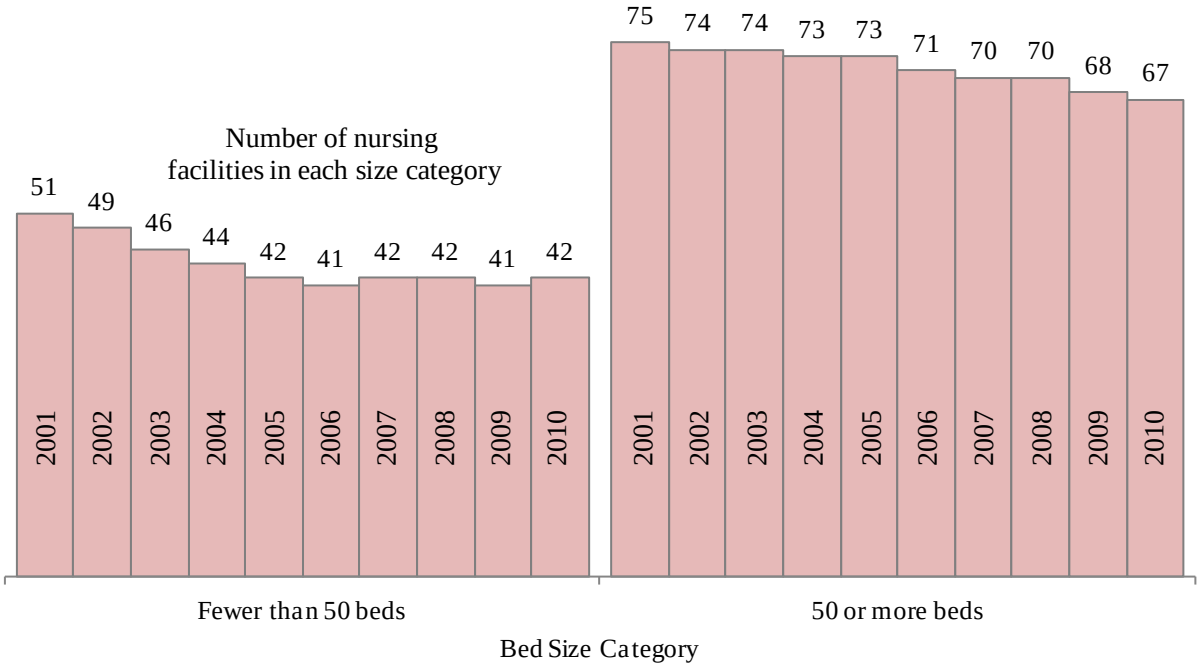
Figure 11-6
In SFY 2010, more than a quarter of Maine's nursing facility beds were in facilities with more than 100 beds (N=6,997).



More than one quarter (27%) of Maine's 6,997 nursing facility beds were in the State's 15 largest facilities, facilities that each had more than 100 beds. Fourteen percent of beds were in facilities of 40-beds-or-fewer.

Source: Maine QIES Data

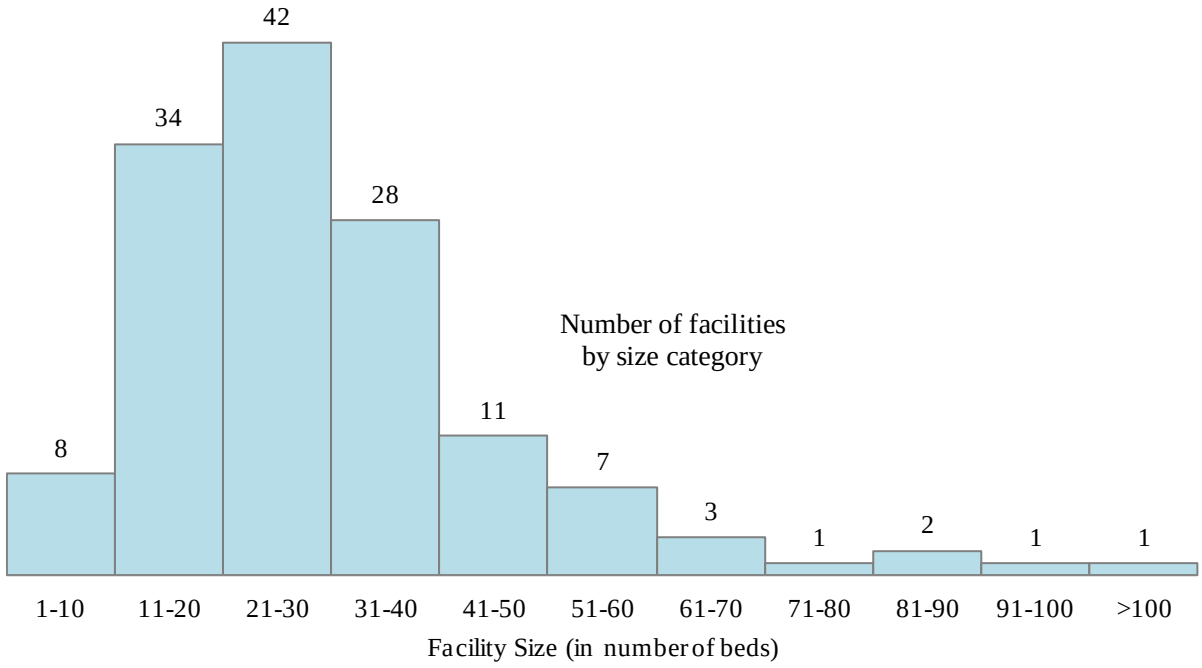
Figure 11-7
Between 2001 and 2005 most Nursing Facilities closures or conversions in Maine were among facilities with fewer than 50 beds, but between 2006 and 2010, most closures and conversions were among facilities with 50-or-more beds.



Between 2001 and 2006, 10 of the smaller nursing facilities (fewer than 50 beds) closed while only 4 of the larger facilities closed. From 2006 to 2010, the decline in the number of small facilities stabilized while four more of the large facilities closed.

Source: Centers for Medicare and Medicaid Services, Nursing Home Data Compendium: 2006, 2009, and 2010 Editions

Figure 11-8
Three-out-of-five Maine case mix reimbursed residential care facilities† had 30 beds or fewer, SFY 2010 (N=138)

