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Assessment of Maine's Long-Term Care Needs. Baseline Report: Demographics and Use of Long Term Care Services in Maine

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**Assessment of
Maine's Long-term Care Needs**

**Baseline Report:
Demographics and Use of Long Term Care Services
in Maine**

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Maine Department of Health and Human Services

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Contents

- 1.1 Background..... 4
- 1.2 Maine Demographics..... 5
- 1.3 Characteristics of People in Nursing and Residential Care Facilities and Home Care Recipients..... 14
- 1.4 Trends in MaineCare Service Use 22
- 1.5 Nursing and Residential Care Facility Capacity and Use..... 27
- 1.6 Appendix 1: List of Maine Nursing Facilities by County in 2007 37
- 1.7 Appendix 2: List of Maine Case Mix Residential Care Facilities by County in 2007 42
- 1.8 Glossary of Terms..... 47

1.1 Background

In 2006, the Office of Elder Services requested the assistance of the Muskie School in developing an assessment of long term care service use in Maine. This report provides baseline information on the demographic characteristics, participant characteristics and service use trends for people accessing long term care services in this State.

This report is part of a larger initiative to develop a model for projecting need and use of long term care services in nursing and residential facilities as well as in the community in the next ten years. The Muskie School is working with the Lewin Group to develop a model for estimating future need and use of long term care services. The model will project long term care need and use through 2015.

For purposes of this report, we have excluded people with MR/DD. Long term care services do not include community support services for people with mental illness.

In this report, long term care services include:

- Nursing Facility Services
- Private Non-medical Institutions
- Consumer Directed Attendant Services
- Day Health Services
- Elder and Adult Waiver Services
- Home Health Services
- Hospice Services
- Personal Care Services
- Physically Disabled Waiver Services
- Private Duty Nursing Facility Services

A variety of data sources are used to show trends in long term care service use. These include Maine assessment data and MaineCare claims data. The Maine assessment data is used primarily to develop a profile of the characteristics of long term care users. The claims data is used to examine service utilization trends of MaineCare members. The specific data source can be found in the footnote of each graph or table.

1.2 Maine Demographics

Many demographic factors influence the need for and use of long term care services. These factors include age, income, disability, and availability of family support, among others. The following charts provide historical and projected information on these demographic factors. These factors also vary by county in Maine. Where possible we have also included county specific information.

Figure 1

Age Profile of Maine's Population by Five-Year Age Groups Based on Census Bureau Estimates for July 2006 and Projections for 2015

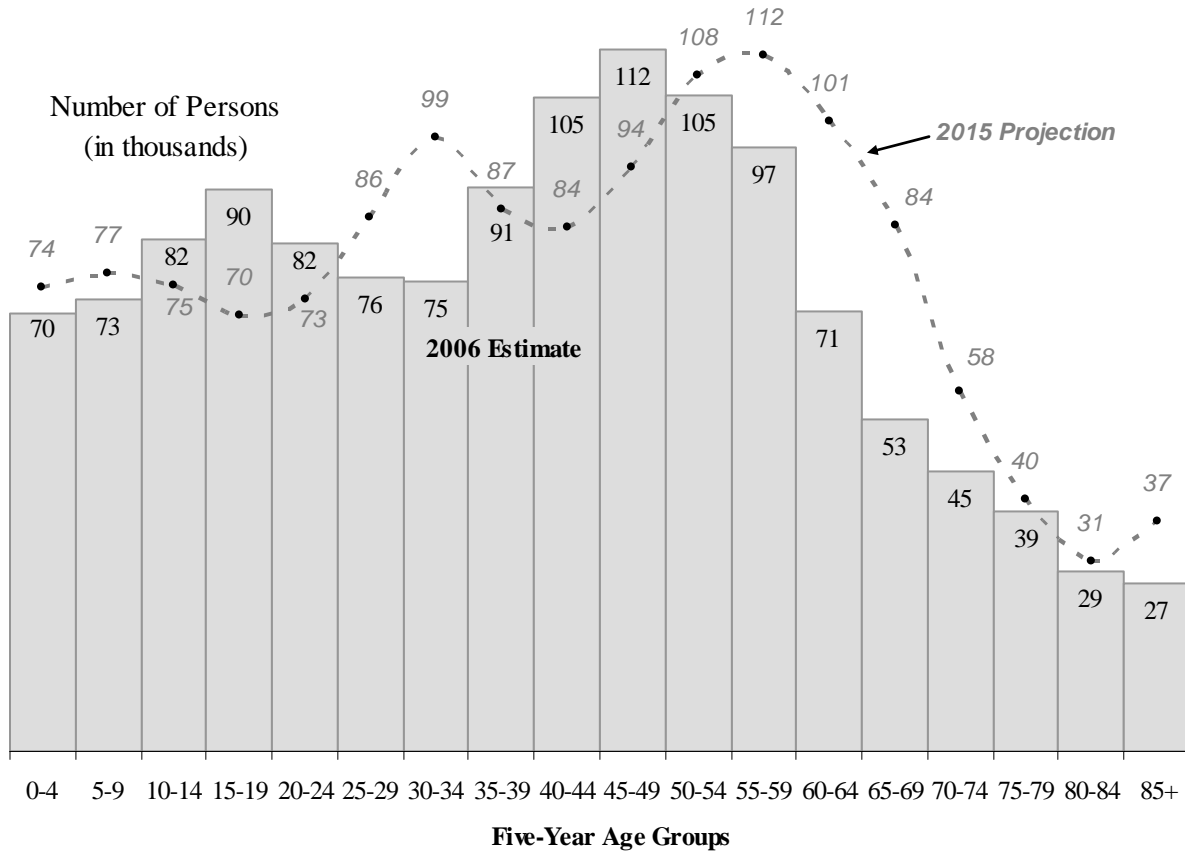


Table 1

Maine's Population by Age Group Based on Census Bureau Estimates for July 2006

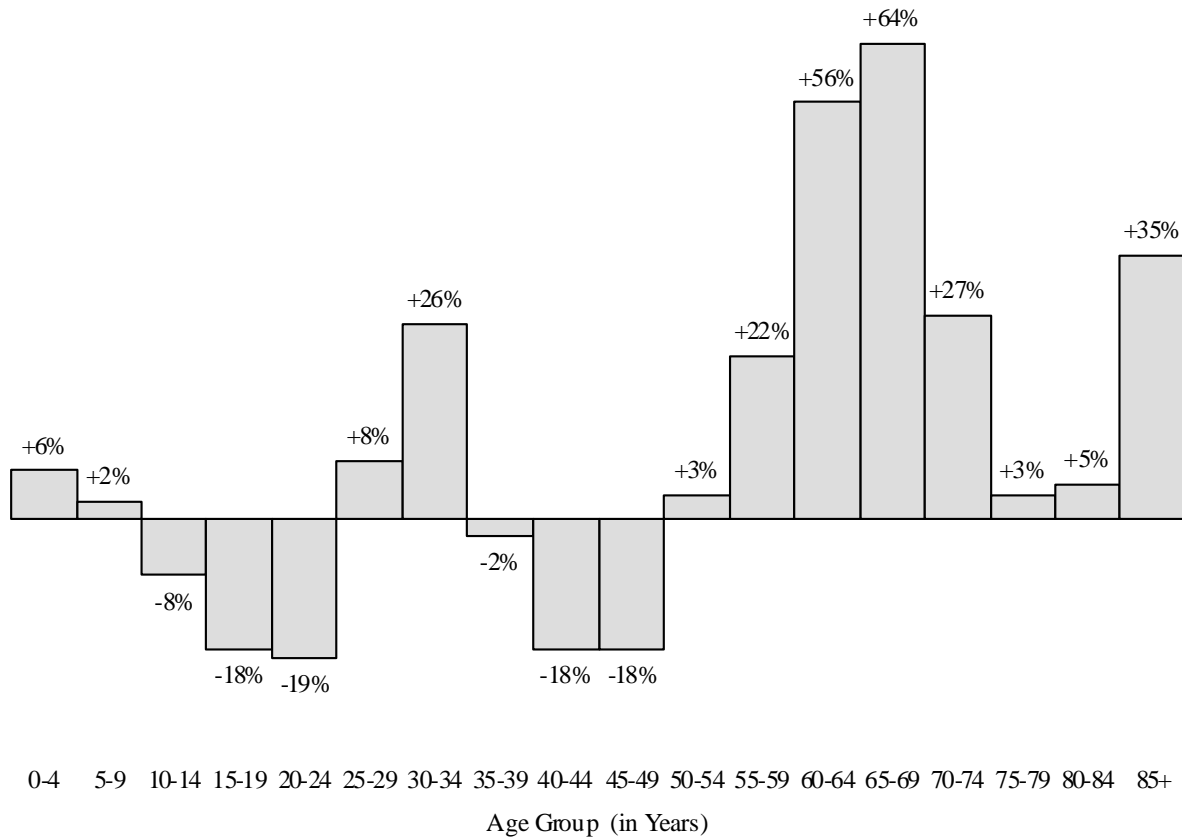
Age Group	Persons	Percent	Age Group	Persons	Percent
1-4 years	70,245	5%	50-54 years	105,202	8%
5-9 years	72,551	5%	55-59 years	97,019	7%
10-14 years	82,259	6%	60-64 years	70,571	5%
15-19 years	90,062	7%	65-69 years	53,164	4%
20-24 years	81,620	6%	70-74 years	45,042	3%
25-29 years	76,062	6%	75-79 years	38,630	3%
30-34 years	75,496	6%	80-84 years	28,791	2%
35-39 years	90,511	7%	85 years and over	27,012	2%
40-44 years	104,850	8%	65 years and over	92,639	15%
45-49 years	112,487	9%	Total Population	1,321,5741	100%

Source: U.S. Census Bureau, *State Single Year of Age and Sex Population Estimates: April 1, 2000 to July 1, 2006* - downloaded from <http://www.census.gov/popest/datasets.html>

U.S. Census Bureau, *Interim State Projections of Population by Single Year of Age: July 1, 2004 to 2030*, (Washington: 2005).

Figure 2

**Percent Change in Maine's Population by Age Between
the Census Bureau's Estimates for 2006 and Projections for 2015**



Source: U.S. Census Bureau, *Interim State Projections of Population by Single Year of Age: July 1, 2004 to 2030*

- **The number of people between ages 60-64 and 65-69 represents the largest increase in the population between 2006 and 2015. The number of people age 60-64 will increase 56%; and the number of people between ages 65-69 will increase 64%. This represents people of pre-retirement and retirement age.**
- **Between 2006 and 2015, the number of people over age 84 is projected to increase by approximately 35%.**
- **The number of people ages 40-50, will decrease by 18%.**
- **The number of people age 15-24 is projected to decrease by 18-19% between 2000 and 2015.**

Figure 3

Percent of Population Age 65+ in Selected States from 2000 to 2030

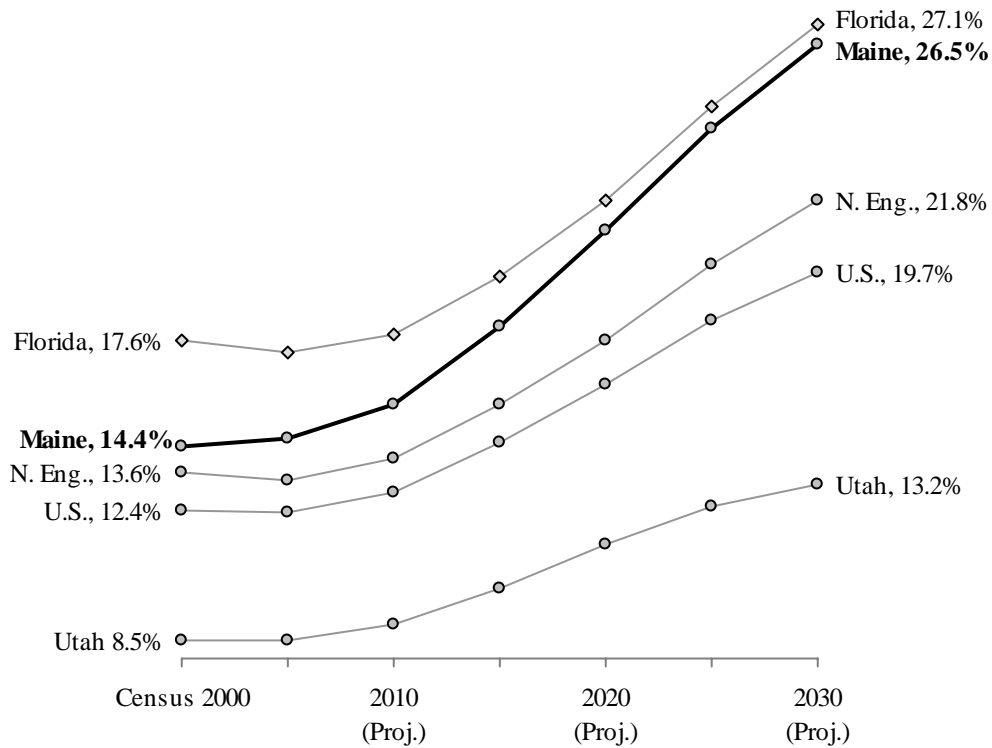


Table 2

Percent of Population Age 65+ and State Rank Based on U.S. Census Bureau Projections for 2000 to 2030 (Sorted by rank in 2030)

State	Census 2000		Census Bureau Projections											
	2000	Rank	2005	Rank	2010	Rank	2015	Rank	2020	Rank	2025	Rank	2030	
Florida	18%	1	17%	1	18%	1	19%	1	22%	1	25%	1	27%	1
Maine	14%	7	15%	6	16%	3	18%	3	21%	2	24%	3	27%	2
Vermont	13%	26	13%	22	14%	11	17%	7	20%	8	22%	8	24%	8
Connecticut	14%	10	14%	11	14%	9	16%	14	17%	17	20%	18	22%	16
New Hampshire	12%	37	12%	35	13%	32	15%	28	17%	19	20%	17	21%	17
Rhode Island	15%	6	14%	8	14%	15	15%	19	17%	20	19%	20	21%	18
Massachusetts	14%	12	13%	19	14%	23	15%	23	17%	24	19%	24	21%	21
Utah	9%	50	9%	50	9%	50	10%	51	11%	51	13%	51	13%	51

