



## 2018 Wisdom Summit

*Maine Blueprint for Action  
On Healthy Aging*



### Executive Summary

There's a reason Maine's motto is *Dirigo – I lead*. It's because Mainers know how to collaborate to solve tough challenges, often before others in the nation. When it comes to aging, Maine is stepping up again. In fact, Maine is leading an “aging in community” revolution, with nearly 100 Maine communities actively building new systems of support to make sure we can all age well in our communities. At the same time, universities, businesses and health systems are actively engaged in becoming more “age friendly.” The common goal is to ensure we can all live healthy, engaged lives in our homes, and, when home is not an option, in our communities.

As most of us will need some sort of support and care as we age, for these efforts to be fully successful, they need to be integrated and aligned with our larger formal care delivery systems. Unfortunately, Maine's long term services and supports are not integrated into other systems of care and are not keeping pace with growing trends around the country. In order for us all to be able to age at home and in community settings, we need to build a strong, person-centered, cost-effective infrastructure that is fully integrated and aligned with our care delivery systems and that leverages the power of community efforts. While this will take planning and thoughtful problem-solving, a recent report issued by the Cutler Institute of Health & Social Policy, *Charting the Pathway Forward: Redesigning and Realigning Supports and Services for Older Mainers*<sup>1</sup>, offers us a framework for the work.

A call to action to build a robust, coordinated system of formal and informal supports and services was sounded by the Maine Council on Aging (MCOA) at the September 2018 Wisdom Summit. The 350 participants responded by actively participating in 12 work groups that identified action priorities that could begin to build a better system. These priorities reflect the accumulated knowledge, wisdom, and insights of hundreds of social service, healthcare and research professionals joined with the voices of public officials, community leaders and concerned citizens.

The recommendations found in this report are recommendations for us all, not just the MCOA and our members. The MCOA will take on much of this work, but we cannot do it all, nor do it alone. While it may not be feasible to act on everything in this report, we've included all of the recommendations from the day to ensure all voices were heard.

Summary action priorities from the 2018 MCOA Wisdom Summit include:

- A. **Community Level Support:** Bring municipal leaders fully into the conversation about reform of the formal long term services and supports system. Help local and state leaders leverage their

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<sup>1</sup> Griffin E, Gattine E. Charting a Pathway Forward: Redesigning and Realigning Supports and Services for Maine's Older Adults. Portland, ME: University of Southern Maine, Muskie School of Public Service; September, 2017.

investments to influence the quality and number of services available to people in their communities.

- B. **Aging in Community Initiatives:** Encourage towns, cities and regions across Maine to establish, grow and strengthen volunteer *aging in community* initiatives and better connect these initiatives to the formal local and regional social service and health care delivery systems.
- C. **Volunteerism:** Tap into Maine's existing volunteer training and support network to increase training and support for volunteers leading Maine's *aging in community* movement and increase the number of volunteers choosing to provide support to Maine's aging network.
- D. **Housing:** Encourage the next State Administration to issue the housing bond passed by the voters. Collaborate with MaineHousing to advance housing solutions identified in MCOA's report [\*Housing Solutions for Maine's New Age\*](#). Explore new funding options to allow MaineHousing, municipalities and home owners to implement housing solutions that will help people stay at home or in their communities.
- E. **Transportation:** Collaborate with the Maine Department of Transportation and others to build reliable transportation networks, including volunteer ride services, public options where feasible, and other creative solutions to enhance mobility options for non-driving adults.
- F. **Formal Provision of Long Term Services and Supports:** Convene a working group to identify specific actions the next administration can take to spend state dollars more effectively to improve Long Term Care and Home & Community Based Services. Encourage the new administration to take action to implement recommended changes. Investigate how Maine can leverage current and new models of cost-effective residential alternatives to provide the kind of care people want and need when people can no longer live at home.
- G. **Direct Care Workforce:** Increase the size of the direct care workforce and improve training, working conditions, and pay.
- H. **Health Care / Community Based Organization / Local Community Collaboration:** Link medical and behavioral health care with the long term services and supports system to promote improved and more cost-effective health outcomes for people and the communities in which we live.