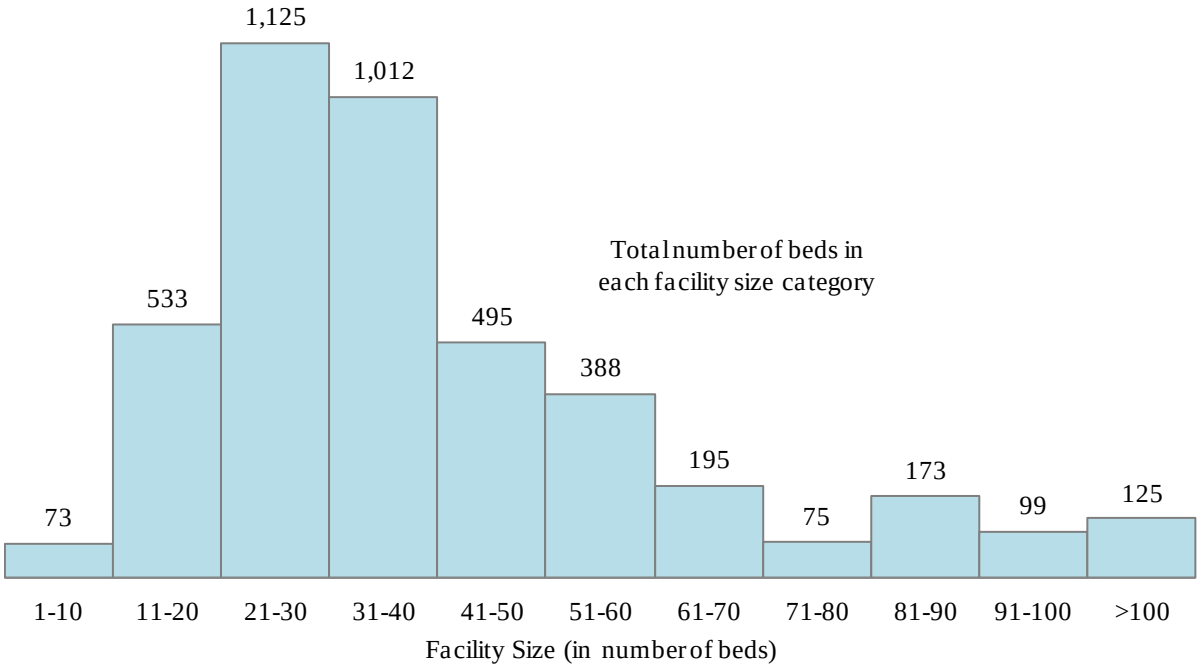


Case mix residential care facilities tend to be smaller than nursing facilities. In September 2009, the average size of a case mix residential care facility was 31 beds, less than half the average size of nursing facilities (64 beds).
As of September 2009, 61% of Maine's 138 case mix residential care facilities had 30 beds or fewer. There were only five facilities with more than 70 beds. The largest facility had 125 beds.

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

† *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, SFY 2010 (N=4,293)

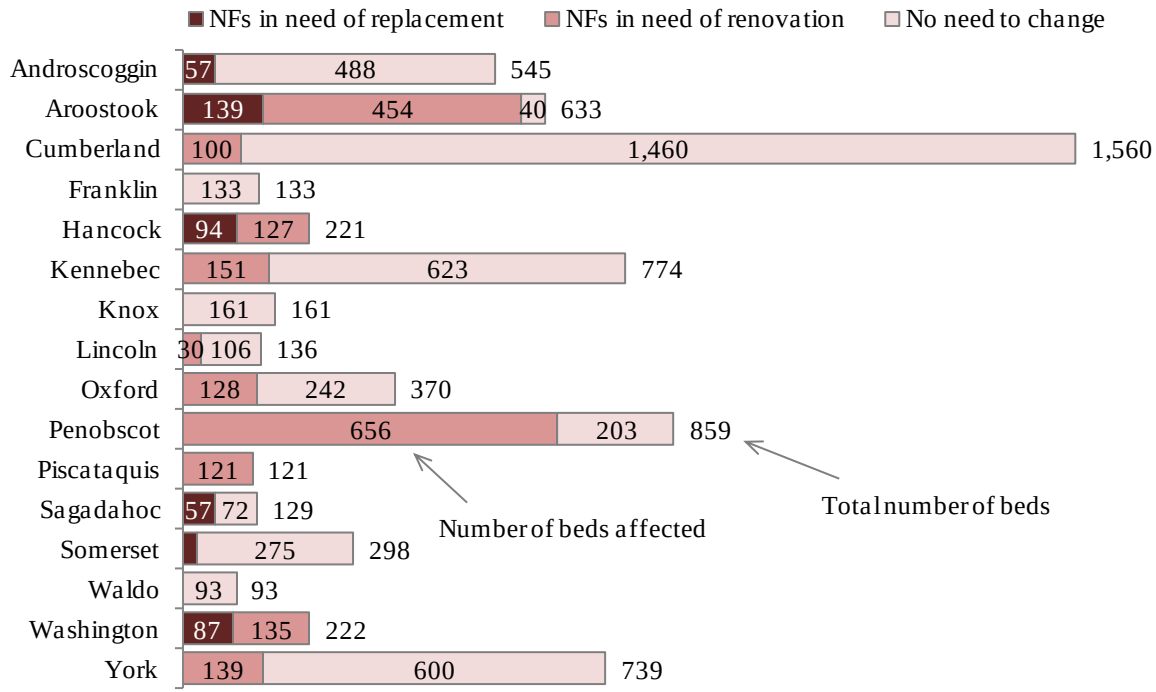


In SFY 2010, close to two-thirds (64%) of Maine's case mix residential care facilities had 40 beds or fewer. Only 11% of the facilities had more than 70 beds each.

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

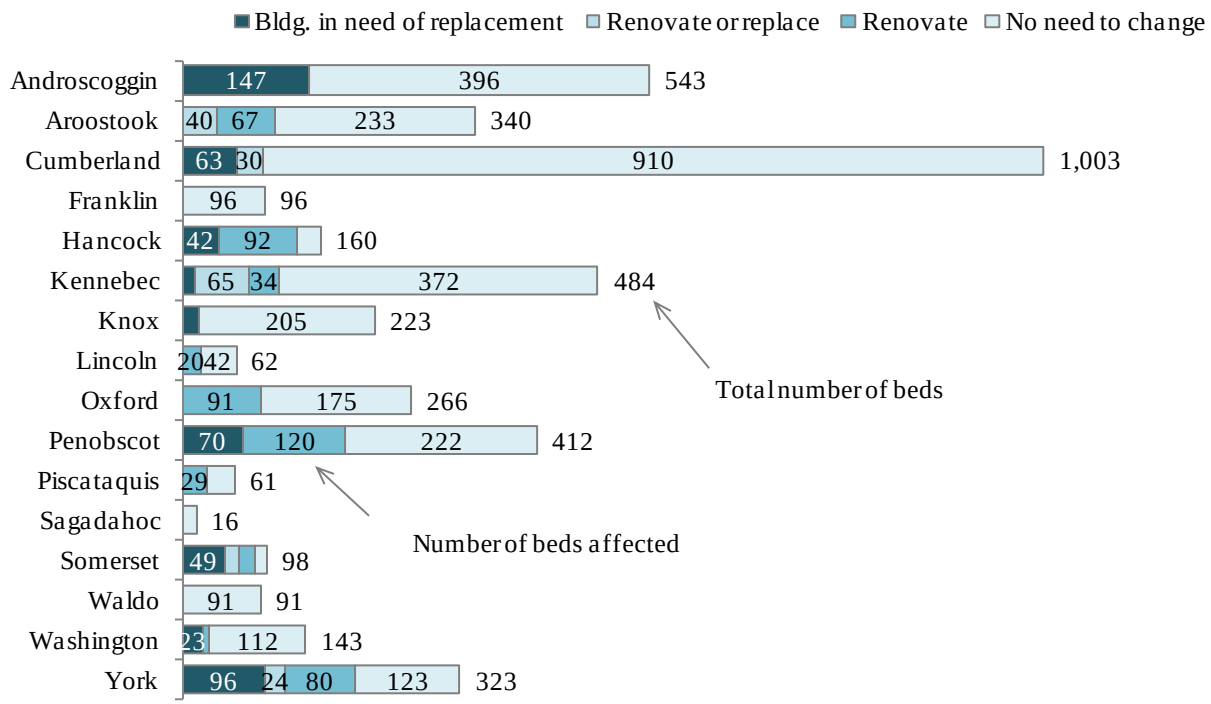
Figure 11-10
Nearly 3-out-of-10 Maine nursing facility beds are in buildings that need renovation, while 7% of beds are in buildings in need of replacement.



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: The State of Maine uses assessment data to measure and track quality indicators across different long term care residential settings

Table 12-1
Average quality indicator scores for Nursing Facility long-stay chronic care residents as of SFY 2010-Q3.