Source: *Interim Projections of the Population by Selected Age Groups for the United States and States: April 1, 2000 to July 1, 2030*, U.S. Census Bureau (released April 2005)

- **By 2030, Maine will have the second highest percentage of population age 65+ of any state in the United States.**
- **Florida ranks first in number of people age 65+ while Utah has the lowest percentage of people age 65+.**

Figure 4

Percent of Population Ages 65+ by County in July 2006

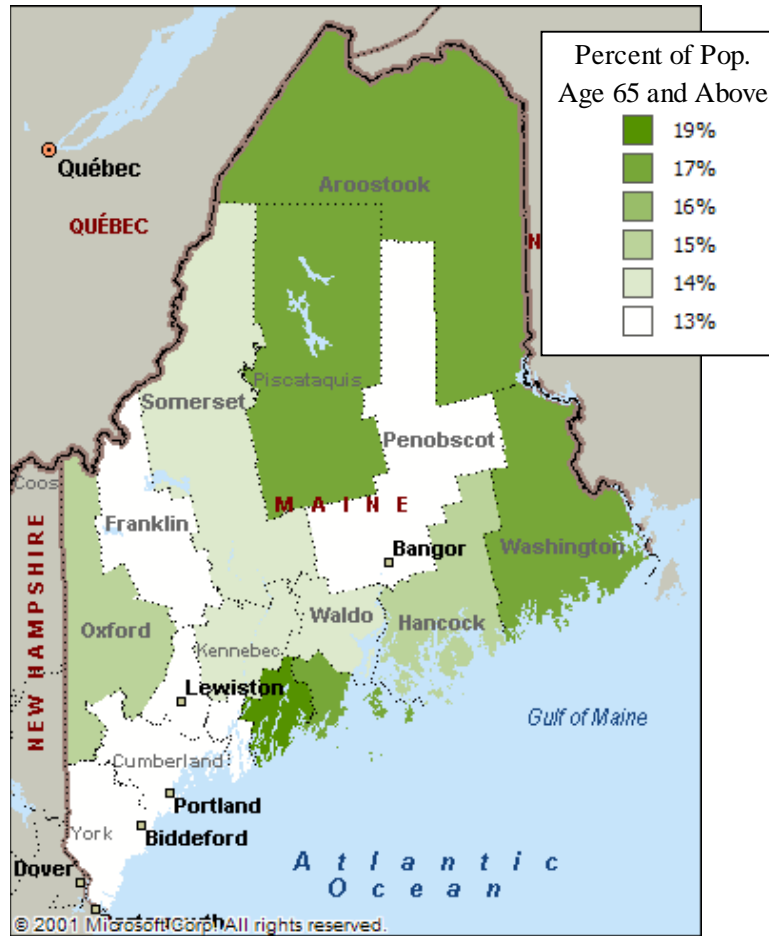


Table 3 Percent of Population Ages 65+ and 85+, by County in July 2006

County	Percent of Population		County	Percent of Population	
	Age 65+	Age 85+		Age 65+	Age 85+
Androscoggin	13.9%	2.1%	Penobscot	13.6%	1.6%
Aroostook	17.4%	2.4%	Piscataquis	17.0%	2.3%
Cumberland	13.6%	2.2%	Sagadahoc	13.2%	1.7%
Franklin	14.0%	1.8%	Somerset	14.8%	2.0%
Hancock	15.9%	2.1%	Waldo	14.1%	1.6%
Kennebec	14.4%	2.0%	Washington	17.7%	2.5%
Knox	17.3%	2.6%	York	13.9%	1.9%
Lincoln	18.4%	2.7%	Statewide	14.6%	2.0%
Oxford	15.5%	2.1%			

- The percent of people age 65+ varies from a low of 13.2% in Sagadahoc County to a high of 18.4% in Lincoln County.
- The highest percent of people age 85+ in July 2006 is also in Lincoln County.
- Waldo and Penobscot counties have the lowest percent of people age 85+ at 1.6% of their total population.

Source: U.S. Census Bureau, Annual County Resident Population Estimates, April 1, 2000 to July 1, 2006.

**Dependency Ratios in Maine:
Number of Working Age Persons (age 20 to 64) for Each Person Age 65+**

Table 4
Projected Dependency Ratios in Maine, 2000 to 2030

Year	Census 2000	2005 Projected	2010 Projected	2015 Projected	2020 Projected	2025 Projected	2030 Projected
Dependency Ratio	4.1	4.2	4.0	3.4	2.8	2.3	2.0

Source: U.S. Census Bureau, "Interim State Projections of Population by Single Year of Age and Sex: July 1, 2004 to 2030"

- **According to the statewide averages in the chart above, between 2000 and 2010 there are approximately 4 younger, working aged people for each older person age 65 or over. By 2015, the ratio starts to decline and by 2030 is half the rate of 2010.**

Table 5
Projected Dependency Ratios by Maine County for 2015

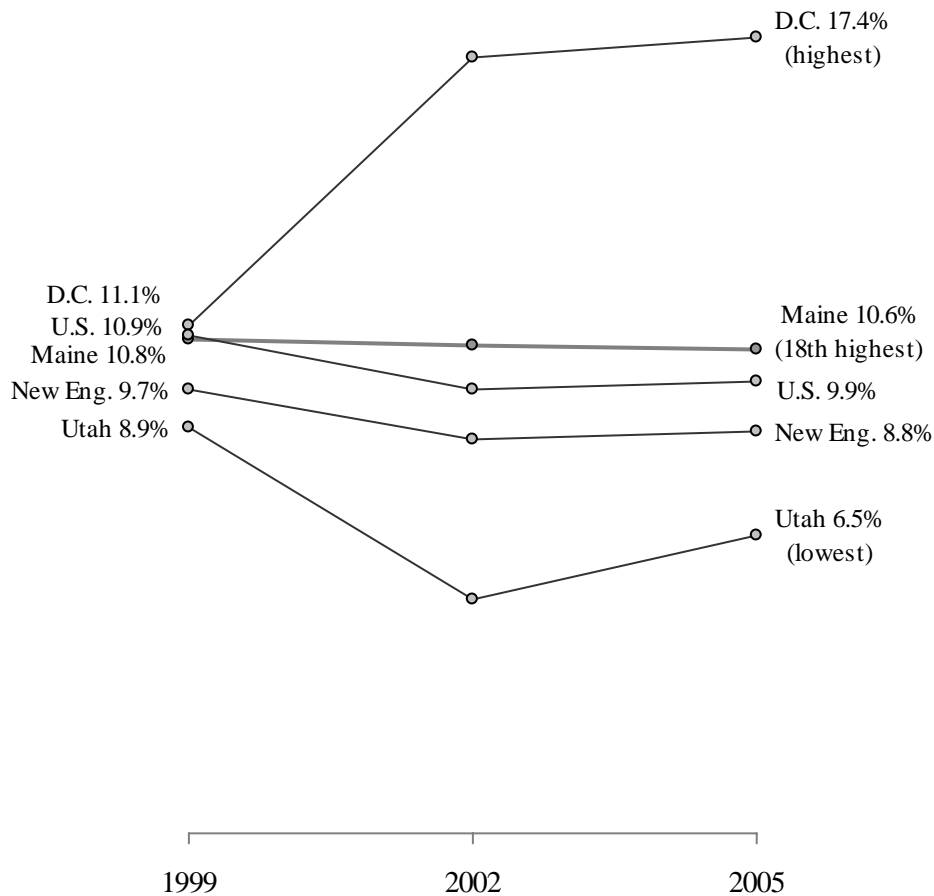
County	Census 2000	July 2006	July 2015	Change from 2000 to 2015
Androscoggin	4.1	4.2	3.6	-0.5
Aroostook	3.4	3.4	2.6	-0.8
Cumberland	4.6	4.6	3.6	-1.0
Franklin	4.1	4.7	3.6	-0.5
Hancock	3.7	3.9	2.9	-0.8
Kennebec	4.2	4.3	3.4	-0.8
Knox	3.4	3.6	2.8	-0.6
Lincoln	3.2	3.2	2.4	-0.8
Oxford	3.6	4.1	3.4	-0.2
Penobscot	4.6	4.6	3.7	-0.9
Piscataquis	3.3	3.6	2.7	-0.6
Sagadahoc	4.8	4.5	3.1	-1.8
Somerset	4.1	4.1	3.2	-0.9
Waldo	4.4	4.5	3.3	-1.1
Washington	3.3	3.3	2.7	-0.6
York	4.4	4.4	3.4	-1.0

Source: Woods & Poole Economics, "2007 State Profile, State and County Projections: New England"

- **In 2006, the dependency ratio varied from a low of 3.27 in Lincoln County to a high of 4.58 in Penobscot County.**
- **Sagadahoc County is projected to have the largest dependency rate decline, decreasing by 1.8 people between 2000 and 2015.**

Figure 5

Percent of the Age 65+ Population at or below the Federal Poverty Level, by Selected States, 1999 to 2005



Sources: AARP, *Across the States* 2002, 2004, 2006

- **The percent of people in Maine over 65 who are at or below the Federal Poverty Level (FPL) remained fairly consistent from 1999 to 2005.**
- **Maine’s poverty rate for people over 65 remains higher than the New England average rate.**
- **The area with the highest poverty rate is Washington DC and the lowest poverty rate for people age 65+ is found in Utah.**

Figure 6

**Percent of Persons Age 65+ Who Reported
Incomes below the Federal Poverty Level (FPL) in 1999**
(Darker shading indicates a higher poverty rate)

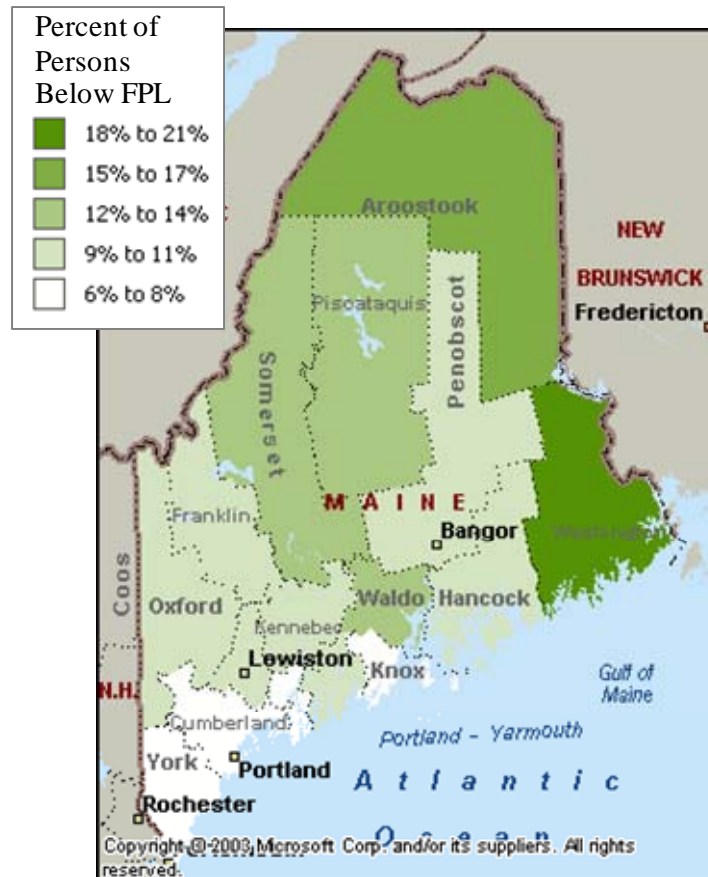


Table 6

**Percent of Persons Age 65+ in Maine Who Reported
Incomes below the Federal Poverty Level (FPL) in 1999**

County	Persons Age 65+	County	Persons Age 65+
Androscoggin	11%	Oxford	10%
Aroostook	16%	Penobscot	11%
Cumberland	7%	Piscataquis	14%
Franklin	10%	Sagadahoc	6%
Hancock	10%	Somerset	13%
Kennebec	10%	Waldo	12%
Knox	8%	Washington	19%
Lincoln	10%	York	9%

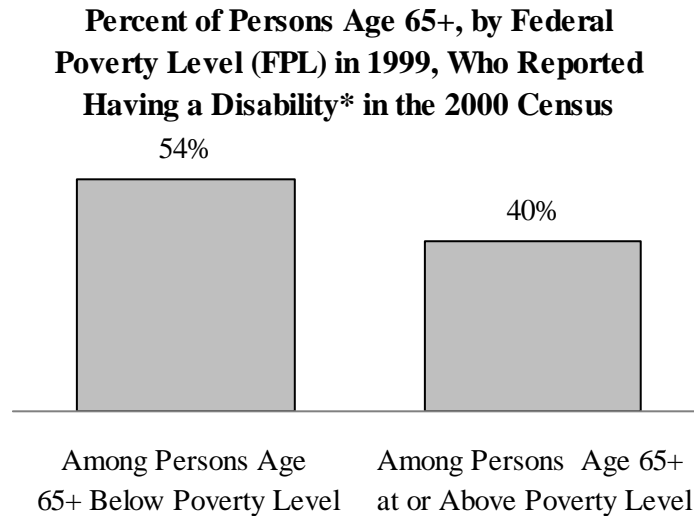
Source: Census 2000 Summary File 3 (SF 3) - Sample Data

- Washington County had the highest percentage of people over 65 living at or below the federal poverty level; Cumberland County had the lowest.

Disability* Rates by Federal Poverty Level status for persons age 65+ in Census 2000

The following chart shows disability rate for people over age 65 who are below the FPL compared to the disability rate for those who are above.