## Rising to the Challenge

The barest of statistics, well documented in *Charting a Pathway Forward* and other reports, compel the need to act. Consider:

- By 2025, over a quarter of Maine's population is expected to be age 65 and older.
- 25% of people turning age 65 between 2015 and 2019 are projected to need more than one year of paid support over the remainder of their lifetime.
- The costs of long term support services exceed the budgets of most Maine households, and most Mainers don't know that Medicare does not pay these costs.
- In 2016 there were 3.4 working age adults for every person 65 and older. That number decreases to 2.0 in 2026, reducing the number of individuals available to help support older adults.

This is no small challenge, but can be addressed using Mainers' abilities to create common vision and cause. We can look to previous public policy efforts, along with organization and community-sponsored

programs that are successfully meeting identified needs. Meeting the needs of Maine’s aging population can also drive change that benefits all. For example, the Breeze Bus that now provides public bus service between Brunswick and Portland (with stops in towns in between) is used not only by older adults, but also by employees commuting to work, high school and college students commuting to school, and people of all ages traveling between towns or to Portland’s bus/train station. The Volunteer Transportation Network run by People Plus in Brunswick connects people who cannot drive in Brunswick, Topsham and Harpswell to the Breeze, the Downeaster and other modes of public transit. We need to build on these kinds of successes and invest in solutions like these, adapting them to local needs and ensuring they’re adequately funded to promote social connection, livable communities, and healthy aging for us all.

We must prioritize investing in solutions that improve quality of life and well-being for everyone to avoid pitting funding for children against funding for older adults against funding for workers. We need to cultivate the notion that “we’re all in this together”. We need to invest wisely, collaborate across funding streams, and take a long-term, big-picture view, particularly around “return on investment”. We need to value the overall cost-savings that programs like Meals and Wheels and the Medicare Savings Program generate within our health system and understand the grave impacts of cuts to these safety-net programs. For instance, at the Wisdom Summit, 77 year old Senior Corps Hero, Fran Seeley, shared how an asset test implemented in the Medicare Savings Program resulted in the loss of a health benefit that she could not afford to replace. Because she had a small personal savings that helped her pay her basic expenses, she’s now using less preventative health care, a result that will likely cost us and her more down the road.

## **Conclusion**

### **2 Key Questions Facing Us As We Age**

- Will the services we need be available when and where we will need them, regardless of where in the state we live, whether from family, friends, formal programs or volunteer networks?
- Will the funds be there to pay for them, whether self-pay, a benefit, or funds from local or state organizations or government?

These two factors together determine how well we can age in our homes and communities. The difference is whether we stay healthy and engaged in community life, or experience avoidable health problems and are forced to use more expensive services such as hospitals, assisted living and nursing home care. This kind of care increases the overall costs for everyone as well as for state and federally funded programs. We have the opportunity to do what we have always done well in Maine in the past – work together to build a strong plan, take action, and make life the way it should be for everyone in Maine.

## Introduction

All workgroups at the Maine Wisdom Summit submitted action recommendations that are incorporated in this report. The recommendations also reflect the work and wisdom of many others whose work preceded the Summit.

Recommendations fall into 2 major categories.

1. **Enhance community level supports and services** which support healthy, engaged and secure aging in a multitude of ways (transportation, food, housing, socialization, civic engagement, etc.)
2. **Reform of the formal long term services and supports system**, including coordination and integration of the medical, behavioral health, and long term services and supports systems.

When the report references long term services and supports (LTSS), it typically refers to number 2 – the formal system of long term care across the continuum of care. LTSS include the full range of services we may get in our homes or in settings like adult day centers, residential care or nursing facilities. The services may include personal care, private duty nursing, homemaker services, care coordination, respite, home modifications, assistive technology, home delivered meals... and more. However, the largest number of “providers” of LTSS are unpaid family members, friends and community volunteers and many of the services are provided through towns and churches. “It takes a village,” and that village needs support and coordination.

## I. Recommendations

### A. Community Level Supports and Services

Most of us want to age in our own homes and communities; this can be good for us and good for the economic vitality of our communities. When we need residential care, we often prefer to stay close to home to keep a sense of place, and to allow family and friends to more easily stay connected with us. Aligning our investments and policy decisions at the community and state levels to maximize healthy aging and access to core supports and services will enable towns to keep their longer term residents, retain their solid property tax base, and reduce overall costs.