Percent of residents:	Maine		National	
Measures where lower percentages are better	Percent	N=	Percent	N=
Experiencing one or more falls with major injury.	3%	108	3%	15,092
With a urinary tract infection.	7%	108	8%	15,071
Who self-report moderate to severe pain.	14%	104	12%	14,817
Percent of high-risk residents with pressure ulcers.[1]	5%	106	7%	14,746
Percent of low-risk residents who lose control of their bowels or bladder.[2]	65%	79	42%	13,731
Who have/had a catheter inserted and left in their bladder.	5%	108	4%	15,060
Who were physically restrained.	1%	108	2%	15,089
Whose need for help with daily activities has increased.	15%	107	17%	14,824
Who lose too much weight.	9%	108	7%	15,071
Who have depressive symptoms.	12%	108	7%	15,072
Who received an antipsychotic medication.	27%	108	24%	15,075
Measures where higher percentages are better	Percent	N=	Percent	N=
Assessed and given, appropriately, the seasonal influenza vaccine.	93%	108	92%	15,068
Assessed and given, appropriately, the pneumococcal vaccine.	93%	108	94%	15,092

The measures in table 12-1 represent the average of each nursing facility's score for quality indicators across Maine and U.S. This is the same method that CMS uses to compute the state and national averages that appear on Nursing Home Compare.
For most measures, the Maine facility average was within one or two percentage points of the national average.
However, Maine's average proportion of low-risk residents who lost control of their bowels or bladder (65%) was more than one-and-one-half times the national average (42%). Maine nursing home residents were also more than one-and-a-half times as likely as the national average to have depressive symptoms.

Source: Data downloaded from the CMS Quality Improvement and Evaluation System (QIES) on October, 15, 2012

[1] Residents were considered to be at high-risk for pressure ulcers if they were impaired in bed mobility or transferring, or were comatose or at risk of malnutrition

[2] Low-risk residents were residents other than those with severe cognitive impairment, or those totally dependent in bed mobility, transferring, or indoor locomotion,

Table 12-2
Average quality indicator scores for persons living in Maine Case Mix Residential Care as of October 1, 2012

The measures in table 12-2 represent statewide averages at the individual resident level, based on each resident's most recent MDS-RCA assessment. For each of these measures, lower percentages represent a better outcome.

As of October 2012, the most common problems included the proportion of residents using 9 or more scheduled medications in the past week (68%), residents with signs of distress or sad or anxious mood (58%), and residents using anti-psychotic drugs in the absence of a diagnosis (62% of all the residents who were using anti-psychotic medications).

Percent of residents: *(lower percentages are better)*	Percent	N=
Who had frequent bladder incontinence [3]	36%	3,866
Who had frequent bowel incontinence	8%	3,876
Who had injury[4]	4%	3,919
Who had falls [5]	37%	3,919
With behavioral symptoms[6]	42%	3,918
With behavioral symptoms without a behavior management program	27%	1,630
Using 9 or more scheduled medications in last 7 days	68%	3,919
Using anti-psychotic drugs	26%	3,918
Using anti-psychotic use in absence of diagnosis	62%	1,020
With signs of distress or sad/anxious mood[7]	58%	3,919
Who had emergency room visits without overnight stay[8]	23%	3,919
Who had hospital stays in last 6 months	16%	3,919
Using a wheelchair as primary mode of locomotion	10%	3,919
Prevalence of pain[9]	34%	3,913

Source: Maine MDS-RCA assessment data

[3] Frequently incontinent includes residents who are incontinent on a daily basis with some control or have inadequate bladder control with multiple daily episodes.
[4] Injury includes abrasions/bruises or burns.
[5] Falls includes people who fell in the past 180 days; or had a hip fracture or other fracture in last 180 days.
[6] One or more of these behavior symptoms occurred at least once in the last 7 days : wandering, verbally abusive behavior, physically abusive behavior, socially inappropriate behavior, resists care, intimidating behaviors, elopement, dangerous violent or non-violent behavior; fire setting.
[7] Two or more of the following behaviors exhibited at least 4 or more times per month: resident made negative statements; repetitive statements; calling for help; persistent anger with self or others; self deprecation; expressions of what appears to be unrealistic fears; recurrent statements that something terrible is about to happen; repetitive health complaints; repetitive anxious complaints or concerns – non-health related; unpleasant mood in morning; insomnia or change in usual sleep pattern; sad, pained worried facial expressions; crying or tearfulness; repetitive physical movements; withdrawal from activities of interest; reduced social interaction; inflated self worth, exacerbated self opinion or inflated belief about one's own ability; excited behavior or motor excitation.
[8] Includes ER visits one or more times in the last 6 months.
[9] Pain includes pain that is rated greater than or equal to 1 on a scale of 1 to 10.

Table 12-3
Average quality indicator scores for Adult Family Care Home Residents as of October 1, 2012

The measures in table 12-3 represent statewide averages at the individual resident level, based on each resident's most recent MDS-RCA assessment. For each of these measures, lower percentages represent a better outcome.

As of October 2012, more than three-quarters (78%) of adult family care home residents displayed signs of distress or a sad or anxious mood. Almost 7-out-of-10 residents (69%) had used 9 or more scheduled medications in the last 7 days. Fifty-nine percent of the residents using anti-psychotic drugs were doing so in the absence of an appropriate diagnosis.

Percent of residents: *(lower percentages are better)*	Percent	N=
Who had frequent bladder incontinence [10]	43%	212
Who had frequent bowel incontinence	14%	215
Who had injury[11]	12%	216
Who had falls [12]	28%	215
With behavioral symptoms[13]	41%	216
With behavioral symptoms without a behavior management program	42%	89
Using 9 or more scheduled medications in last 7 days	69%	214
Using anti-psychotic drugs	25%	214
Using anti-psychotic use in absence of diagnosis	59%	54
With signs of distress or sad/anxious mood[14]	78%	216
Who had emergency room visits without overnight stay[15]	25%	216
Who had hospital stays in last 6 months	18%	216
Using a wheelchair as primary mode of locomotion	9%	216
Prevalence of pain[16]	51%	208

Source: Maine MDS-RCA assessment data

[10] Frequently incontinent includes residents who are incontinent on a daily basis with some control or have inadequate bladder control with multiple daily episodes.
[11] Injury includes abrasions/bruises or burns.
[12] Falls includes people who fell in the past 180 days; or had a hip fracture or other fracture in last 180 days.
[13] One or more of these behavior symptoms occurred at least once in the last 7 days : wandering, verbally abusive behavior, physically abusive behavior, socially inappropriate behavior, resists care, intimidating behaviors, elopement, dangerous violent or non-violent behavior; fire setting.
[14] Two or more of the following behaviors exhibited at least 4 or more times per month: resident made negative statements; repetitive statements; calling for help; persistent anger with self or others; self deprecation; expressions of what appears to be unrealistic fears; recurrent statements that something terrible is about to happen; repetitive health complaints; repetitive anxious complaints or concerns – non-health related; unpleasant mood in morning; insomnia or change in usual sleep pattern; sad, pained worried facial expressions; crying or tearfulness; repetitive physical movements; withdrawal from activities of interest; reduced social interaction; inflated self worth, exacerbated self opinion or inflated belief about one's own ability; excited behavior or motor excitation.
[15] Includes ER visits one or more times in the last 6 months.
[16] Pain includes pain that is rated greater than or equal to 1 on a scale of 1 to 10.

Table 12-4
Average quality indicator scores for users of home and community based services based on each service user's last MED assessment in SFY 2012

Percent of residents: *(lower percentages are better)*	Percent	N=
Who had frequent bladder incontinence[17]	37%	4,375
Who had frequent bowel incontinence	17%	4,375
Who had falls[18]	47%	4,375
With behavioral symptoms[19]	9%	4,375
Using 9 or more scheduled medications in last 7 days	64%	5,025
With signs of distress or sad/anxious mood[20]	55%	4,375
Who had emergency room visits[21]	43%	4,212
Who had hospital stays in last 6 months	32%	4,239
Using a wheelchair as primary indoor mode of locomotion	21%	4,375

The measures in table 12-4 represent statewide averages at the individual level, based on each long term care service user's most recent MED assessment in SFY 2012. For each of these measures, lower percentages represent a better outcome.