Figure 7



Source: Census 2000 Summary File 3 (SF 3) - Sample Data

- **Across the State of Maine, people age 65+ with incomes below the FPL were more likely to have a disability.**
- **Among people age 65+ who had reported a 1999 income below the FPL, 54% reported a disability on the Census 2000, while only 40% of the same age group with incomes at or above the FPL in 1999 reported having a disability.**

*The Census Bureau counted a person age 65 or above as having had a disability in 2000 if they answered "yes" to having had a Sensory Disability (blindness, deafness, or a severe hearing or vision impairment); Physical Disability (a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying); Mental Disability (a condition lasting six months or longer that made it difficult to perform learning, remembering, or concentrating); Self-Care Disability (a condition lasting six months or longer that made it difficult to perform dressing, bathing or getting around inside the home); or Going Outside the Home Disability (a condition lasting six months or longer that made it difficult to go outside the home alone to shop or visit a doctor's office.).

The data include civilian non- institutionalized persons for whom poverty status could be determined.

1.3 Characteristics of People in Nursing and Residential Care Facilities and Home Care Recipients

This section provides a profile of the characteristics of people using nursing and residential care facilities and home and community based services. This includes demographic characteristics such as age, living arrangement, marital status, and family support. It also includes a profile of the level of cognitive and ADL (activities of daily living) impairment.

This section also provides a profile of the use of services by setting: nursing facility, residential care facility and home and community based services. This shows how people are using the various types of services statewide and in each county.

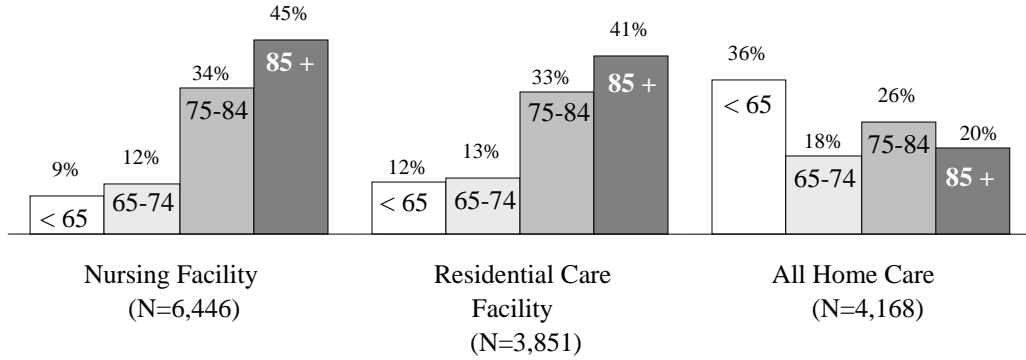
NOTES ON DATA AND METHODS

The characteristics of people in nursing facilities, residential care facilities and home care recipients are based on data from MDS-related assessments.

- Nursing facility and residential care facility data are from each resident's most recent Minimum Data Set (MDS) assessment as of Sept. 15, 2005, except where otherwise noted.
- Home care assessment data is from each home care service user's newest Medical Eligibility Determination (MED) assessment completed during State Fiscal Year 2006 (i.e. July 1, 2005 to June 30, 2006). The home care programs include Maine Care Elderly and Adults with Disabilities Waiver; Physically Disabled Waiver; Private Duty Nursing; Consumer-directed Attendant Services; and State funded home based care.
- Residential care facilities include those facilities that serve primarily older adults and adults with physical disabilities and a few facilities for people with mental illness. These facilities complete the MDS-RCA assessment on all residents. They are reimbursed for resident care based on the acuity of the residents served – known as a case mix rate. These facilities are also referred to as PNMI case mix facilities.
- Assessment data from nursing homes and residential care facilities include people with all payer sources (i.e. MaineCare, Medicare (for nursing facilities only) and private pay).

Figure 8

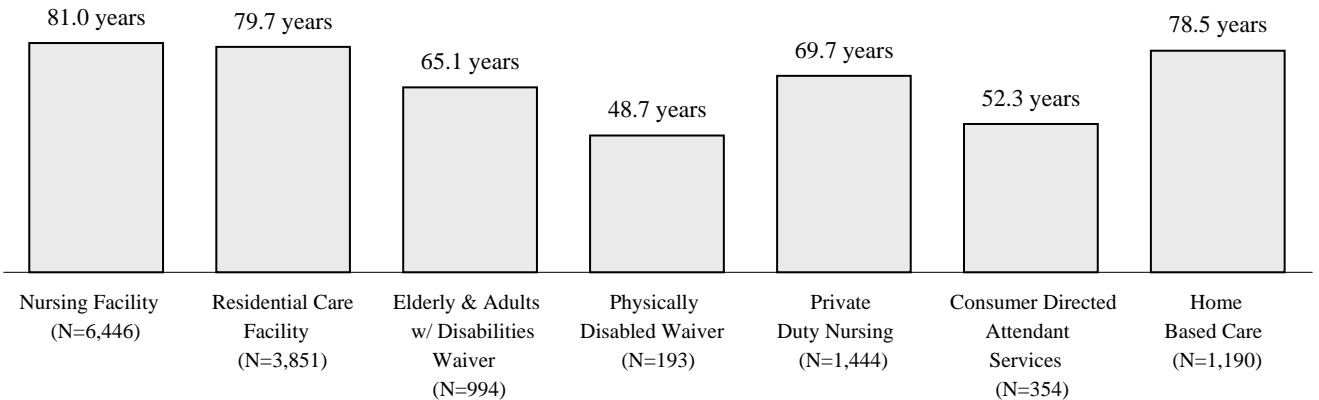
**Age Distribution of
Maine Long-term Care (LTC) Users, by Setting
In SFY 2006**



Source: MDS and MDS-RCA Assessment data as of September 15, 2005; most recent MED Assessment completed in SFY 2006

Figure 9

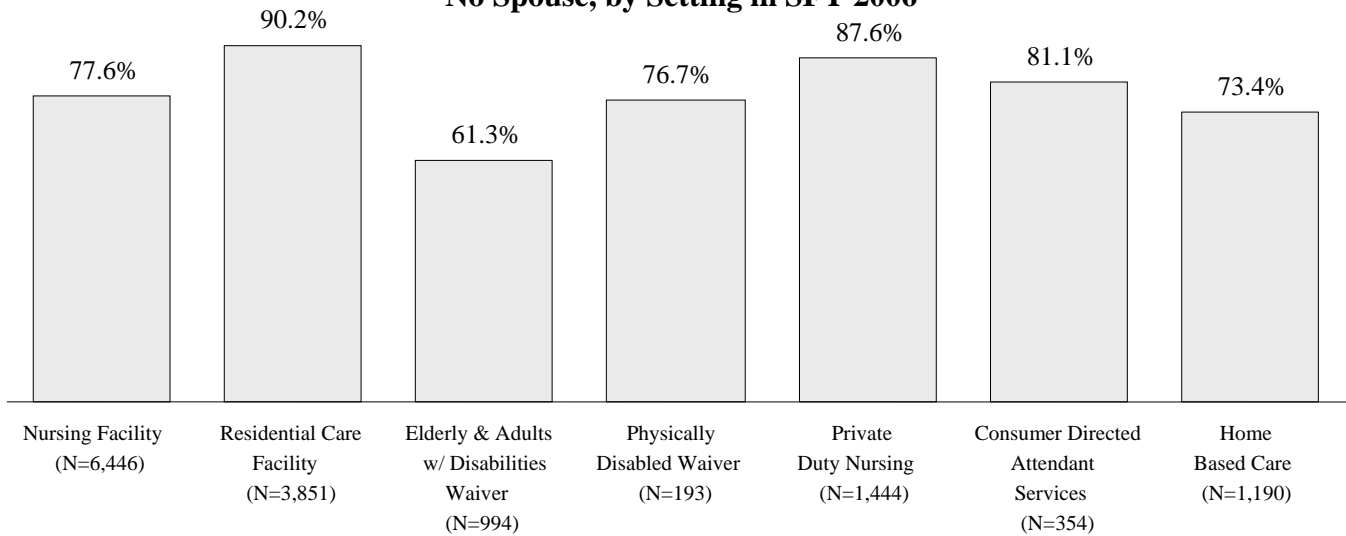
**Average Age of Maine LTC Users, by Setting
In SFY 2006**



Source: MDS and MDS-RCA Assessment data as of September 15, 2005; most recent MED Assessment completed in SFY 2006

Figure 10

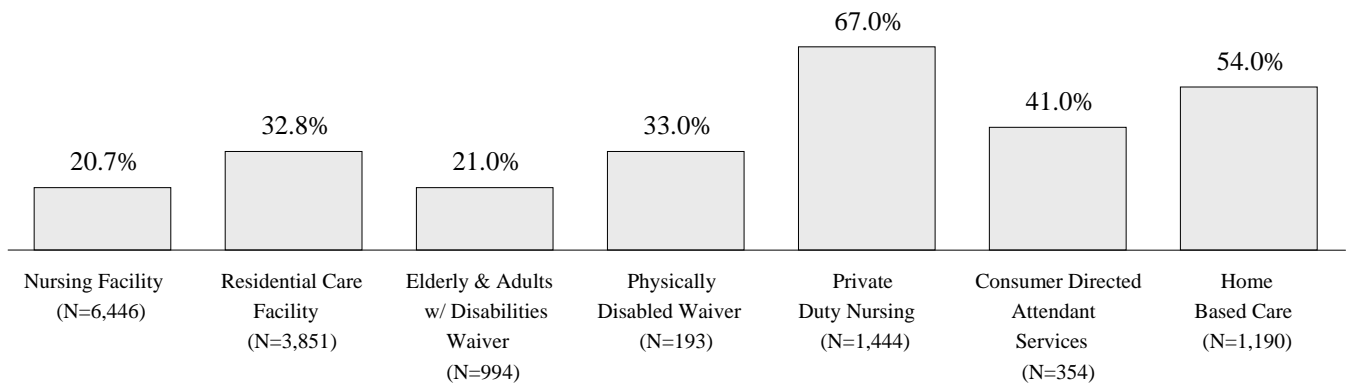
Proportion of Maine LTC Service Users with No Spouse, by Setting in SFY 2006



Source: MDS and MDS-RCA Assessment data as of September 15, 2005; most recent MED Assessment completed in SFY 2006

Figure 11

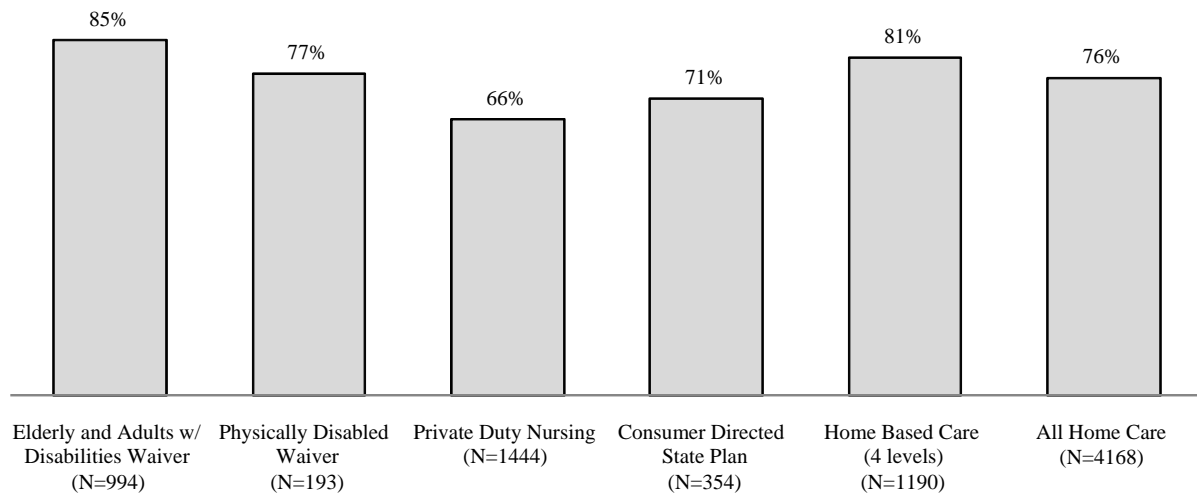
Proportion of Maine LTC Service Users Who Live/Lived Alone, by Setting in SFY 2006



Source: MDS and MDS-RCA Assessment data as of September 15, 2005; most recent MED Assessment completed in SFY 2006.

Figure 12

Percent of Maine Home Care Service Users with Caregiver Support in SFY 2006



Source: Most recent MED Assessment completed during SFY 2006

Table 7

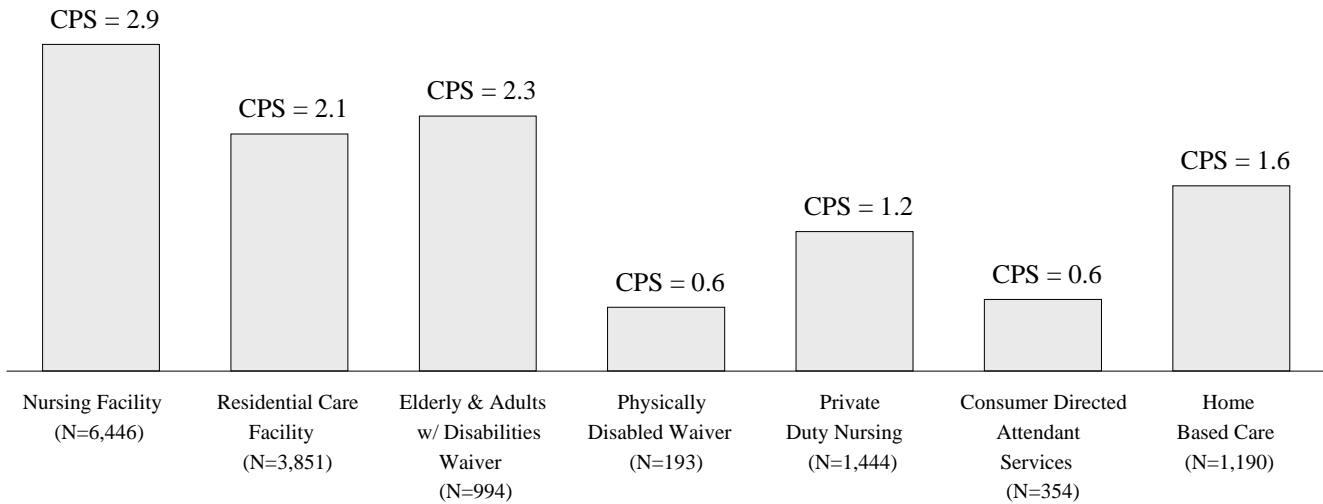
**Prevalence of Diagnoses among Maine LTC Service Users, by Setting, in SFY 2006
Listed in Order by the Nine Most Common Diagnoses
Found Among Nursing Facility Residents**

Diagnosis	Nursing Facility (N=6,446)	Residential Care (N=3,851)	All Home Care (N=4,168)
1. Hypertension	63.8%	63.4%	60.3%
2. Any Dementia	63.4%	43.5%	14.5%
3. Depression	54.7%	40.0%	44.8%
4. Allergies	47.4%	35.5%	43.0%
5. Arthritis	36.4%	26.0%	58.6%
6. Anemia	30.9%	19.6%	17.7%
7. Osteoporosis	30.2%	22.1%	22.8%
8. Diabetes	28.3%	27.5%	34.6%
9. Other Cardiovascular	24.8%	22.2%	27.5%

Source: MDS and MDS-RCA Assessment data as of September 15, 2005;
MED Assessment - most recent completed in SFY 2006.