Municipalities (used here to mean official political units of government – cities, towns, etc.) have an interest in the whole continuum of care of where people live:

Own Homes (Rental or Owned)	Retirement Homes/ Congregate Living	New Alternatives	Assisted Living	Nursing Homes
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Municipalities, to lesser or greater degrees, are already supporting older Mainers as we age. They provide and/or financially support transportation services, health services, housing, social service providers, *Aging in Community* initiatives, and more. Municipalities are often the ones responding to local needs when there is “no one else”. Many are feeling the financial impact of this through increased demand for emergency services and staff time. However, many municipalities may not see themselves as active partners in the Long Term Services and Supports system.

One of our biggest opportunities is to bring municipal leaders fully and formally into the conversation about reform of the long term services and supports system. It is at the local level that the myriad programs and services from different agencies and organizations come together (or don't). Focusing on municipalities is also an opportunity to highlight the impact that low cost/high value investments can have to help people live healthy, active engaged lives at home and in the community (e.g. providing preventive evidence-based health programs like Falls Prevention, and/or using programs like community paramedicine to check on older persons in their homes). It will also help municipal leaders think about how to leverage their current and future investments in services they financially support to influence the quality and number of services available to people in their communities.

#### Recommendations:

- Convene a working group that includes municipal leaders, town councilors/select persons, citizens engaged in *aging in community* initiatives, state policy staff, emergency services, public health officials, community based organizations, Council of Governments, economic development leaders and others to identify ways to:
  - Increase the State's role in supporting and promoting municipalities actively engaged in creating communities that work for everyone, including older residents.
  - Engage Maine's municipal leaders, including town councilors and select people, in a robust conversation about the need for an aligned and integrated long term services and supports system that includes municipalities as active partners.
  - Use the Tri-State Learning Collaborative on Aging and established networks like the Maine Municipal Association's Managers Interchange, to share information about successful municipal models that are helping residents live healthy, engaged lives.
  - Help municipalities overcome barriers to information sharing about vulnerable residents and best practices or models in overcoming those barriers.
  - Increase the number of evidence-based "healthy aging" programs available locally and the number of citizens using them (broad public outreach).
  - Develop quality measures that can be used to determine whether municipal investments are assisting their residents in the intended ways.
  - Create legislative solutions that support a formal recognition of the role of municipalities in Maine's long term services and supports system and that rewards municipalities for being proactive in response to the needs of older residents.
  - Research the opportunities of a "longevity economy" as it relates to Maine and the return on investment in low cost/high value community interventions that support healthy aging.
  - Promote public awareness of the role that municipalities play in Maine's long term services and supports system aimed at increasing citizen participation in volunteer initiatives that support *aging in community*.
- Align and integrate "healthy aging" evidence-based programming into Maine's public health infrastructure at the statewide and health district levels.

#### Legislative/State Government

- Consider legislation to establish a Maine Cabinet on Aging, much like the Maine Children's Cabinet, to promote interdepartmental collaboration on aging policy development and program implementation and to support the provision of services to older Mainers that are planned, managed and delivered in a holistic and integrated manner to ensure we can all live healthy, engaged and secure lives as we age in our homes and communities.

- Explore ways to incentivize communities to engage and stay engaged in formal *aging in community* initiatives.
- Explore low cost, high value interventions that are working and can be spread throughout Maine. For example, fund MaineHousing to expand the “Comfortably Home” program to all public housing authorities and make sure the services they provide are available to all older Mainers.
- Help community and municipal leaders involved with *aging in community* initiatives to organize regional legislative listening events early in the session to share what’s possible and explain how these efforts need to be supported through funding and connection to formal services – in the best case scenario, encourage these conversations to be a part of the new legislator bus tours.

## **B. “Aging in Community” Initiatives**

Over the past decade, people in communities all across Maine have realized that we all need to actively build the kinds of communities that will work for us throughout our lifetimes...and we are building them! As a result, Maine is home to nearly 100 formal and informal *aging in community* initiatives. Used here, the term “*aging in community*” is meant to be inclusive of “age friendly communities,” “villages”, “communities for a lifetime,” and “thriving in place” initiatives as well as issue-based initiatives such as regional volunteer transportation, home repair, fuel and food programs. These initiatives actively engage older adults in co-creating infrastructure and services that effectively accommodate needs across the full aging continuum. This benefits people of all ages living in our communities.