Among persons receiving long term care services in a home or community-based setting, 64% had used 9 or more scheduled medications in the prior 7 days. More than half (55%) displayed signs of distress or of a sad or anxious mood. Nearly half (47%) had fallen or had hip fracture in the past 180 days. More than 4-out-of-10 (43%) had at least one emergency room visit in the prior 6 months.

[17] Frequently incontinent includes persons who are incontinent on a daily basis with some control or have inadequate bladder control with multiple daily episodes.

[18] Falls includes people who fell in the past 180 days; or had a hip fracture or other fracture in last 180 days.

[19] One or more of these behavior symptoms occurred at least once in the last 7 days : wandering, verbally abusive behavior, physically abusive behavior, socially inappropriate behavior, or resists care.

[20] Two or more of the following behaviors exhibited at least 4 or more times per month: resident made negative statements; repetitive statements; calling for help; persistent anger with self or others; self deprecation; expressions of what appears to be unrealistic fears; recurrent statements that something terrible is about to happen; repetitive health complaints; repetitive anxious complaints or concerns – non-health related; unpleasant mood in morning; insomnia or change in usual sleep pattern; sad, pained worried facial expressions; crying or tearfulness; repetitive physical movements; withdrawal from activities of interest; reduced social interaction; inflated self worth, exacerbated self opinion or inflated belief about one's own ability; excited behavior or motor excitation.

[21] Includes ER visits one or more times in the last 6 months.

Section 13: Older adults continue to receive most long term care services in residential care or a nursing home

Table 13-1
Change in the average monthly number♦ of MaineCare members using MaineCare long term services between SFY 2000 and SFY 2010

MaineCare Long Term Services	SFY 2000	SFY 2010	Change SFY 2000 to '10	
			Persons	Percent
Nursing Facility†	5,431	4,749	-682	-13%
Case Mix Residential Care‡	1,991	3,156	1,165	59%
Adult Family Care Homes*		133		
All Home Care Services	4,519	4,274	-245	-5%
Personal Care Services*	735	1,254	519	71%
Private Duty Nursing	488	876	388	79%
Consumer Directed Attendant Services	227	367	140	62%
Hospice	-	42	42	-
Day Health	79	32	-47	-59%
Waiver for the Physically Disabled	274	119	-155	-57%
Elder & Adults with Disabilities Waiver	1,043	882	-161	-15%
Home Health Services	1,673	701	-972	-58%

Between SFY 2000 and SFY 2010, the average monthly number of MaineCare members served by case mix residential care grew by 1,165 residents, or 58.5%. As residential care use grew, the number of MaineCare nursing facility residents declined by 682 (-12%), While some MaineCare home care programs grew between SFY 2000 and SFY 2008, the overall number of home care service users declined by 245(-5%).

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 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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

See Appendix A, Table A-4 for additional years

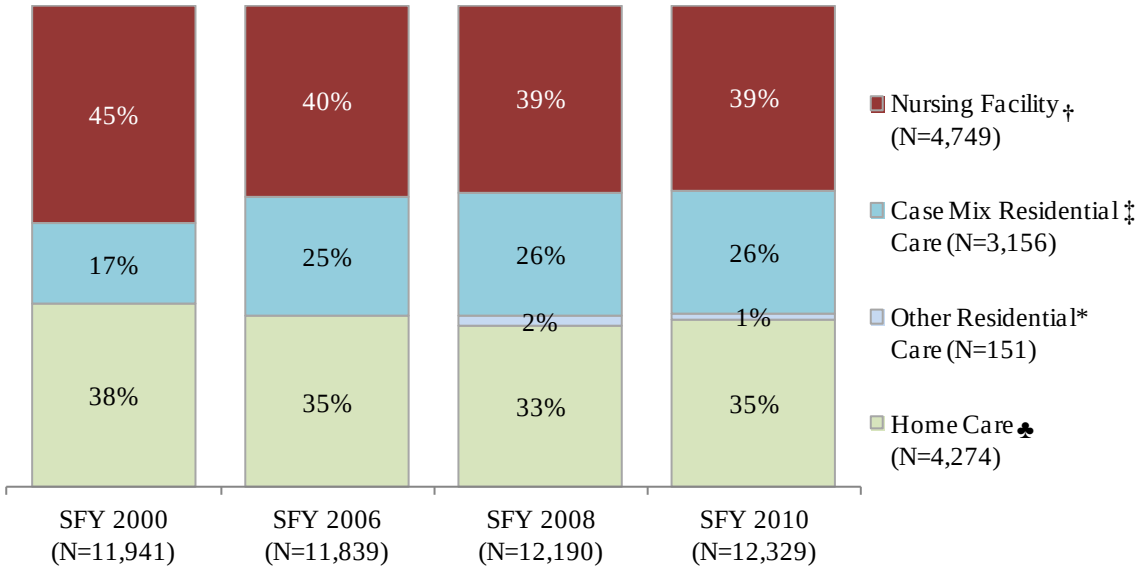
♦ *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of users of each service.*

† *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 13-1
Distribution of the average monthly number♦ of MaineCare LTC users by setting from SFY 2000 to SFY 2010



Between SFY 2000 and SFY 2010, the overall number of MaineCare long term service users grew by 388 persons or by 3.2%. 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%.

The distribution of monthly users across LTC settings remained constant between 2008 and 2010.

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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

♦ *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of users of each service.*

† *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.*

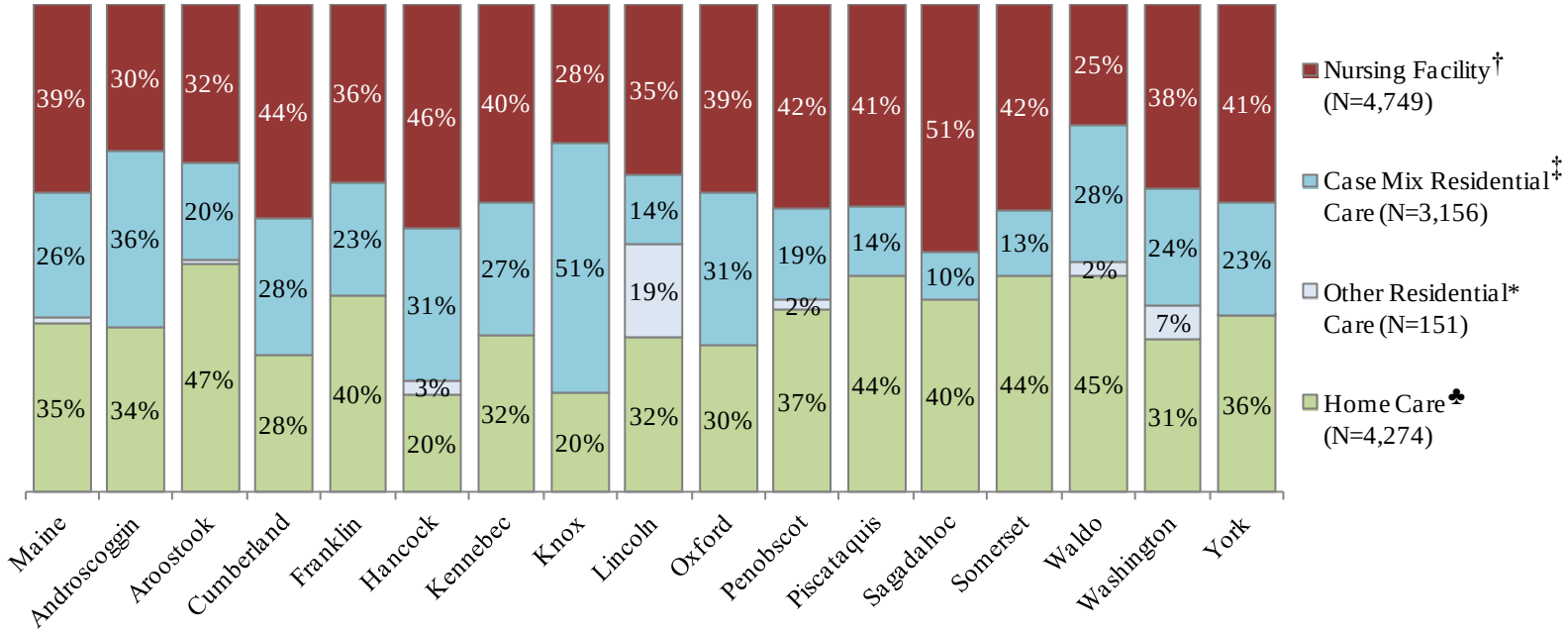
‡ *Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.*