Figure 13

Average Cognitive Performance Score for All Maine LTC Users, by Setting SFY 2006 (Those with and those without dementia)

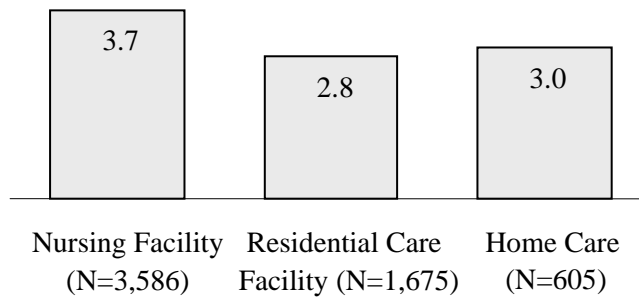


Source: MDS and MDS-RCA Assessment data as of September 15, 2005; MED Assessment - most recent completed in SFY 2006.

The Cognitive Performance Scale (CPS) combines information on memory impairment, level of consciousness, and decision making ability found on the MDS and MED assessments to create a score for an individual’s cognitive function; scores range from 0 (intact) to 6 (very severe impairment).

Figure 14

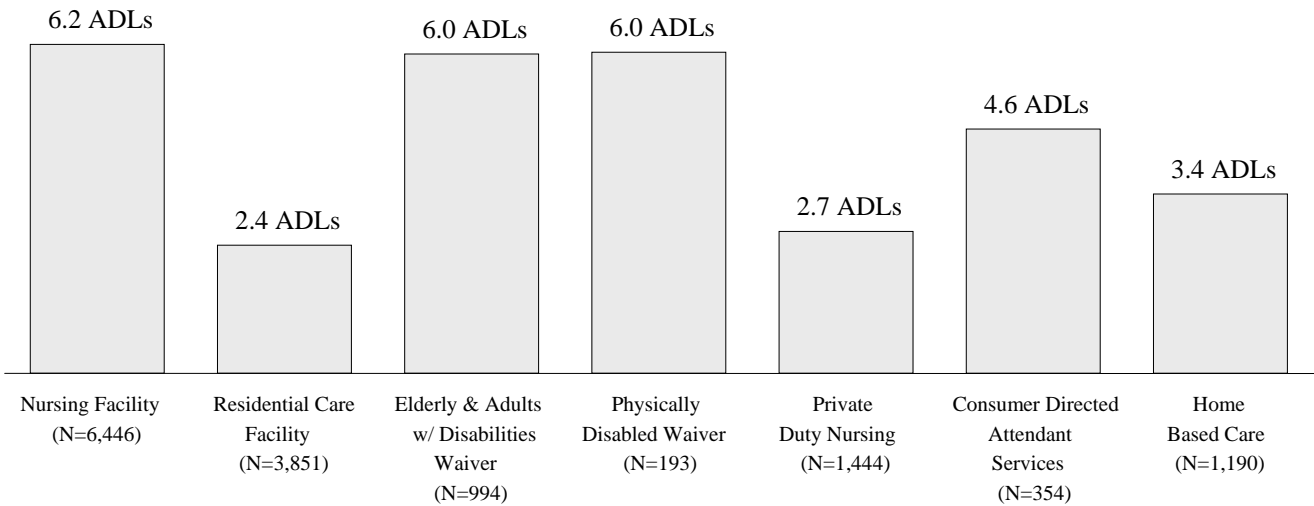
Average Cognitive Performance Score (CPS) for Persons with Dementia by Service Setting SFY 2006



Source: MDS and MDS-RCA Assessment data as of September 15, 2005; MED Assessment - most recent completed in SFY 2006.

Figure 15

Average Activities of Daily Living (ADL) Count (out of 7 ADLs) for Maine LTC Users, by Setting SFY 2006

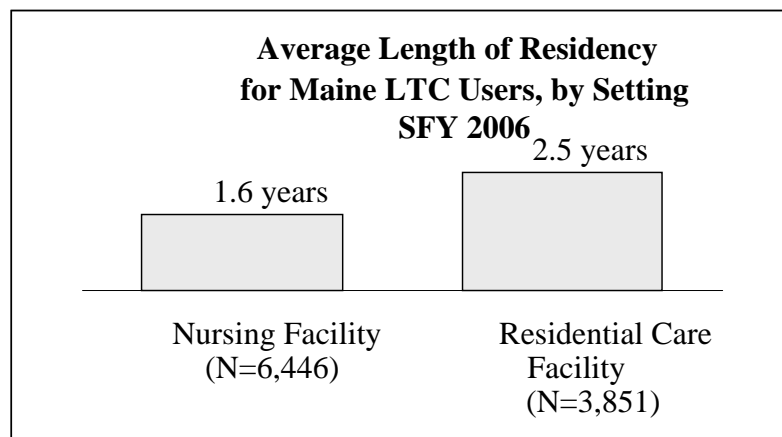


Source: MDS and MDS-RCA Assessment data as of September 15, 2005; MED Assessment - most recent completed in SFY 2006.

The Activities of Daily Living (ADL) counts displayed above are based on the level of supervision, assistance and/or physical help a person needs with bathing, dressing, eating, toileting, bed mobility, transfer assistance or locomotion from place to place.

The average ADL count across settings shows the lowest level of ADL assistance is needed by those accessing care in residential care facilities.

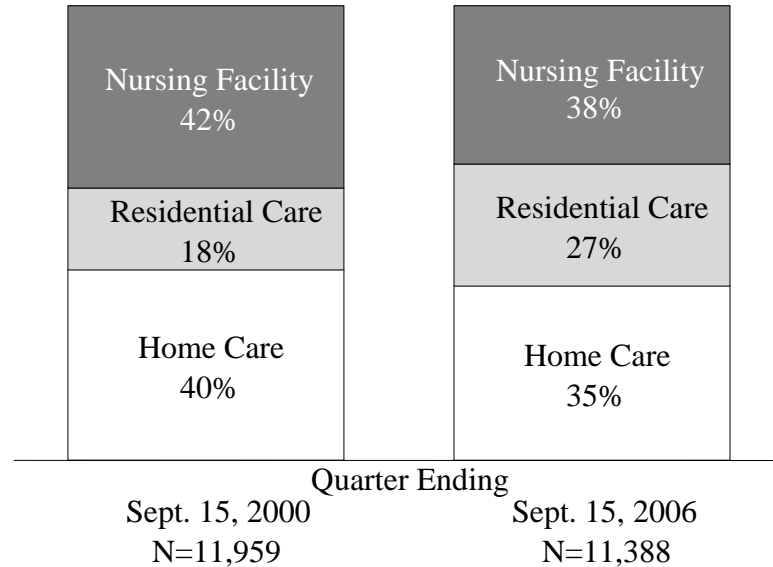
Figure 16



Source: MDS and MDS-RCA Assessment data as of September 15, 2005.

Figure 17

**Percent of Persons Receiving MaineCare Funded Nursing Facility Care
Residential Care (Case-Mix Facilities Only)
or MaineCare and State funded Home Care Services SFY 2007**



Source: MDS and MDS-RCA Assessment data as of September 15, 2000 and 2006 where MaineCare is identified payer source. MED Assessment - most recent completed in SFY 2000 and 2007.

- **These graphs show the distribution of people using publicly funded long-term care services by setting.**
- **In 2006, 38% of people using MaineCare or state-funded long-term care services were in nursing facilities. This represents a decline from 2000 when 42% of LTC users were in nursing homes.**
- **The proportion of MaineCare members in residential care increased from 18% to 27%.**

Figure 18

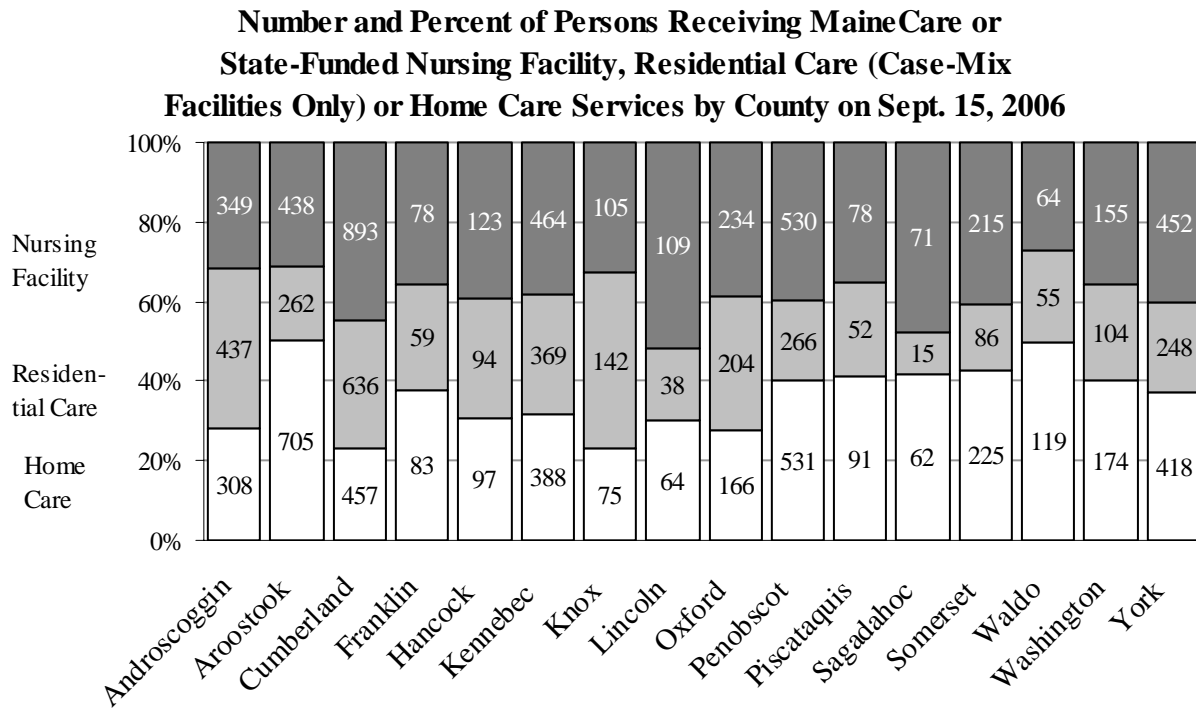


Table 8

Number and Percent of Persons Receiving MaineCare or State-Funded Nursing Facility, Residential Care or Home Care Services by County SFY 2007

County	Nursing Facility Percent	Residential Care Percent	Home Care Percent
Androscoggin	32%	40%	28%
Aroostook	31%	19%	50%
Cumberland	45%	32%	23%
Franklin	35%	27%	38%
Hancock	39%	30%	31%
Kennebec	38%	30%	32%
Knox	33%	44%	23%
Lincoln	52%	18%	30%
Oxford	39%	34%	27%
Penobscot	40%	20%	40%
Piscataquis	35%	24%	41%
Sagadahoc	48%	10%	42%
Somerset	41%	16%	43%
Waldo	27%	23%	50%
Washington	36%	24%	40%
York	40%	22%	37%
Statewide	38%	27%	35%

Source: MDS and MDS-RCA Assessment data as of September 15, 2006; MED Assessment - most recent completed in SFY 2007.

1.4 Trends in MaineCare Service Use

The following section provides an overview of trends in long term care service use for MaineCare participants. These trends are based on MaineCare claims data.

NOTES ON DATA AND METHODS

MaineCare claims data includes all users of any long-term care service for all age groups. The data does not include people with a diagnosis of mental retardation/developmental disability (MR/DD). The data does not include an analysis of community support services for mental illness.