These volunteer-driven initiatives assess the needs of people at the community level and develop plans to address issues such as access to health care and support services, reliable and appropriate transportation, safe affordable housing and home repair, walkable sidewalks and streets, efforts to address social isolation, and civic engagement. In order to encourage towns and cities across Maine to duplicate and grow these community efforts, recommendations focus on supporting existing initiatives and finding ways to grow and spread these initiatives around the state.

### Recommendations:

- Use the Tri-State Learning Collaborative on Aging (TSLCA) to educate volunteer leaders of “*aging in community*” initiatives. Help them learn how their efforts play a critical part of Maine’s long term services and supports system and how they can advocate for alignment, reform and investment in the system at all levels.
- Use MCOA connections to continue to connect active community advocates to public policy discussions where they can share their knowledge and influence policy decisions that impact everyone at the community level.
- Create a broad public awareness campaign highlighting the work of Maine’s *aging in community* initiatives and the benefits of creating stronger communities that are livable for all ages. The campaign should promote awareness of the tools available through the Tri-State Learning Collaborative on Aging and AARP’s Network of Age Friendly Communities.
- Engage Maine’s Council of Governments in a conversation about how they can plan to meet the needs of unorganized towns and create an intentional planning response to the needs of older Mainers at the municipal level.
- Explore options to increase civic engagement and social inclusion to help address social isolation and loneliness.

- Create awards for cities and towns doing exemplary work in creating places livable for all ages, perhaps patterned after Silver Collar Awards for employers with policies and practices matching the needs of mature workers. Showcase those models for others to adapt for their own communities.

#### Legislative/Government

- Consider changing Maine’s motto from “The Pine Tree State” to “The Wisdom State”

### **C. Volunteerism**

Closely connected to the “*aging in community*” movement, is the need to grow the number of people who are volunteering across the state and optimize their ability to contribute. Thousands of us are already lending our experience, skills and passion to a multitude of organizations and efforts to make Maine a better place. However, as people start work earlier and are working longer in life, Maine volunteer-driven organizations will be challenged to find and retain engaged volunteers, especially younger ones who will offer a lifetime of volunteerism if they get involved early. Maine needs to create a “culture of volunteering” supported by a robust infrastructure engaging government, business, and civil society.

#### Recommendations:

- Link high schools to organizations that serve older people to increase youth volunteerism and leverage the many skills and experiences of older and younger people. Address barriers to this linkage.
- Develop a communication strategy to increase public awareness of the need for volunteers and benefits of volunteering targeted to both older and younger audiences.
- Increase opportunities for people to volunteer once – i.e. step in to help once, but not have to commit to continuing to help.
- Identify existing statewide or regional volunteer training and support programs that could train and support Maine’s *aging in community* volunteers.
- Increase corporate-supported volunteerism and make sure senior service and *aging in community* initiatives are among the volunteer endeavors in which employees are incented to participate.

#### Legislative/Government

- Develop and/or expand county, state and local financial support for volunteering similar to the property tax relief program in Saco.
- Engage the Department of Education in exploring and/or incenting linkage of high school volunteer programs to aging initiatives.
- Expand availability of “Senior Corps” to support *aging in community* initiatives to allow low-income seniors to volunteer and earn a tax-free stipend.

### **D. Housing**

Maine is at the forefront of finding ways to increase the supply of affordable housing, and in thinking about how to develop housing options, including housing with services. The good work done so far needs to be built upon and expanded.

Older people in Maine typically live in older, energy inefficient homes far from service centers. While we have a strong desire to continue living in our homes, many homes don’t work for us as we age.

Physical challenges such as limited mobility, balance, or sight may hinder safety. Income may be insufficient to pay property taxes and keep up with necessary repairs and updates. To date, we have not developed enough programs to help people stay safely at home through home modifications, nor sufficient housing alternatives when they cannot. In 2012, 21% of Maine adults age 55 and older paid more than 30 percent of their household income for housing. By 2022, a shortfall of 15,000 affordable housing units for low income older adults is projected. If we need services along with housing and want to remain independent, currently available options are limited. These facts urge action to explore housing solutions that can meet this growing need.