* *Other Residential Care includes personal care services provided in Adult Family Care Homes in SFY 2008 and SFY 2010. 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 13-2
Distribution of the average monthly number♦ of MaineCare LTC users by setting and by county in SFY 2010



In SFY 2010, 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 45% 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 Knox (20%) and Hancock (20%). Case mix residential care saw its greatest use in Knox County (51%) and lowest in Sagadahoc (11%).

Source: MaineCare claims data from the Muskie School data warehouse: Claims incurred and paid as of 5/30/2011.

♦ *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of users of each service.*

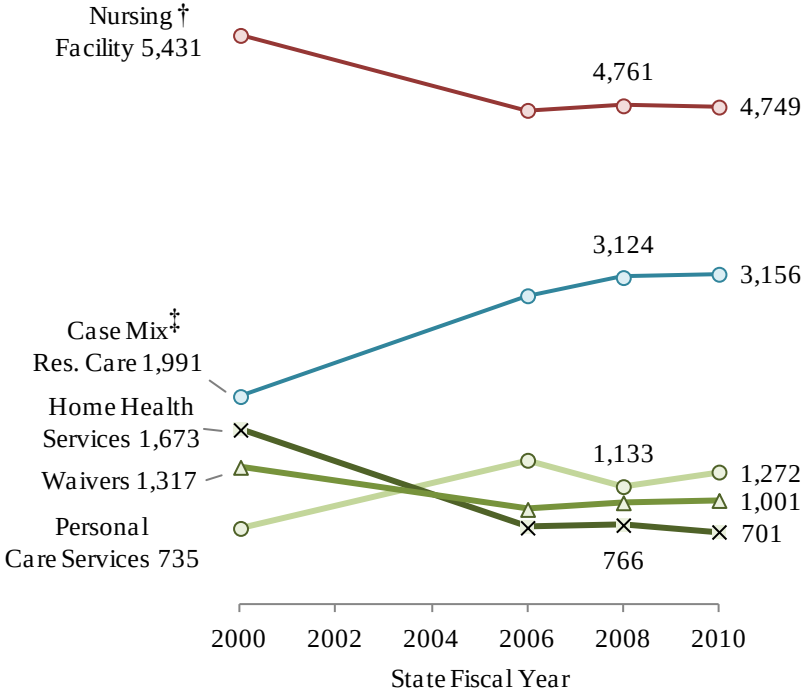
† *The number of nursing facility residents includes MaineCare members residing in both in-state and out-of-state nursing facilities.*

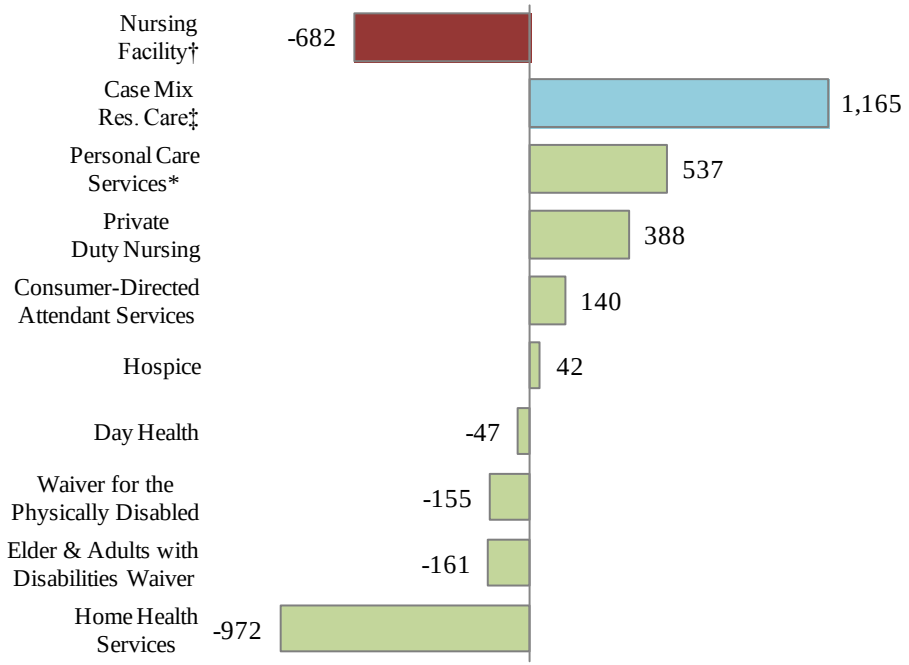
‡ *Case mix residential care facilities are private non-medical institutions (PNMIs) reimbursed under Chapter III, Section 97, Appendix C of the MaineCare Benefits Manual.*

* *Other Residential Care includes personal care services provided in Adult Family Care Homes in SFY 2008 and SFY 2010.*

♣ *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 13-3
Change in the average monthly number♦ of MaineCare members using MaineCare long term services, SFY 2000-2010





Between SFY 2000 and SFY 2010, case mix residential care had the largest increase among MaineCare long-term services in the average monthly number of service users (1,165). This increase was larger than the decline of 682 residents, on average in nursing facilities; and the overall decline across all programs 245 home care users.

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 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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

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.

♦ *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of users of each service.*

† *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. 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 13-2
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 2010

Category of Service	Average Monthly Users*	Distinct Users over the Year	Ratio of Yearly to Monthly
Nursing Facility†	4,749	8,508	1.8
Case Mix Residential Care‡	3,156	4,402	1.4
Adult Family Care Homes	133	180	1.4
Home Care Services			
Personal Care Services	1,272	1,928	1.5
Private Duty Nursing	876	1,434	1.6
Consumer Directed Attendant Services	367	497	1.4
Hospice	42	253	6.0
Day Health	32	66	2.1
Waiver for Physically Disabled	119	164	1.4
Elder and Adults w/ Disabilities Waiver	882	1,372	1.6
Home Health Services	701	2,596	3.7

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. Hospice and Home health services, by their nature, tend to be of shorter duration than the other services on the list and had the highest ratios. The Waiver for the Physically Disabled program tends to serve a younger population than other programs. MaineCare members continue to use 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 5/30/2011.
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. "Average monthly number" represents a 12-month average of each month's unduplicated count of the number of nursing facility residents.