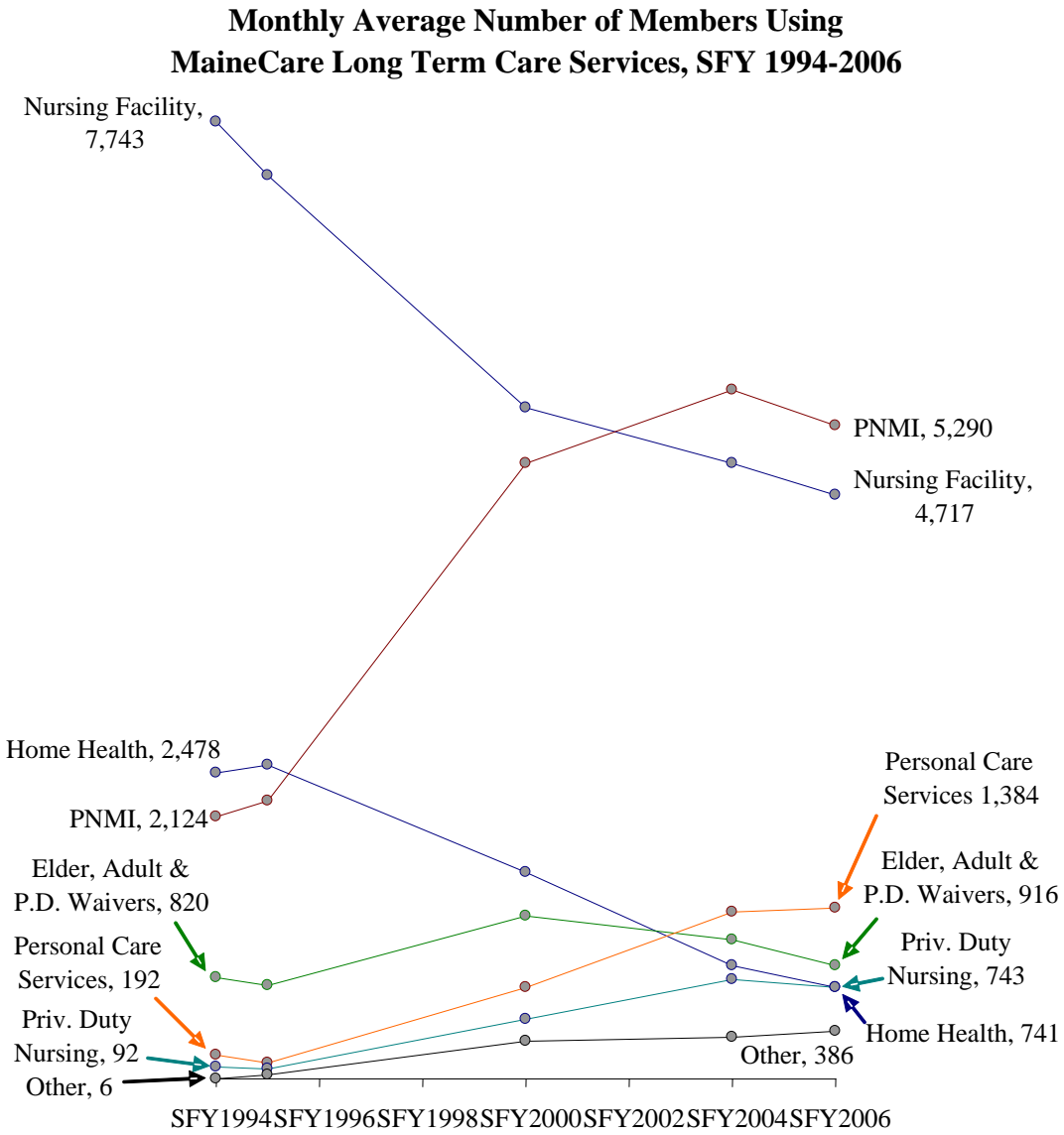
The data are reported for the **average monthly number of users for each service**. These numbers may differ from numbers reported elsewhere which often include all users of a service throughout the year.

The number of people in each category service was derived using the following method.

- If a person was in both a nursing facility and a private non-medical facility (PNMI) in the same month, the person is counted under nursing facility.
- If a person receives personal care services in a PNMI, the person is assigned to the PNMI and not counted under personal care services.
- If a person receives more than one home care service (i.e. private duty nursing and home care services), the person is counted under both types of service.

Private non-medical institutions (PNMI) include residential care facilities that are case mix reimbursed and serve primarily older adults as well as other PNMI that serve people with mental illness or people with substance abuse problems, and children.

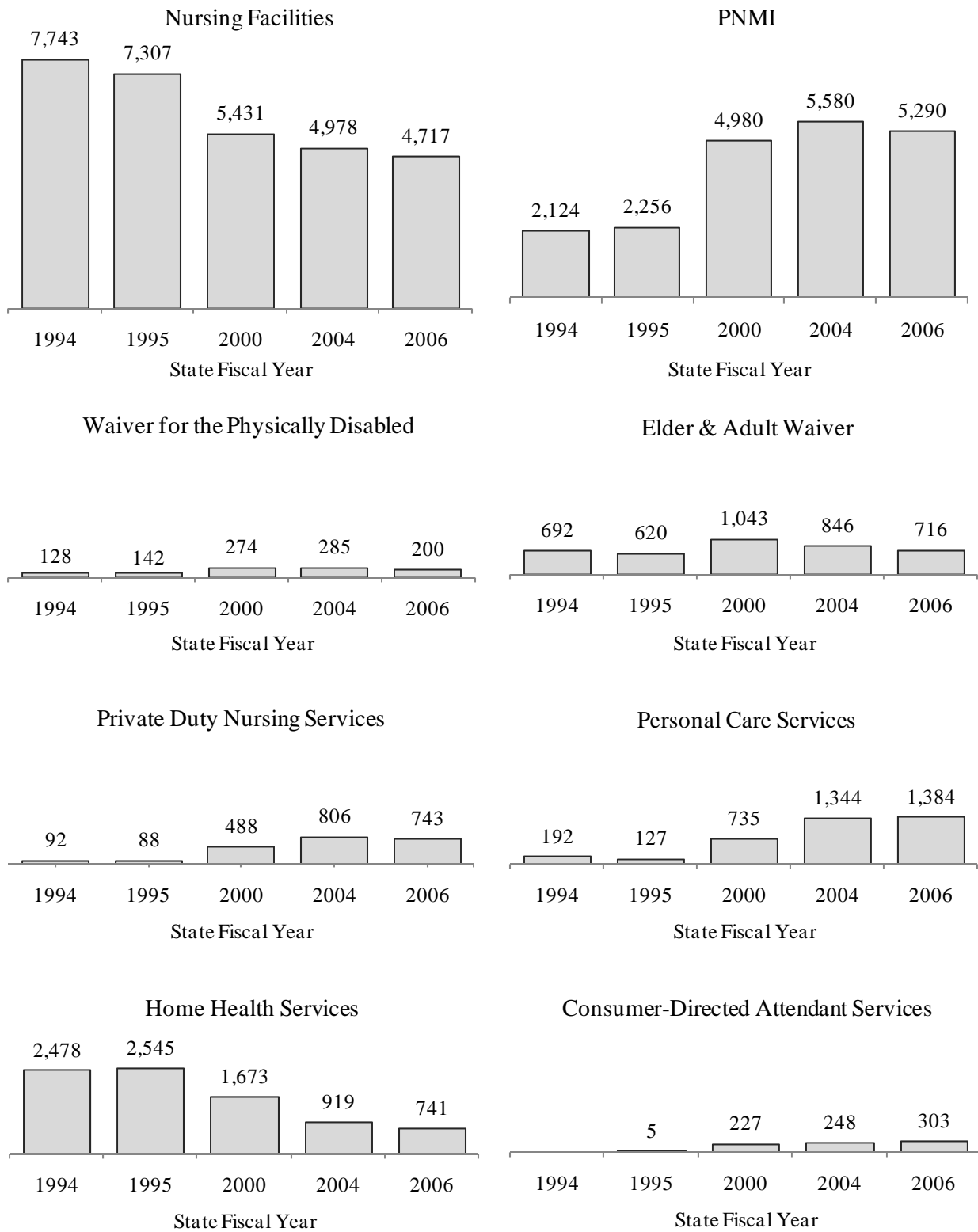
Figure 19



Source: MaineCare Claims Data from the Muskie School data warehouse: Claims incurred and paid as of 3/31/07.

Figure 20

**Average Monthly Number of MaineCare Long Term Care Service Users
SFY 1994 to SFY 2006**



Source: MaineCare Claims Data from the Muskie School data warehouse: Claims incurred and paid as of 3/31/07.

Table 9**Average Monthly Number of MaineCare Members (all age groups)
Using MaineCare Long-Term Care Services, SFY 2000-2006**

Category of Service	SFY 2000	SFY 2006	Percent Change
Nursing Facility	5,431	4,717	-13%
Home Health Services	1,673	741	-56%
Hospice		28	n/a
Waiver for Physically Disabled	274	200	-27%
Day Health	79	56	-29%
Private Non-Medical Institutions-All	4,980	5,290	6%
PNMI-Casemix only (residential care)	1,991	2,951	48%
Consumer-Directed Attendant Services	227	303	33%
Elder and Adults w/ Disabilities Waiver	1,043	716	-31%
Private Duty Nursing	488	743	52%
Personal Care Services	735	1,384	88%

Source: MaineCare Claims Data from the Muskie School data warehouse: Claims incurred and paid as of 3/31/07.

Note: People may use more than one service at the same time. These numbers do not represent distinct users across groups and therefore cannot be added.

Table 10**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 2006**

Category of Service	Average Monthly 2006	Distinct Users over the Year	Ratio of Yearly to Monthly
Nursing Facility	4,717	8,101	1.72
Home Health Services	741	2,627	3.54
Waiver for Physically Disabled	200	221	1.11
Day Health	56	101	1.80
Private Non-Medical Institutions-All	5,290	9,150	1.73
Consumer-Directed Attendant Services	303	397	1.31
Elder and Adults w/ Disabilities Waiver	716	1,151	1.61
Private Duty Nursing	743	1,190	1.60
Personal Care Services	1,384	2,312	1.67

Source: MaineCare Claims Data from the Muskie School data warehouse: Claims incurred and paid as of 3/31/07.

Note: People may use more than one service at the same time. These numbers do not represent distinct users across groups and therefore cannot be added.

This table shows the relationship between the number of MaineCare members who use a service in a month (Ave. monthly number of MaineCare members) and the total number of users of the year. For example, on average there were 4717 MaineCare members in a nursing facility during a month in SFY 2006. Over the course of the whole year, however, more than 8100 MaineCare members were in a nursing facility.

Table 11
Average Monthly Number of MaineCare Members Using
MaineCare Long Term Care Services by Age Group in SFY 2006

Category of Service	N	Age Group					Total
		<18	18-64	65-74	75-84	85+	
Nursing Facility Services	4,717	0%	10%	12%	34%	43%	100%
Home Health Services	741	31%	63%	3%	2%	0%	99%
Hospice	28	4%	75%	4%	11%	7%	100%
Physically Disabled Waiver	200	0%	88%	9%	3%	2%	100%
Day Health Services	56	0%	38%	21%	25%	16%	100%
Private Non-Medical Inst. (PNMI)	5,290	24%	26%	9%	19%	22%	100%
Consumer-Directed Attendant Services	303	0%	75%	17%	5%	3%	100%
Elder & Adult Waiver	716	0%	40%	18%	23%	19%	100%
Private Duty Nursing Services (PDN)	743	7%	29%	18%	28%	17%	100%
Personal Care Services	1,384	1%	31%	18%	28%	22%	100%

Source: MaineCare Claims Data from the Muskie School data warehouse: Claims incurred and paid as of 3/31/07.

1.5 Nursing and Residential Care Facility Capacity and Use

This section provides an overview of the number of nursing and residential care beds in Maine compared with national numbers. It also provides a profile of the number of beds per 1000 people over 65 by county; the distribution of people in facilities by payor source; and the use rates of nursing facilities and residential care facilities for people of different age groups.

Figure 21

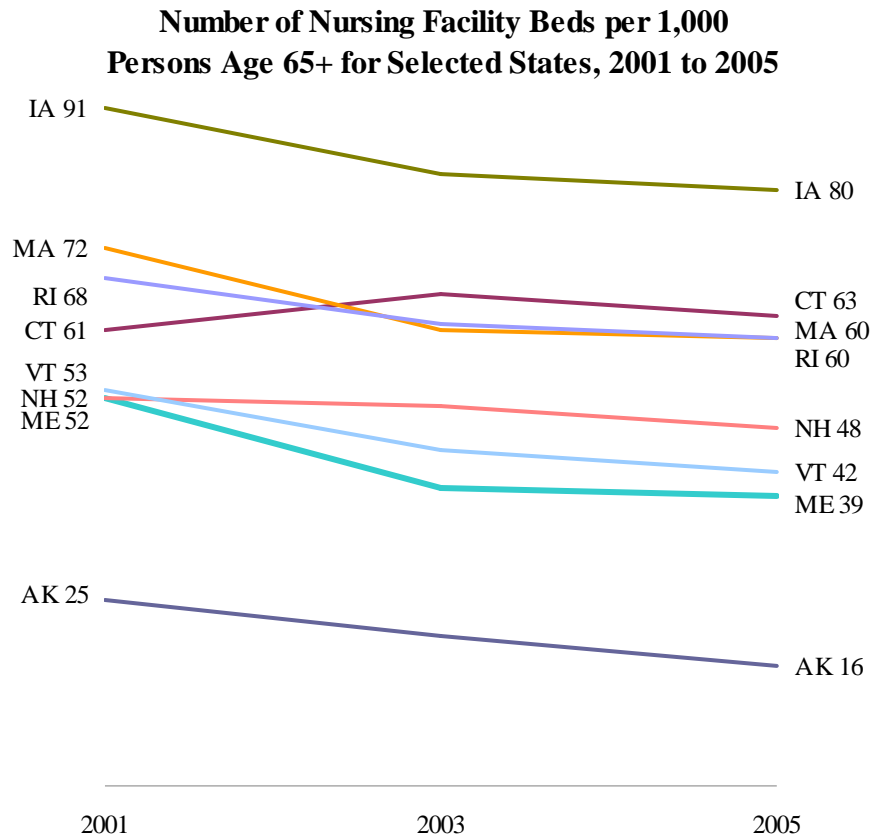


Table 12

**States Ranked by the Number of Nursing Facility
Beds per 1,000 Persons Age 65+ from 2001 to 2005**

State	2001		2003		2005	
	Beds	Rank	Beds	Rank	Beds	Rank
Iowa	91	(1)	82	(1)	80	(1)
Connecticut	61	(15)	66	(12)	63	(10)
Massachusetts	72	(8)	61	(16)	60	(14)
Rhode Island	68	(11)	62	(15)	60	(14)
New Hampshire	52	(19)	51	(22)	48	(25)
Vermont	53	(18)	45	(31)	42	(33)
Maine	52	(19)	40	(36)	39	(36)
Alaska	25	(35)	20	(51)	16	(51)

Source: AARP LTC Reports

- Use of nursing homes by people over 65 has steadily declined from 2001 to 2005.
- In 2005, Maine had 39 beds per 1000 people age 65+.
- Maine's nursing facility bed count per thousand placed it 36th in the country.