#### Recommendations:

- Collaborate with MaineHousing to increase available housing, home repair and home modification options for older Mainers.
- Explore opportunities to expand access to home modifications and chore services through Medicaid and publicly funded LTSS programs.
- Conduct research that includes community conversations to understand how people want to live if they cannot live in their own homes, and how they want to access housing with care services. Use results of this research to align state and community investments in developing housing options that respond to preferences to the extent possible.
- Host conversations with housing services experts and developers to identify opportunities to address regulatory barriers to developing, expanding, and managing senior housing alternatives, including the “Independent Housing with Services” model.
- Share expert information with officials who regulate housing development to ensure housing is meeting the needs of older adults and aligns with local community efforts for *aging in community*.
- Implement recommendations the *Housing Solutions for Maine’s New Age* Report.

#### Legislative/Government

- Call on the next Governor to release the housing bond passed by Maine voters.
- Host conversations with housing and state LTSS policy staff and health systems to explore approaches or models that integrate housing with social and health service delivery. Based on options explored, work with partners to develop adaptable model ordinances to create flexibility in housing solutions for older Mainers.
- Explore the creation of a legislatively established, municipal fund to provide loans/financing to develop new kinds of housing. For example, set aside a pool of money as % of property tax dollars (which seniors pay) which would be available to local municipalities to provide low or no interest loans to develop new kinds of housing.
- Explore opportunities to create navigation services which smooth transitions from EVERY type of housing – home, affordable senior housing, hospital, nursing home, etc. People need navigation assistance at every transition and there is little help available.

### **E. Transportation**

According to Maine's 2025 Strategic Transit Plan, nearly a third of older Mainers “live in communities without access to fixed route transit or one of the larger flex route transit systems”. Plus, only a handful of communities are served by volunteer driver programs. While volunteer programs help allow non-driving residents remain at home and still access food, friends, and care, they are disconnected from



public transit providers and are not networked together. Generally, transportation options are not linked or well-coordinated, challenging riders to navigate the transportation options that will work for them.

### Recommendations

- Increase transportation accessibility and coverage options. Start by surveying all transit options and sharing that information broadly.
- MCOA: Continue to collaborate with Maine Department of Transportation (DOT) to build a volunteer transportation network that supports, connects and grows Maine's current volunteer driver programs, and connects these networks with public transit options.
- Streamline available transportation services by addressing barriers that limit kinds of riders and coordinating service. (e.g. 2 mostly empty buses going to the same location dropping off different types of people). In Portland, older kids going to school can ride public buses at no cost.
- Maximize public funding of transportations at all levels - municipal, state, and federal - through reducing limitations and increasing coordination and information sharing.
- Pilot expanded transportation services in very rural areas – i.e. to the end of every dirt road.
- Encourage development/deployment of technology that can assist people easily finding the ride they need.
- Support the emerging statewide mobility network called Moving Maine, and consider whether that network can help solve larger transportation needs.

### Legislative/Government

- Support DOT's leadership in coordinating transportation networks (formal and volunteer).
- Explore options for accessing non-medical transportation as a benefit under Medicaid.

## **F. Formal Provision of Long Term Services and Supports (LTSS)**

No matter how well we leverage our communities, families, care partners, volunteers, housing, and transportation options, many of us will need to rely on paid services from health care and/or the long term services and supports system.

Estimates show that as many as 70% of us over 65 today will eventually need some form of long term assistance with our activities of daily living. Projections indicate that 25% of people turning age 65 between 2015 and 2019 will need more than one year of paid support over the remainder of our lifetimes. Few of us will have the means to pay for it. Maine needs to reexamine its LTSS and health care systems to more cost-effectively address the needs of our growing, older population. (LTSS includes care delivered in nursing homes and assisted living facilities as well as services delivered in a home or community setting – home care, homemaker services, adult day services, etc.)

Maine's last comprehensive reform of our LTSS system occurred over 25 years ago when the federal Medicaid program offered only limited options to provide home and community based services. Since then a number of programs and innovations at the federal and state levels have become available and are being implemented effectively in other states.

Navigating the LTSS system can be confusing and even overwhelming for individuals and their families. Individuals may not know the options available to them or even where to start getting information. LTSS services funded by multiple sources with different rules and access points create system fragmentation, especially for individuals who have multiple support needs (for example, an

individual with medical, behavioral health and LTSS needs). Limited information about care choices can lead to limited access and a greater likelihood of poor outcomes for that individual.

In most cases, the LTSS system is not adequate to support individuals in the community. MaineCare provides transportation to medical appointments for persons receiving benefits, but does not help with transportation for other needs, such as shopping or socializing. On the other hand, if someone needs transportation but does not get MaineCare, they are on their own for all transportation.

