

LTC STUDY COMMISSION

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1. HISTORY

State Strategy - Shift current & future NH residents to residential care/assisted living using MED 94 (higher eligibility standards).

Very Successful – In most states the majority of our assisted living residents would be in nursing homes at double the cost. Even with Maine’s higher eligibility standards DHHS reports that 25% of current residents qualify for NH care.

2. ACUITY

Case Mix – Measures resident care needs. From 1998 to 2014 average Case Mix has increased from as base of 1.00 to 1.28. Since I understand that the Case Mix scale is a logarithm this represents a huge increase in resident care needs.

At SFSS 33% of our assisted living residents are diabetic, requiring the supervision and judgment of licensed nurses. The average age of our assisted living residents is 87.

3. PAYMENT

In the last 10 years the two biggest changes in PNMI payment have been the change in the bed hold policy and the institution of a 5% provider tax – both negatively effecting facilities and residents. The bed hold policy change reduced payment to SFSS by \$50,000 each year. The provider tax penalizes private paying assisted living residents living in facilities that accept MaineCare covered residents.

SFSS receives PNMI payment at \$42/day less than **allowable** costs. This loss is subsidized by private paying residents who are paying a higher cost than they otherwise would. These private payers are also approach MaineCare financial eligibility faster.

4. SERVICES

MaineCare covered assisted living includes housing, utilities, all meals, nursing care, activities, transportation to medical appointments, social programs, laundry and housekeeping.