Figure 22

Number of Assisted Living and Residential Care Beds per 1,000 Persons Age 65+ in Selected States, 1998 to 2004

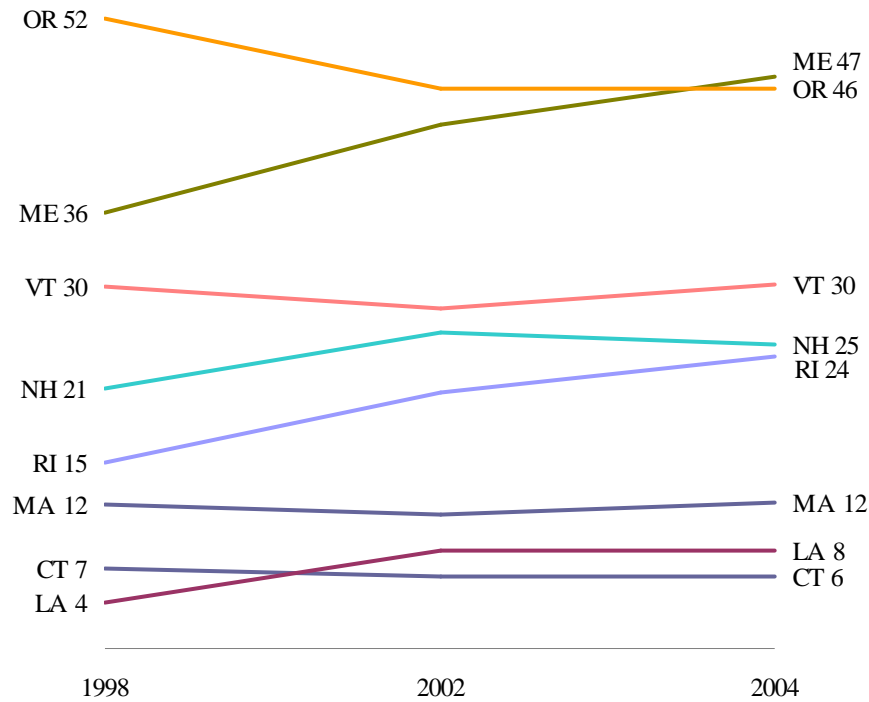


Table 13

States Ranked by the Number of Assisted Living/Residential Care Facility Beds per 1,000 Persons Age 65+ in 1998 to 2004

State	1998		2002		2004	
	Beds	Rank	Beds	Rank	Beds	Rank
Maine	36	(10)	43	(2)	47	(1)
Oregon	52	(1)	46	(1)	46	(2)
Vermont	30	(16)	28	(17)	30	(17)
New Hampshire	21	(27)	26	(21)	25	(25)
Rhode Island	15	(36)	21	(26)	24	(27)
Massachusetts	12	(44)	11	(42)	12	(42)
Louisiana	4	(51)	8	(44)	8	(48)
Connecticut	7	(48)	6	(46)	6	(49)

Note: Data from AARP *Across the States: Profiles of Long-Term Care and Independent Living* reports for 2006, 2004 and 2002. The 1998 residential care bed count is from a different data source than the counts for 2002 and 2004 and therefore may not be precisely comparable with the later years.

- **Maine ranks first in the number of assisted living and residential care beds per 1000 people age 65+.**
- **Maine has 47 assisted living/residential care beds per 1000 people age 65+.**

Figure 23

**Number of Certified Nursing Facility Beds in
2007 per 1,000 Persons Age 65+ in July 2006**

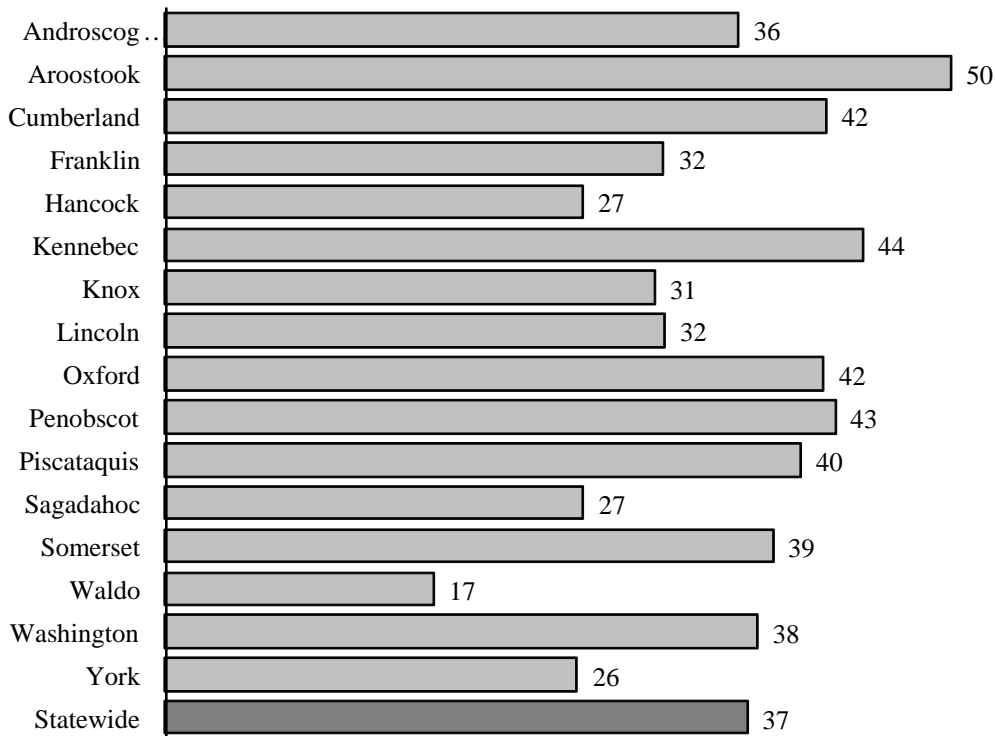


Table 14

Nursing Facility Beds by County in 2002 and 2007

County	2002	2007	Change in Bed Count	Percent Change
Androscoggin	627	545	-82	-13.1%
Aroostook	676	633	-44	-6.5%
Cumberland	1,613	1,564	-48	-3.0%
Franklin	133	133	0	0.0%
Hancock	253	227	-26	-10.3%
Kennebec	787	774	-13	-1.7%
Knox	221	221	0	0.0%
Lincoln	206	206	0	0.0%
Oxford	392	370	-22	-5.6%
Penobscot	903	852	-49	-5.4%
Piscataquis	124	121	-3	-2.4%
Sagadahoc	129	129	0	0.0%
Somerset	300	298	-2	-0.7%
Waldo	110	93	-17	-15.5%
Washington	223	222	-1	-0.4%
York	755	737	-18	-2.4%
TOTAL	7,452	7,125	-345	-4.6%

Source: Maine Div. of Licensing and Regulatory Services

Figure 24

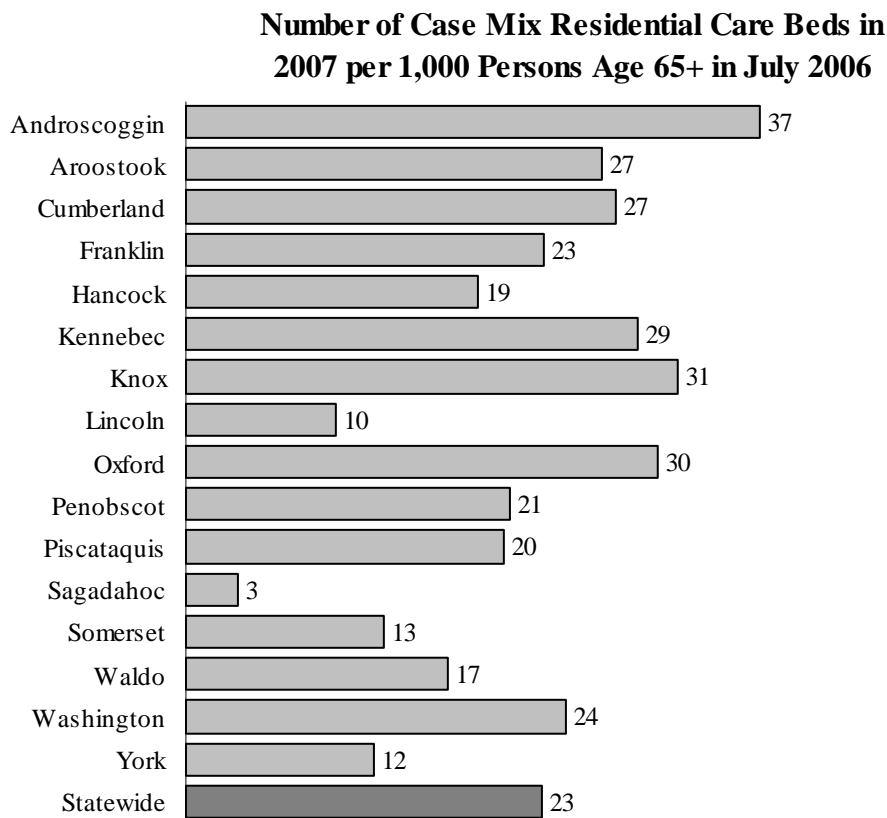


Table 15

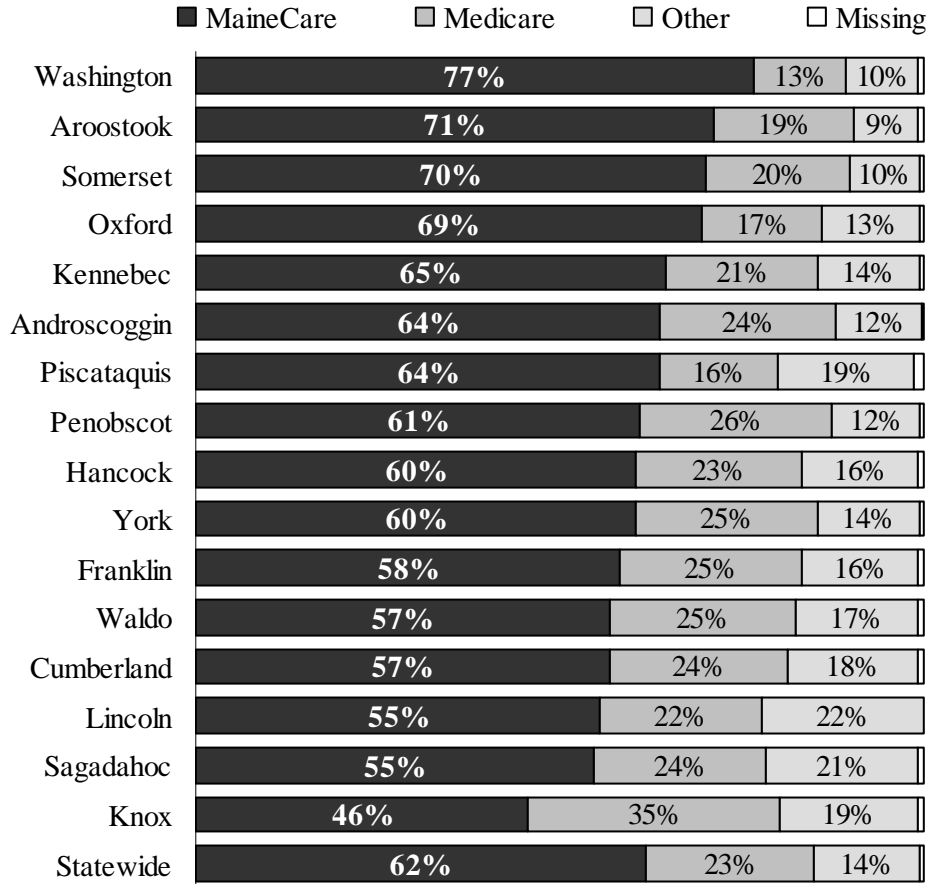
**Maine Case Mix Residential Care
Bed Counts by County in 2007**

<u>County</u>	<u>Beds</u>
Cumberland	1,023
Androscoggin	548
Kennebec	504
Penobscot	415
York	339
Aroostook	336
Oxford	266
Knox	223
Hancock	160
Washington	143
Somerset	98
Franklin	96
Waldo	91
Lincoln	62
Piscataquis	61
Sagadahoc	16
Statewide	4,381

Source: Muskie MDS-RCA database, 12/11/07

Figure 25

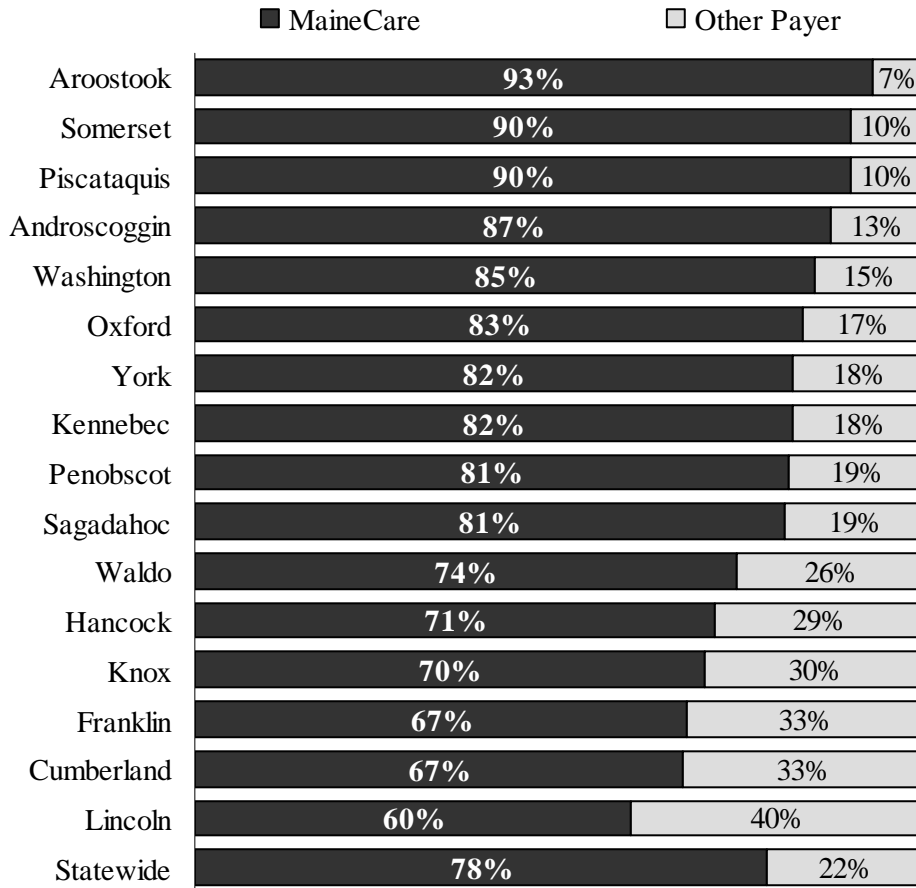
**Maine Nursing Facility Residents
by Payer and by County, SFY 2006**



Source: Nursing Facility MDS Assessment data as of September 15, 2006. MaineCare residents are identified using information on the MDS. If MaineCare is noted as a source of payment on the MDS, they are shown in the MaineCare group. For those remaining, if Medicare is noted as a source of payment they are shown in the Medicare group. If neither MaineCare nor Medicare is shown, they are placed in the "Other" group.