This example plays out over and over again in housing, home care, residential care and other kinds of services. The goal of moving from our current fragmented system to a coordinated, and ultimately, integrated system, is to ensure that we can all easily access the kind of support we need when we need it.

## Reform



### Recommendations

- Establish a statewide work group on LTSS to recommend ways Maine can more effectively leverage Federal-State funding opportunities to improve access and quality in the delivery of LTSS across the long term care continuum. The work of this group is anticipated to be completed in two phases and also to overlap with other groups referenced below.

#### **Phase One**

- Review federal-level Medicaid authorities and opportunities for delivery of Home and Community Based Services (HCBS), both fee-for-service and capitated services systems.
- Check how other states use Medicaid to leverage innovative or improved flexible service delivery (e.g. support for family care partners, expanding access for “pre-Medicaid” population).
- Strengthen “no wrong door” approach across all service delivery points, leveraging ADRCs (Aging and Disability Resource Centers) to ensure that people have timely access to information about available services.
- Examine potential ways to optimize rules around financial eligibility and asset limits for Maine programs, to minimize institutional bias and improve adequate access and affordability of services (e.g. potentially leveraging state-funded programs to obtain matching federal funds).
- Identify state models that integrate LTSS with behavioral health, intellectual disabilities, and/or complex health needs.
- Identify state models for integrating and aligning care for persons eligible for both Medicare and Medicaid, “often referred to as “dually-eligible individuals”.

- Add dementia as a criterion for health homes.
- Develop strategies for providing enhanced care coordination and person-directed care.
- Explore strategies to expand support of informal care partners.
- Establish recommended state goals that the administration should adopt related to improving scores on AARP's scorecard (increased use of self-direction, increased support for family care partners, etc.).

#### **Phase Two**

- Evaluate and recommend changes needed to support essential access to residential care and nursing facility services, particularly in remote or underserved areas.
- Explore impact of the new CMS settings rules and residential models that meet those requirements.
- Explore expansion of independent housing with services model.
- Explore federal/state funding authorities currently available for residential care services.
- Identify best practices to achieve more person centered care through facility design and staff responsibilities and training.
- After community conversations identify how people want to access housing with care, identify models that exist or that could be created to better meet the identified needs and preferences, barriers to developing these models and potential solutions to barriers.
- Explore ECHO project with Maine Quality Counts for Nursing Homes to promote staff learning and reach rural areas (e.g. SAGE training).
- Explore opportunities to create formal housing transition navigation services from EVERY type of housing – home, affordable senior housing, hospital, nursing home, etc. People need navigation assistance at every transition and there is little help available.

#### Legislative/Government

- Encourage the new administration to establish a cabinet level position on Aging, which includes Long Term Services and Supports, to consider and potentially implement MCOA Work Group recommendations, and to support the Cabinet on Aging.
- Examine the limitations and opportunities at the intersection of housing and MaineCare and determine the best practices to maximize the efficiency of combined programs.
- Encourage Legislative leaders to include a formal and thorough briefing on the “State of Aging in Maine” to all members of the 129<sup>th</sup> Legislature, including information on Maine’s formal LTSS system and its intersection with MaineCare.
- Encourage the new administration to provide and/or legislature to require an annual report on the status of Long Term Services and Support and Aging Services in Maine to the Legislature and the public.

### **G. Direct Care Workers**

Maine needs to grow and sustain a qualified direct care workforce to help take care of older people in our homes and communities, and in residential and nursing care settings. Ensuring an adequate supply of people to provide care for older individuals in their homes and communities is more cost effective than solely relying on nursing homes when we need personal care. Currently 6,000 hours of needed homecare are unstaffed each week, and 53% of direct care workers in Maine rely on public assistance. Needed reforms include improved compensation, benefits and employer-provided organizational supports, as well as opportunities for training and professional advancement. These are critical to recruiting and retaining a quality workforce adequate to serve current and future needs. We can work to

improve the supply, quality, and retention of direct care workers, but it requires a coordinated multi-faceted approach.