* *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of users of each service.*

† *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.*

Table 14-1
Annual MaineCare long term service expenditures by setting and by home care program, SFY 2000 to SFY 2010

MaineCare Claims Category of Service	Annual Expenditures			Change SFY 2000 to '10	
	SFY 2000	SFY 2008	SFY 2010	Dollars	Percent
Nursing Facility†	**$185,846,990**	**$241,613,649**	**$236,455,372**	**$50,608,382**	**27%**
Case Mix Residential Care‡	**$31,799,231**	**$76,595,748**	**$68,569,442**	**$36,770,211**	**116%**
Adult Family Care Homes*		**$2,064,293**	**$2,618,507**	n/a	n/a
All Home Care Services*	**$48,879,619**	**$43,819,621**	**$46,736,738**	**($4,050,719)**	
Personal Care Services*	$4,537,499	$6,565,546	$8,510,287	$3,972,788	88%
Private Duty Nursing	$3,481,067	$4,981,920	$4,845,656	$1,364,589	39%
Consumer-Directed Attendant Services	$3,373,594	$3,505,084	$3,716,212	$342,618	10%
Hospice	-	$1,457,225	$1,907,838	n/a	n/a
Day Health	$596,728	$291,502	$188,437	($408,291)	-68%
Waiver for Physically Disabled	$7,268,850	$4,850,241	$3,295,814	($3,973,036)	-55%
Elder & Adults with Disabilities Waiver	$18,928,141	$18,006,257	$20,537,457	$1,609,316	9%
Home Health Services	$10,693,740	$4,161,846	$3,735,038	($6,958,702)	-65%
All Long-Term Service Settings	**$266,525,840**	**$364,093,311**	**$354,380,059**	**$87,854,219**	**33%**

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; and then declined $12.4 million from 2008 to 2010. Nursing facility expenditures rose by $55.8 million (up 30.0%) from 2000 to 2008 but declined $5.2 million between 2008 and 2010. Case mix residential care expenditures also rose by $44.8 million (up 141%) between 2000 and 2008 but declined in 2010. 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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

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.*

* *Expenditures for some of the services accounted for under the Personal Care Services category in SFY 2000 were, in later years, attributed instead to the Adult Family Care Home category. 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 14-2
Average MaineCare expenditures per service user per month for most long term services increased between SFY 2000 and SFY 2010

MaineCare Claims Category	Average Monthly Cost per Service User per Month		Change SFY 2000 to '10	
	SFY 2000	SFY 2010	Dollars	Percent
Nursing Facility†	**$2,852**	**$4,150**	**$1,298**	**45%**
Case Mix Residential Care‡	**$1,331**	**$1,811**	**$480**	**36%**
Adult Family Care Homes*		**$1,639**		
All Home Care Services				
Personal Care Services*	$514	$558	$44	8%
Private Duty Nursing	$595	$461	($134)	-22%
Consumer Directed Attendant Services	$1,236	$843	($393)	-32%
Hospice	-	$3,748	n/a	n/a
Day Health	$630	$491	($139)	-22%
Waiver for Physically Disabled	$2,207	$2,310	$103	5%
Elder & Adults with Disabilities Waiver	$1,512	$1,940	$428	28%
Home Health Services	$533	$444	($89)	-17%

Between SFY 2000 and SFY 2010, average MaineCare expenditures per service user per month rose for most long term services. Average monthly expenditures per individual nursing facility resident rose $1,298 (up 45%) from $2,852 in SFY 2000 to $4,150 in SFY 2010. Average monthly expenditures per each case mix residential care resident rose $480 (up 36%). 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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

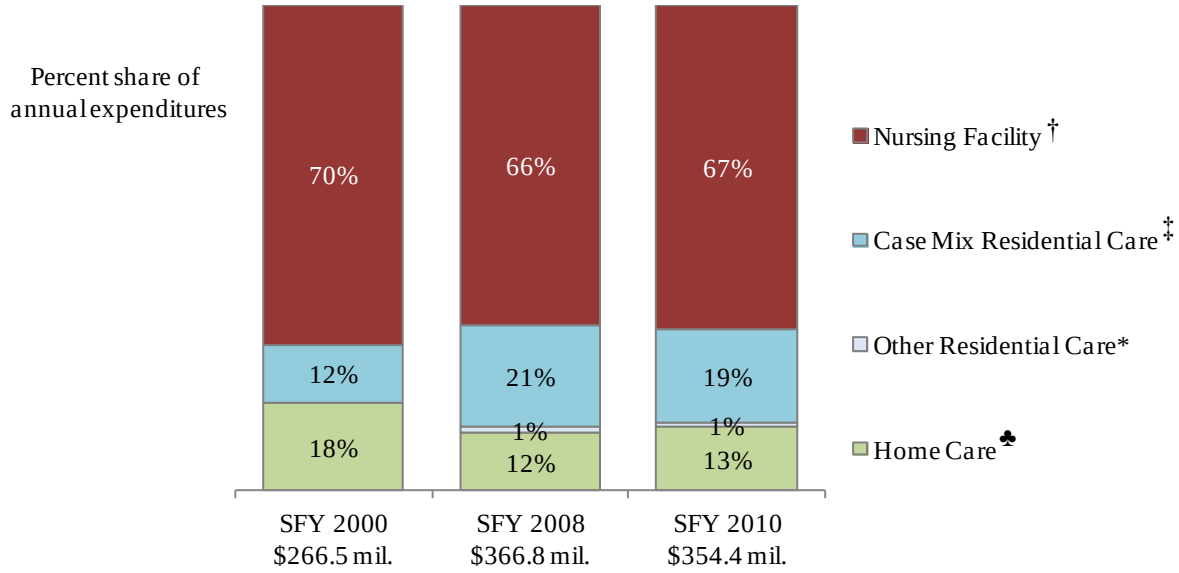
Note: Changes in costs reflect, in part, changes in payment methods and adjustments for inflation.

† *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 setting were included in the Personal Care Services category under All Home Care.*

Figure 14-1
Annual MaineCare LTC expenditures† by setting, SFY 2010



Between SFY 2000 and SFY 2008 the share of MaineCare annual long term care expenditures spent on case mix residential care grew, and then decreased between 2008 and 2010. The share of long term care expenditures for nursing facilities fell from 2000 to 2008 and then increased slightly between 2008 and 2010. The share of expenditures for home care services declined from 18% to 12% from 2000 to 2008; the share increased slightly from 12% to 13% between 2008 and 2010.

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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

† *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 setting. 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.*

Figure 14-2
Annual MaineCare and state-funded long term services expenditures by setting, SFY 2000 to SFY 2010

MaineCare Claims Category	Average Monthly Cost per Service User per Month		Change SFY 2000 to '10	
	SFY 2000	SFY 2010	Dollars	Percent
Nursing Facility†	**$2,852**	**$4,150**	**$1,298**	**45%**
Case Mix Residential Care‡	**$1,331**	**$1,811**	**$480**	**36%**
Adult Family Care Homes*		**$1,639**		
All Home Care Services				
Personal Care Services*	$514	$558	$44	8%
Private Duty Nursing	$595	$461	($134)	-22%
Consumer-Directed Attendant Services	$1,236	$843	($393)	-32%
Hospice	-	$3,748	n/a	n/a
Day Health	$630	$491	($139)	-22%
Waiver for Physically Disabled	$2,207	$2,310	$103	5%
Elder & Adults with Disabilities Waiver	$1,512	$1,940	$428	28%
Home Health Services	$533	$444	($89)	-17%

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 incurred and paid as of 3/31/07 and for SFY 2008 as of 4/17/09. Claims for SFY 2010 incurred and paid as of 5/30/2011.
SFY 2000 state-funded services expenditures from Maine Office of Elder Services. SFY 2008-10 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.*