Figure 26

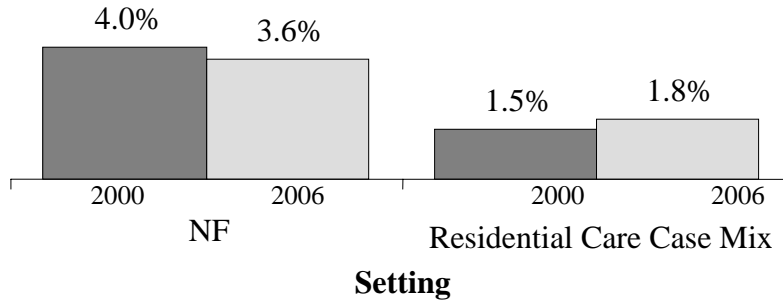
**Maine Case Mix Residential Care Residents
by Payer and by County as of Sept. 15, 2006**



Source: MDS-RCA Assessment data as of September 15, 2006. MaineCare residents are identified using information on the MDS-RCA. If MaineCare is noted as a source of payment on the MDS-RCA, they are shown in the MaineCare group. If MaineCare is not indicated, they are shown in the “Other” group.

Figure 27

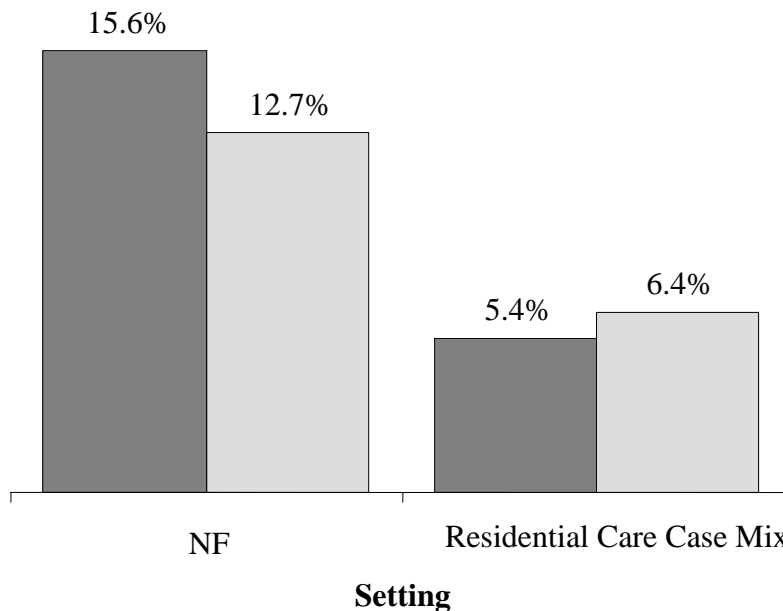
Percent of Population Age 65+ Who Are in Nursing Homes and Residential Care Facilities in 2000 and 2006



- The percent of people in the general population who are over 65 and are in nursing facilities declined from 4.0% to 3.6% between 2000 to 2006 while the percent of people over 65 who are in residential care facilities increased from 1.5% to 1.8%.

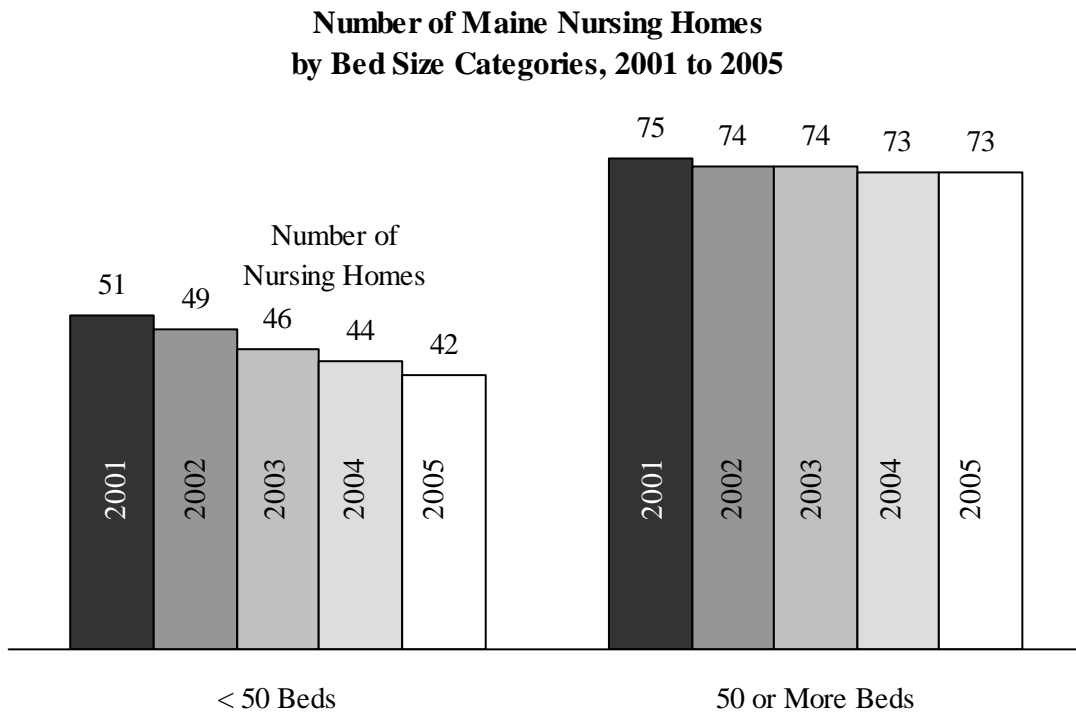
Figure 28

Percent of Population Age 85+ Who Are in Nursing Homes and Residential Care Facilities in 2000 and 2006



- The percent of people in the general population who are over 85 and are in nursing facilities declined from 15.6% to 12.7% between 2000 to 2006 while the percent of people over 85 who are in residential care facilities increased from 5.4% to 6.4%.

Figure 29



Source: CMS Nursing Home Data Compendium 2006, Tables 1.1.a to 1.1.e

- **The number of facilities with a bed size of less than 50 beds declined from 2001 to 2005 while the number of facilities with more than 50 beds remained about the same.**

Table 16

Percent of Residents in a Nursing Facility who lived in that Same County Prior to Entering the Nursing Facility

Nursing Facility Location	Total Number of Residents	Number of Residents from Same County	Percent of Residents from Same County
Washington County	204	167	81.9%
Androscoggin County	523	414	79.2%
Aroostook County	576	452	78.5%
York County	668	510	76.3%
Somerset County	272	201	73.9%
Cumberland County	1,451	1,065	73.4%
Hancock County	204	145	71.1%
Waldo County	100	71	71.0%
Penobscot County	742	525	70.8%
Kennebec County	688	470	68.3%
Oxford County	347	230	66.3%
Knox County	196	123	62.8%
Piscataquis County	99	61	61.6%
Lincoln County	179	110	61.5%
Franklin County	119	69	58.0%
Sagadahoc County	118	44	37.3%
Statewide	6,486	4,657	71.8%

Source: MDS Assessment data as of September 15, 2005.

1.6 Appendix 1: List of Maine Nursing Facilities by County in 2007

Nursing Facility	City	Certified Beds
Androscoggin County		
CLOVER MANOR	Auburn	110
MARSHWOOD CENTER	Lewiston	92
MONTELLO MANOR	Lewiston	57
ODD FELLOWS HOME OF MAINE	Auburn	26
RUSSELL PARK REHAB & LIVING	Lewiston	50
ST MARGUERITE D'YOUVILLE PAVIL	Lewiston	210
	Sub-Total	545
Aroostook County		
BORDERVIEW REHAB & LIVING CTR	Van Buren	55
CARIBOU REHAB AND NURSING CENTER	Caribou	61
FOREST HILL MANOR	Fort Kent	45
GARDINER HEALTH CARE FACILITY	Houlton	45
HIGH VIEW MANOR	Madawaska	51
MADIGAN ESTATES	Houlton	86
MAINE VETERANS HOME - CARIBOU	Caribou	40
MERCY HOME	Eagle Lake	40
PRESQUE ISLE REHAB AND NURSING CENTER	Presque Isle	67
ST JOSEPH NURSING HOME	Frenchville	43
TAMC - AHC	Mars Hill	72
THE HOULTON REG PROG CARE FAC	Houlton	28
	Sub-Total	633
Cumberland County		
BARRON CENTER	Portland	219
BRENTWOOD REHAB & NURSING CTR	Yarmouth	82
BRIDGTON HEALTH CARE CENTER	Bridgton	43
CEDARS NURSING CARE CENTER	Portland	102
COASTAL MANOR	Yarmouth	39
FALMOUTH BY THE SEA	Falmouth	65
FREEPORT NURSING & REHAB CTR	Freeport	61
GORHAM HOUSE	Gorham	69
HAWTHORNE HOUSE	Freeport	81
LEDGEWOOD MANOR	Windham	60
MAINE VETERANS HOME - SCARBOROUGH	Scarborough	120
MID COAST SENIOR HEALTH CENTER	Brunswick	42
PINE POINT CENTER	Scarborough	58
PIPER SHORES	Scarborough	40

Nursing Facility	City	Certified Beds
SEASIDE REHAB & HEALTH CARE	Portland	124
Cumberland County (continued)		
SEDGEWOOD COMMONS	Falmouth	65
SOUTH PORTLAND NURSING HOME	So Portland	73
SPRINGBROOK CENTER	Westbrook	100
ST JOSEPH'S MANOR	Portland	121
	Sub-Total	1,564
Franklin County		
EDGEWOOD REHAB & LIVING CTR	Farmington	33
ORCHARD PARK REHAB & LIVING	Farmington	38
SANDY RIVER CENTER	Farmington	62
	Sub-Total	133
Hancock County		
COLLIER'S REHAB & NURSING CTR	Ellsworth	40
COURTLAND REHAB & LIVING CENTER	Ellsworth	54
ISLAND NURSING HOME & CARE CTR	Deer Isle	38
PENOBSCOT NURSING HOME	Penobscot	60
SONOGEE REHABILITATION & LIVIN	Bar Harbor	35
	Sub-Total	227
Kennebec County		
AUGUSTA REHABILITATION CENTER	Augusta	72
HERITAGE REHAB & LIVING CTR	Winthrop	28
LAKWOOD	Waterville	105
MAINE GENERAL REHAB & NURSING AT GLENRIDGE	Augusta	125
MAINE GENERAL REHAB & NURSING AT GRAYBIRCH	Augusta	77
MAINE VETERANS HOME - AUGUSTA	Augusta	120
MOUNT ST JOSEPH NURSING HOME	Waterville	111
OAK GROVE CENTER	Waterville	90
WINTHROP MANOR LONGTERM CARE & REHAB CTR	Winthrop	46
	Sub-Total	774
Knox County		
KNOX CENTER FOR LONG TERM CARE	Rockland	84
SHORE VILLAGE REHAB & NURSING	Rockland	60
THE GARDENS	Camden	39
WINDWARD GARDENS	Camden	38
	Sub-Total	221
Lincoln County		
COUNTRY MANOR NURSING HOME	Coopers Mills	30
COVE'S EDGE	Damariscotta	76
FIELDCREST MANOR	Waldoboro	70