### Recommendations

- Support the legislatively established Commission to Study Long Term Care Workforce Issues.
  - MCOA to monitor Commission and provide content support for deliberations.
  - Urge the Commission to explore and potentially implement recommendations from PHI highlighted at the Wisdom Summit.
  - Implement a “Quality Jobs Framework” based on the (9) elements of a “quality job” for a provider to focus on in the area of compensation, opportunity and supports. Better job quality leads to increased stability of workforce and higher quality of care - “Quality Care through Quality Jobs.”
  - Develop a “recruitment & retention strategy” based on the (10) elements of an effective recruitment & retention strategy.
  - MCOA to support legislative initiatives generated from the Commission that are consistent with the goal of improving the well-being of people and communities across Maine.
  - At the conclusion of the Commission’s work, the MCOA will establish a work group to implement the non-legislative recommendations of the Commission’s report.
- Establish training requirements based on core competencies that improve cross-training and career opportunities for workers, as opposed to program/population based requirements.
- Help improve the status and desirability of becoming a Direct Care Worker (DCW), especially for populations currently not well represented (e.g. men, older adults).
- Pursue grant funding to develop and launch a two-pronged professional outreach campaign to:
  1. Improve the occupational status and draw in new workers (e.g. males, older persons).
  2. Promote public awareness of the value of DCWs.

### Legislative/Government

- Support the Commission to Study Long Term Care Workforce Issues.
- Increase funding for reimbursement for direct care workers across the continuum.
- Encourage the new administration to explore ways other state agencies can help build a better direct care workforce. For instance,
  - Establish priority focus in the Department of Labor on growing and supporting this workforce through existing resources.
  - Identify ways the Department of Education can connect these jobs to career planning efforts or provide incentives that promote direct care work.

## **H. Health Care / Community Based Organization / Local Community Collaboration**

The National Academy of Medicine and many other leading organizations have identified addressing social determinants of health (e.g. food, housing, transportation, social inclusion, etc.) as keys to improving the health of our population, especially older adults. Health care organizations and community based organizations such as Area Agencies on Aging, Community Action Programs, and Food Banks, have established promising approaches in pilots and demonstration projects. As medical payment reform evolves, these approaches to meeting health needs will potentially offer a return on investment for health care organizations. This could encourage them to provide more support for community programs.

*Charting a Pathway Forward* notes that we need to realign the payment and delivery of services. “This means payment reform that rewards providers for successful outcomes rather than the number of services they provide, and outcome measures focused on older adults living healthy, active, secure and engaged lives at home.” This means exploring both how to better identify and measure outcomes, and how to implement payment reforms that reward providers for achieving them.

#### Recommendations:

- Establish a multidisciplinary work group of medical and behavioral health providers, community based organizations, payers, recipients of services, and municipalities. As payment reform evolves, there is more incentive and opportunity for health care providers to leverage the existing strengths in the community and share resources to help support people in their communities.
  - Increase awareness and better understanding of each other’s roles, goals and priorities.
  - Establish a shared vision for aligning and integrating long term services and supports, behavioral health care and medical care.
  - Identify ways to strengthen connections among providers to support the shared vision.
  - Examine how to better use current payment and care coordination opportunities to maximize care outcomes across systems of care (i.e. dementia care codes).
  - Strategize to ensure all people who would benefit from evidence-based programming (e.g. falls prevention) receive those services.
  - Explore different successful payment structures (e.g. Behavioral Health Home) that facilitate/allow providers to deliver person centered care based on individual needs.
  - Explore and support pilot programs that have potential to be scaled if successful.
- Develop recommendations for using data systems to help integrate/coordinate services across the care continuum, focused on the person and their needs/care goals.
- Support the development of person-centered care measures, to help all parties to focus on person centered care.
- Develop a centralized data warehouse of care/services for individuals, accessible at all service touchpoints. Identify available resources and services using focus groups and surveys of patients, providers, payers, community organizations, families and grant organizations.
- Encourage Maine Medicare Advantage plans to elect to pay for new lower cost LTSS services to decrease avoidable utilization of higher cost services.

#### Legislative/Government

- Encourage state government to revisit the recommendations from the 2012 MaineCare Redesign Task Force for integrating medical care and LTSS services.
- Encourage MaineCare to elect to pay for new lower cost LTSS services to decrease avoidable utilization of higher cost services, in their Health Homes, Behavioral Health Homes, and Accountable Communities of Care programs.
- Encourage administration to apply for funds under the HITECH Act for the statewide HIE to expand into long term care and social determinants of health. (Currently they have funding for “activities to promote health information exchange” for physical health and behavioral health services.) Explore the potential for Maine to include in-kind resources for its 10% match.
- As CMS makes data more available, explore opportunities to do further analysis of data to help identify opportunities for Maine to improve its care of our dually eligible Medicare and MaineCare enrollees.