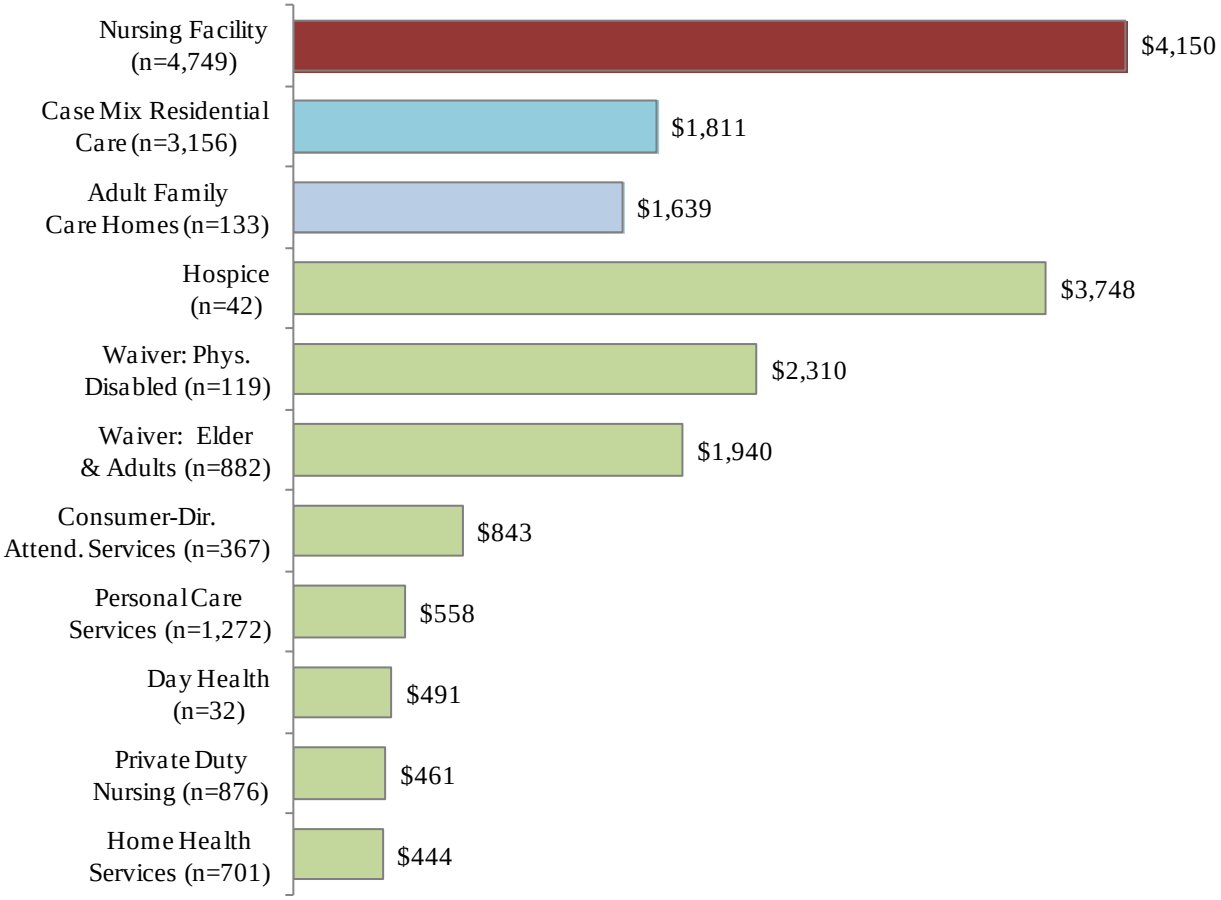
* *Other residential care includes personal care services provided in the Adult Family Care Home setting. Prior to SFY 2008 expenditures for other residential cares were counted within the Personal Care Services category under Home Care.*

♣ *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 Homemaker Services*

Figure 14-3
Average MaineCare long term service expenditures per service user per month, SFY 2010

Nursing facilities had the highest average MaineCare expenditure per service user at $4,150 per month (based on the average monthly number♦ of service users). At $3,748, 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 $1,811 per resident. MaineCare's spending per service user per month of $1,940 for the Elderly and Adults with Disabilities Waiver was $2,210 less than the average monthly cost for nursing facility care, but $129 more per month than case mix residential care. Home health services had the lowest average monthly cost per service user at $444 per month.



Source: MaineCare claims data from the Muskie School data warehouse. Claims for SFY 2010 incurred and paid as of 5/30/2011.

♦ *"Average monthly number" represents a 12-month average of each month's unduplicated count of the number of users of each service.*

† *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 setting 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.*

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

Maine's 2010 Population by Age Group

Age Group	Persons	Percent
0-4 years	69,520	5%
5-9 years	74,116	6%
10-14 years	79,013	6%
15-19 years	88,310	7%
20-24 years	79,646	6%
25-29 years	72,681	5%
30-34 years	71,943	5%
35-39 years	79,905	6%
40-44 years	91,471	7%
45-49 years	107,619	8%

Age Group	Persons	Percent
50-54 years	110,956	8%
55-59 years	102,441	8%
60-64 years	89,660	7%
65-69 years	65,014	5%
70-74 years	47,637	4%
75-79 years	38,894	3%
80-84 years	30,399	2%
85 years and over	29,136	2%
65 years and over	211,080	16%
Total Population	**1,328,361**	**100%**

Source: U.S. Census Bureau, Census 2010, Table SF!-QTP1

Table A-2
Maine's population is projected to age between 2010 and 2022, with large increases in the size of the 65-and-above age group

Age Group	2010	2022	Change	
			Number	Percent
0-14	222,649	238,547	+15,898	+7%
15-24	167,956	156,509	-11,447	-7%
25-34	144,624	158,843	+14,219	+10%
35-44	171,376	171,358	-18	0%
45-54	218,575	176,545	-42,030	-19%
55-64	192,101	220,767	+28,666	+15%
65-74	112,651	197,884	+85,233	+76%
75-84	69,293	100,011	+30,718	+44%
85+	29,136	32,926	+3,790	+13%
Total	**1,328,361**	**1,453,390**	**+125,029**	**+9%**

Sources: U.S. Census Bureau, Census 2010, Table SF!-QTP1, and
© 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

Table A-3
Forecast change in the percent of population age 65-and-above and age 85-and-above by Maine County, 2010 to 2022

County	Population Age 65+							Population Age 85+						
	Number of Persons			Change 2010 to 2022	Share of Total Population			Number of Persons			Change 2010 to 2022	Share of Total Population		
	2010	2012	2022		2010	2012	2022	2010	2012	2022		2010	2012	2022
Androscoggin	15,184	15,924	21,084	+38.9%	14.1%	14.7%	18.4%	2,166	2,167	2,000	-7.7%	2.0%	2.0%	1.7%
Aroostook	13,651	14,372	18,765	+37.5%	19.0%	20.2%	27.0%	1,712	1,775	1,822	+6.4%	2.4%	2.5%	2.6%
Cumberland	40,157	43,258	65,701	+63.6%	14.3%	15.1%	20.6%	6,436	6,873	7,641	+18.7%	2.3%	2.3%	2.4%
Franklin	5,160	5,494	7,828	+51.7%	16.8%	17.7%	23.5%	598	629	666	+11.4%	1.9%	2.0%	2.0%
Hancock	9,937	10,745	15,658	+57.6%	18.3%	19.6%	27.3%	1,275	1,301	1,290	+1.2%	2.3%	2.4%	2.2%
Kennebec	18,960	20,160	29,276	+54.4%	15.5%	16.3%	22.1%	2,667	2,776	2,868	+7.5%	2.2%	2.2%	2.2%
Knox	7,594	8,019	11,652	+53.4%	19.1%	19.9%	27.1%	1,146	1,186	1,203	+5.0%	2.9%	2.9%	2.8%
Lincoln	7,393	8,112	12,102	+63.7%	21.5%	23.1%	30.8%	1031	1116	1,311	+27.2%	3.0%	3.1%	3.3%
Oxford	9,843	10,385	14,751	+49.9%	17.0%	17.8%	24.2%	1,280	1,309	1,290	+0.8%	2.2%	2.2%	2.1%
Penobscot	22,253	23,244	31,596	+42.0%	14.5%	15.0%	19.9%	2,919	3,060	3,203	+9.7%	1.9%	2.0%	2.0%
Piscataquis	3,564	3,838	5,465	+53.3%	20.3%	21.8%	30.5%	463	482	503	+8.6%	2.6%	2.7%	2.8%
Sagadahoc	5,788	6,409	10,067	+73.9%	16.4%	17.8%	25.4%	780	835	952	+22.1%	2.2%	2.3%	2.4%
Somerset	8,537	9,175	12,954	+51.7%	16.3%	17.4%	23.4%	1,002	1,023	1,006	+0.4%	1.9%	1.9%	1.8%
Waldo	6,280	6,983	10,918	+73.9%	16.2%	17.7%	25.0%	769	838	988	+28.5%	2.0%	2.1%	2.3%
Washington	6,426	6,851	9,056	+40.9%	19.6%	20.8%	27.1%	792	790	735	-7.2%	2.4%	2.4%	2.2%
York	30,353	33,078	53,948	+77.7%	15.4%	16.3%	22.9%	4,100	4,507	5,448	+32.9%	2.1%	2.2%	2.3%
Statewide	211,080	226,047	330,821	+56.7%	15.9%	16.8%	22.8%	29,136	30,667	32,926	+13.0%	2.2%	2.2%	2.3%