Nursing Facility	City	Certified Beds
GREGORY WING OF ST ANDREWS VILLAGE	Boothbay Harbor	30
	Sub-Total	206
Oxford County		
FRYEBURG HEALTH CARE CENTER	Fryeburg	30
LEDGEVIEW LIVING CENTER	West Paris	81
MAINE VETERANS HOME - SO PARIS	South Paris	62
MARKET SQUARE HEALTH CARE CTR	South Paris	76
NORWAY REHAB & LIVING CENTER	Norway	42
RUMFORD COMMUNITY HOME	Rumford	32
VICTORIAN VILLA REHABILITATION	Canton	47
	Sub-Total	370
Penobscot County		
BANGOR NURSING & REHABILITATION	Bangor	60
BREWER REHAB AND LIVING	Brewer	106
COLONIAL HEALTH CARE	Lincoln	60
CUMMINGS HEALTH CARE FACILITY	Howland	34
DEXTER HEALTH CARE	Dexter	53
EASTSIDE REHAB & LIVING CENTER	Bangor	67
KATAHDIN NURSING HOME	Millinocket	36
MAINE VETERANS HOME - BANGOR	Bangor	120
MOUNTAIN HEIGHTS HEALTH CARE	Patten	25
ORONO COMMONS	Orono	80
ROSS MANOR	Bangor	83
STILLWATER HEALTH CARE	Bangor	63
WESTGATE MANOR	Bangor	65
	Sub-Total	852
Piscataquis County		
CHARLES A DEAN MEMORIAL HOSPITAL	Greenville	24
HIBBARD NURSING HOME	Dover Foxcroft	97
	Sub-Total	121
Sagadahoc County		
AMENITY MANOR	Topsham	57
WINSHIP GREEN NURSING CENTER	Bath	72
	Sub-Total	129
Somerset County		
CEDAR RIDGE CENTER	Skowhegan	75
JACKMAN REGIONAL HEALTH CENTER	Jackman	18
MAPLECREST REHAB & LIVING CTR	Madison	58
SANFIELD REHAB & LIVING CENTER	Hartland	23
SEBASTICOOK VALLEY HEALTH CARE	Pittsfield	57

Nursing Facility	City	Certified Beds
SOMERSET REHABILITATION & LIVING CENTER	Bingham	21
WOODLAWN REHAB & NURSING CENTE	Skowhegan	46
	Sub-Total	298
Waldo County		
HARBOR HILL CENTER	Belfast	40
THE COMMONS AT TALL PINES	Belfast	53
	Sub-Total	93
Washington County		
ATLANTIC REHABILITATION AND NURSING CENTER	Calais	52
EASTPORT MEMORIAL NURSING HOME	Eastport	26
MARSHALL HEALTH CARE AND REHAB	Machias	50
NARRAGUAGUS BAY HEALTH CARE FACILITY	Milbridge	35
OCEANVIEW NURSING HOME	Lubec	31
SUNRISE CARE FACILITY	Jonesport	28
	Sub-Total	222
York County		
EVERGREEN MANOR	Saco	42
GREENWOOD CENTER	Sanford	86
HARBOR HOME	York	68
KENNEBUNK NURSING & REHAB CTR	Kennebunk	76
RIVER RIDGE CENTER	Kennebunk	48
SEAL ROCK HEALTH CARE	Saco	105
SOUTHRIDGE REHAB & LIVING CTR	Biddeford	65
ST ANDRE HEALTH CARE FACILITY	Biddeford	96
THE NEWTON CTR FOR REHAB & NUR	Sanford	74
VARNEY CROSSING NCC	North Berwick	64
YORK HOSPITAL STRATER UNIT	York	13
	Sub-Total	737
	Grand Total	7,125

Source: Maine Division of Licensing spreadsheet list dated August 23, 2007

1.7 Appendix 2: List of Maine Case Mix Residential Care Facilities by County in 2007

Case Mix Residential Care Facility	City	Beds
Androscoggin County		
AUBURN RESIDENTIAL CARE CENTER	Auburn	35
BOLSTER HEIGHTS RCF	Auburn	84
CLOVER MANOR-ALZ UNIT	Auburn	36
CLOVER MANOR-GERIATRIC	Auburn	99
FERN COTTAGE	Leeds	5
LAMP-ALZHEIMERS RCF	Lisbon	28
MARSHWOOD NURSING CARE CTR	Lewiston	16
MONTELLO COMMONS	Lewiston	44
ODD FELLOWS HOME	Auburn	37
RUSSELL PARK MANOR	Lewiston	41
SABATTUS RESIDENTIAL CARE	Sabattus	19
SARAH FRYE HOME	Auburn	37
SEVILLE PARK PLAZA	Auburn	37
THE CHAPMAN HOUSE	Auburn	30
	Sub-Total	548
Aroostook County		
BORDERVIEW REHABILITATION & LC	Van Buren	53
CREST VIEW MANOR	Houlton	20
CROSSWINDS RESIDENTIAL CARE	Fort Kent	30
GARDINER NURSING HOME	Houlton	10
HIGH VIEW MANOR	Madawaska	23
LIMESTONE MANOR, INC	Limestone	40
MADIGAN HOUSE	Houlton	47
MAINE VETERANS HOME-CARIBOU	Caribou	30
MERCY HOME	Eagle Lake	10
RIDGEWOOD ESTATES	Madawaska	43
SOUTHERN ACRES RCF INC.	Westfield	30
	Sub-Total	336
Cumberland County		
BAXTER PLACE @ SEASIDE REHAB.	Portland	30
BRIDGTON RESIDENTIAL CARE	Bridgton	16
CASCO INN RCF	Casco	39
CLARKS TERRACE @ THE PARK DANF	Portland	39
COUNTRY VILLAGE ASSISTED LIV	Casco	30

Case Mix Residential Care Facility	City	Beds
DIONNE COMMONS	Brunswick	60
DOLLEY FARM	Westbrook	36
Cumberland County (continued)		
ELR CARE MAINE--GRAY MANOR	Gray	27
FALLBROOK WOODS	Portland	55
FREEMPORT PLACE	Freeport	30
GOODWILL INDUS - GEORGIA ST	Portland	6
GORHAM HOUSE	Gorham	28
HAWTHORNE HOUSE	Freeport	14
INN AT VILLAGE SQUARE	Gorham	37
ISLAND COMMONS	Chebeague Island	7
MAINE VETERANS HOME-SCARBOROUGH	Scarborough	30
PINE POINT NURSING CARE CTR	Scarborough	12
PORTLAND CENTER FOR AL-ALZ	Portland	28
PORTLAND CENTER FOR ASSISTED L	Portland	125
PRIDE HOUSE	South Portland	6
ROCKY HILL MANOR	Westbrook	16
SCARBOROUGH TERRACE	Scarborough	70
SEDGEWOOD COMMONS	Falmouth	30
SEVENTY-FIVE STATE ST	Portland	118
SKOLFIELD HOUSE	Brunswick	49
SPILLER PARK APTS	Gorham	6
SPRINGBROOK NURSING CARE CTR	Westbrook	23
ST JOSEPH'S MANOR	Portland	44
THOMAS STREET	South Portland	2
WINDHAM RESIDENTIAL CARE CTR	Windham	10
	Sub-Total	1,023
Franklin County		
EDGEWOOD REHABILITATION & LC	Farmington	22
PINEWOOD TERRACE	Farmington	30
SANDY RIVER CENTER	Farmington	28
THE PIERCE HOUSE	Farmington	16
	Sub-Total	96
Hancock County		
BIRCH BAY - ALZ UNIT	Bar Harbor	16
BIRCH BAY - GERI UNIT	Bar Harbor	16
COURTLAND REHAB & LC	Ellsworth	20
ISLAND NURSING HOME, HOMEPOR	Deer Isle	32
PENOBSCOT NH - NORTHERN BAY RC	Penobscot	36

Case Mix Residential Care Facility	City	Beds
SONOGEE REHABILITATION & LC	Bar Harbor	40
	Sub-Total	160
Kennebec County		
ALZHEIMER'S CARE CENTER	Gardiner	30
CAPITOL CITY MANOR	Augusta	29
CONY STREET MANOR	Augusta	12
FONTBONNE COMMUNITY-MSJ	Waterville	11
GABLES MANOR	Vassalboro	13
GILBERT MANOR	Gardiner	43
GRAYBIRCH - KLTC	Augusta	37
HALL-DALE MANOR	Farmingdale	26
HERITAGE REHAB & LIVING CENTER	Winthrop	24
MAINE VETERANS HOME-AUGUSTA	Augusta	30
MOUNT ST. JOSEPH	Waterville	16
SNOW POND RCC	Sidney	22
SUNSET HOME	Waterville	20
THE WOODLAND-EVERGREEN	Waterville	32
VOLMER COUNTRY LIV CTR	Vassalboro	22
WINTHROP HILL	Winthrop	4
WOODLANDS AL OF HALLOWELL, LLC	Hallowell	51
WOODLANDS HALLOWELL--ALZ UNIT	Hallowell	24
WOODLANDS, INC	Waterville	58
	Sub-Total	504
Knox County		
IVAN CALDERWOOD HOME	Vinalhaven	8
JANUS SUPPORTIVE LIVING SERVIC	Washington	34
LUCETTE RCF	Thomaston	18
SEVEN TREE MANOR	Union	37
THE COURTYARD	Camden	24
THE TERRACES	Camden	62
WINDWARD GARDENS	Camden	40
	Sub-Total	223
Lincoln County		
COUNTRY MANOR NH	Coopers Mills	20
HODGDON GREEN RCF	Damariscotta	16
RIVERSIDE @ CHASE POINT	Damariscotta	18
SAFEHAVEN @ST. ANDREWS VILLAGE	Boothbay Harbor	8
	Sub-Total	62

Case Mix Residential Care Facility	City	Beds
Oxford County		
FRYEBURG RCC	Fryeburg	44
LEDGEVIEW LIVING CENTER RC	West Paris	24
MAINE VETERANS HOME-SO PARIS	So. Paris	28
MARKET SQUARE	South Paris	22
NORWAY REHAB/LIVING CTR	Norway	28
RUMFORD COMM. HOME (DEMENTIA)	Rumford	16
RUMFORD COMMUNITY HOME II	Rumford	37
VICTORIAN VILLA REHAB & LC	Canton	67
	Sub-Total	266
Penobscot County		
CARE RIDGE ESTATES, INC.	Lee	11
COLONIAL HEALTHCARE	Lincoln	24
CUMMINGS HEALTH CARE FACILITY	Howland	20
DEXTER BOARDING HOME	Dexter	25
EMILIO ESTATES, INC.	Corinth	18
FAIRMOUNT BH	Bangor	25
MAINE VETERANS HOME-BANGOR	Bangor	30
NFI NORTH, FINSON ROAD GROUP H	Bangor	8
OHI-THREE HUDSON STREET	Bangor	6
ORONO COMMONS	Orono	10
PHILLIPS STRICKLAND HOUSE	Bangor	48
ROSS MANOR, ENGEL PLACE-ALZ	Bangor	24
SWEET SENIORS	E. Millinocket	13
THE MEADOWS	Old Town	16
WESTGATE MANOR	Bangor	39
WOODLANDS A.L. OF BREWER - ALZ	Brewer	32
WOODLANDS OF BREWER L.L.C.	Brewer	66
	Sub-Total	415
Piscataquis County		
HILLTOP MANOR	Dover-Foxcroft	32
PLEASANT MEADOWS ESTATE	Dover- Foxcroft	29
	Sub-Total	61
Sagadahoc County		
RICHMOND ELDERCARE	Richmond	16

Case Mix Residential Care Facility	City	Beds
	Sub-Total	16
Somerset County		
PITTSFIELD COMMUNITY HOME	Pittsfield	16
SANFIELD REHAB & LIVING CENTER	Hartland	12
SOMERSET RCC	Madison	37
SOMERSET REHAB & LIVING CENTER	Bingham	13
TISSUES COUNTRY ESTATE	Athens	20
	Sub-Total	98
Waldo County		
BAYVIEW MANOR	Searsport	30
HARBOR HILL	Belfast	45
TALL PINES REHAB & LC	Belfast	16
	Sub-Total	91
Washington County		
DAVIS ESTATES	Machias	37
MAINE VETERANS HOME-MACHIAS	Machias	30
MARSHALL CARE CENTER	Machias	15
NARRAGUAGUS BAY HEALTH CARE	Milbridge	23
OCEANVIEW NH & RES. CARE	Lubec	8
WASHINGTON PLACE	Calais	30
	Sub-Total	143
York County		
BERWICK ESTATES	So. Berwick	36
HILLCREST GARDENS RC	Sanford	14
MOUNTAIN VIEW ACRES	Springvale	24
OAK STREET RCF	Springvale	12
PAVILION RES CARE	Sanford	24
RIVERRIDGE	Kennebunk	16
SENTRY HILL - BROWNING	York	21
SOUTHRIDGE REHAB & LIVING CNTR	Biddeford	46
THE LODGES CARE CENTER, INC.	Springvale	57
YORK MANOR	Biddeford	89
	Sub-Total	339
	Grand Total	4,381

1.8 Glossary of Terms

The following definitions are taken from the corresponding policies in the MaineCare Benefits Manual (MBM) that govern these categories of service that are included in the charts in Section 1.4.

- **Consumer-Directed Attendant Services (Section 12 of the MBM)**- 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.
- **Day Health Services (Section 26)** - health services that are needed to insure the optimal functioning of the member that are provided through a day health service. Day health services may include monitoring of health care, supervision, assistance with activities of daily living, nursing, rehabilitation, health promotion activities, exercise groups, counseling.
- **Elder & Adult Waiver (Section 19)** – Home and Community Benefits for the Elderly and Adults with Disabilities are in-home care and other services designed as a package to assist eligible members to remain in their homes, or other residential community settings, and thereby avoid or delay institutional nursing facility care. Home care services including nursing, personal care, therapies, adult day, respite for adults age 18-60 with disabilities and elders age 64+ with income < 300% federal poverty level (FPL) who are nursing facility level of care.
- **Home Health Services (Section 40)** – Home health services are those 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 with limitations as described in Section 40.06.
- **Hospice (Section 43)** – Hospice services are 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.
- **Nursing Facility Services (Section 67)** – Nursing facility services means services 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.

- **Personal Care Services (Sections 6, 96)** –are those 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.
- **Physically Disabled Waiver (Section 22)** – Personal attendant services for physically disabled adults age 18+ who are nursing facility level of care, have income < 300% federal poverty level (FPL) and self-direct their personal attendant services. 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.
- **Private Duty Nursing Services (PDN) (Section 96)** - are those 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.).
- **Private Non-Medical Inst. (PNMI) (Section 97)** – Private Non-Medical Institution is 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 institutions (PNMI) include residential care facilities that are case mix reimbursed and serve primarily older adults as well as other PNMI's that serve people with mental illness or people with substance abuse problems, and children.