## II. Research Opportunities

Research opportunities that would support the recommendations are listed below. Many are also noted within the report.

1. **Municipal Dashboards:** Create municipal dashboards to help local leaders understand the health of their older residents, how well they're addressing needs in their communities and where there are opportunities for improvement. Integrate various municipal/county level assessments on Social Determinants of Health, identify and add missing data sources, and develop local profiles of assets and gaps to review with municipal officials/leaders. Some potential data sources:
  - a. Charting a Pathway Forward
  - b. Muskie Rural Health Profiles
  - c. Robert Wood Johnson Foundation County Health Rankings
  - d. Americas Senior Health Ranking
  - e. AARP State Profiles
2. Investigate the best nationally endorsed short and long-term outcome measures to be considered for compensation for systems that integrate the delivery of social and healthcare services.
3. **Housing**
  - a. Engage older Mainers, especially in rural and remote communities, in conversations about where they want to live if they can't live at home and how they want to access housing with care services.
    - i. **General Housing**
      1. How should we be spending our limited housing development resources like the bond to build affordable housing options people want to live in?
    - ii. **Housing with Care**
      1. Where do they want to live if they need to live somewhere with care options?
  - b. Determine what kind of navigation support is needed and how can it be developed to help people transition from home to affordable alternatives to assisted living to hospital to nursing home care, etc.?
4. **Transportation**
  - a. Conduct a comprehensive survey of all transit options and share that information broadly.
5. **Economic Research**
  - a. Better understand the opportunities of a "longevity economy" as it relates to Maine and the return on investment in low cost/high value community interventions that support healthy aging.
  - b. Map corridors of likely growth and primary and secondary economic centers and overlay with likely patterns of migration to determine where we should be investing our limited development, housing and transportation funds.
6. **MaineCare and State Funding**
  - a. Collaborate with state research partners to:
    - i. Forecast the most cost-effective allocation of public financing across the continuum of home, residential and nursing facility settings, and redesigning MaineCare and state-funded programs to support that allocation.

- ii. Forecast population trends to determine where affordable housing, residential care options and nursing facility services will be needed most and how to strategically invest to develop those resources.

### **III. Conclusion**

As noted throughout the report, we have many opportunities to build stronger linkages between formal and informal community level supports and formal long term services and supports, and to align and integrate those services with our other systems of care so that we can all live healthy, engaged and secure lives as we age in our homes and communities. These opportunities are waiting to be realized through coordination of efforts and wise, targeted investments in lower cost, higher value services. The challenge is to take action to implement the recommendations. The MCOA is ready, and wants to work with all willing partners in these efforts.

If we fail to act on these recommendations, Maine will continue down the path of limited, uncoordinated, fragmented services which do not meet the needs or wants of most of us. This is a waste of our limited resources. We have the opportunity to do what we have always done well in Maine in the past – work together to build a strong plan, take action, and make life the way it should be for everyone in Maine. The good news is that working to improve the system of care for older Mainers will benefit everyone and our economy.

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The *Charting a Pathway Forward* report was prepared by the Muskie School of Public Service for the Maine Health Access Foundation (MeHAF), in September 2017. In early 2018, MeHAF supported a planning process to explore how to plan to meet the recommendations in the report. The Wisdom Summit was chosen as the best opportunity to “unpack” the report and secure input from a broad group of stakeholders representing diverse disciplines and segments of the economy on how to operationalize the recommendations. MeHAF was the Premier sponsor of the Wisdom Summit and is supporting some of the on-going work identified in this report. The MCOA is indebted to MeHAF for their leadership in this policy area and for all the work they have done to create better systems that support healthy aging. We are also grateful to our other Summit sponsors, our Platinum Sponsor, Maine Association of Area Agencies on Aging, and Gold Sponsors, Aetna, Alzheimer’s Association Maine Chapter, HealthCentric Advisors, Maine Community Foundation, Maine Department of Transportation, MaineHealth, Martin’s Point Healthcare, Senscio Systems, Inc. and University of New England College of Osteopathic Medicine.