Sources: U.S. Census Bureau, Census 2010, Table SF!-QTP1, and
© 2011 Woods and Poole Economics, Inc., "2012 New England State Profile: State and County Projections to 2040", Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Muskie School at USM.

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

MaineCare Claims Category	SFY 2000	SFY 2004	SFY 2006	SFY 2008	SFY 2010	Change SFY 2000 to '10 Members	Percent
Nursing Facility†	**5,431**	**4,978**	**4,717**	**4,761**	**4,749**	**-682**	**-13%**
Case Mix Residential Care‡	**1,991**	**2,504**	**2,951**	**3,124**	**3,156**	**1,165**	**59%**
Adult Family Care Homes*				**108**	**133**	**133**	n/a
All MaineCare Home Care Services*	**4,519**	**4,536**	**4,171**	**4,043**	**4,291**	**-228**	**-5%**
Personal Care Services*	735	1,344	1,384	1,133	1,272	537	73%
Private Duty Nursing	488	806	743	768	876	388	79%
Consumer Directed Attendant Services	227	248	303	320	367	140	62%
Hospice	-	-	28	34	42	42	n/a
Day Health	79	88	56	43	32	-47	-59%
Waiver for Physically Disabled	274	285	200	161	119	-155	-57%
Elder & Adults with Disabilities Waiver	1,043	846	716	818	882	-161	-15%
Home Health Services	1,673	919	741	766	701	-972	-58%
All MaineCare Settings	**11,941**	**12,018**	**11,839**	**12,036**	**12,329**	**388**	**3%**

State-Funded Home Care	SFY 2006	SFY 2008	SFY 2010	Change SFY 2006 to '10	
Home Based CareAll Levels	994	918	768	-226	-23%
Home Based CareLevel I-III	*886*	*826*	680	*-206*	*-23%*
Home Based CareLevel IV	*107*	*92*	*88*	*-19*	*-18%*
Homemaker Services	1,221	2,119	2,383	1,162	95%

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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

♦ *"Monthly average number" means that 12-month average of the unduplicated count each month of the number of users of each service.*

† *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. 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	SFY 2010	Change SFY 2000 to '10 Dollars	Percent
Nursing Facility	**$185,846,990**	**$231,187,177**	**$223,458,952**	**$241,613,649**	**$236,455,372**	**$50,608,382**	**27%**
Case Mix Residential Care‡	**$31,799,231**	**$49,228,299**	**$70,868,987**	**$76,595,748**	**$68,569,442**	**$36,770,211**	**116%**
Adult Family Care Homes*				**$2,064,293**	**$2,618,507**	**$2,618,507**	n/a
All MaineCare Home Care Services	**$48,879,620**	**$50,938,439**	**$44,429,704**	**$43,819,621**	**$46,736,738**	**($2,142,882)**	**-4%**
Personal Care Services	$4,537,499	$8,967,664	$10,774,142	$6,565,546	$8,510,287	$3,972,788	88%
Private Duty Nursing	$3,481,067	$4,300,679	$4,407,872	$4,981,920	$4,845,656	$1,364,589	39%
Consumer Directed Attendant Services	$3,373,594	$4,728,073	$2,951,040	$3,505,084	$3,716,212	$342,618	10%
Hospice	-	-	$1,104,532	$1,457,225	$1,907,838	$1,907,838	n/a
Day Health	$596,728	$846,125	$412,668	$291,502	$188,437	($408,291)	-68%
Waiver for Physically Disabled	$7,268,850	$9,014,352	$5,993,118	$4,850,241	$3,295,814	($3,973,036)	-55%
Elder & Adults with Disabilities Waiver	$18,928,141	$16,975,463	$14,483,982	$18,006,257	$20,537,457	$1,609,316	9%
Home Health Services	$10,693,740	$6,106,083	$4,302,349	$4,161,846	$3,735,038	($6,958,702)	-65%
All MaineCare Settings	**$266,525,841**	**$331,353,915**	**$338,757,643**	**$364,093,311**	**$354,380,059**	**$87,854,218**	**33%**
State-Funded Home Care**	**$13,598,442**		**$8,473,667**	**$10,200,358**	**$11,808,595**	**($1,789,847)**	**-13%**
Home Based CareAll Levels	$12,004,121		$6,422,112	$6,803,358	$9,742,555	($2,261,566)	-19%
Home Based CareLevel I-III			*$5,273,727*	*$5,605,207*	*$7,934,203*	n/a	n/a
Home Based CareLevel IV			*$1,148,385*	*$1,198,151*	*$1,808,352*	n/a	n/a
Homemaker Services***	$1,594,321		$2,051,555	$3,397,000	$2,066,040	$471,719	30%

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. Claims for SFY 2010 incurred and paid as of 5/30/2011.
SFY 2000 state-funded services expenditures and all Homemaker Services expenditures from Maine Office of Elder Services. SFY 2006-08 Home Based Careservice 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 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	SFY 2010	Change SFY 2000 to '10 Dollars	Change SFY 2000 to '10 Percent
Nursing Facility†	**$2,852**	**$3,870**	**$3,948**	**$4,229**	**$4,150**	**$1,298**	**45.5%**
Case Mix Residential Care‡	**$1,331**	**$1,638**	**$2,001**	**$2,043**	**$1,811**	**$480**	**36.0%**
Adult Family Care Homes*				**$1,600**	**$1,639**	**$1,639**	**n/a**
All MaineCare Home Care Services							
Personal Care Services	$514	$556	$649	$833*	$558	$44	8.5%
Private Duty Nursing	$595	$445	$494	$541	$461	($134)	-22.5%
Consumer Directed Attendant Services	$1,236	$1,590	$813	$912	$843	($393)	-31.8%
Hospice	-	-	$3,327	$3,616	$3,748	$3,748	n/a
Day Health	$630	$799	$613	$561	$491	($139)	-22.1%
Waiver for Physically Disabled	$2,207	$2,633	$2,497	$2,510	$2,310	$103	4.6%
Elder & Adults with Disabilities Waiver	$1,512	$1,672	$1,686	$1,833	$1,940	$428	28.3%
Home Health Services	$533	$554	$484	$453	$444	($89)	-16.7%

State-Funded Home Care**			**SFY 2006**	**SFY 2008**	**SFY 2010**	**Change SFY 2006 to '10**	
Home Based Care All Levels			$539	$618	$738	$199	37%
Home Based Care Level I-III			*$496*	*$566*	*$687*	*$191*	*38%*
Home Based Care Level IV			*$891*	*$1,085*	*$1,135*	*$244*	*27%*
Homemaker Services***			$140	$134	$119	($21)	-15%

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. Claims for SFY 2010 incurred and paid as of 5/30/2011.

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. 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 include 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, "2012 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 3).

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.