CHAPTER 1622-A

CONSOLIDATION OF LONG-TERM CARE SERVICES

§7316. Consolidation of long-term care services

Beginning July 1, 2012, all long-term care services provided directly or indirectly under the MaineCare program or other state-funded programs by the department under this Title must be combined into one program, referred to in this chapter as "the program," with a single set of rules, coordinated criteria for assessment and qualifications and a single budget. [PL 2011, c. 422, §1 (NEW).]

SECTION HISTORY

PL 2011, c. 422, §1 (NEW).

§7317. In-home and community support services; nursing facility services

In-home and community support services and nursing facility services must be provided under the program, giving priority to expenditures that serve first those consumers with the greatest needs and the lowest service costs in accordance with the provisions of this section. [PL 2011, c. 422, §1 (NEW).]

1. Intake and eligibility assessment. The department shall develop for the program a single system for intake and eligibility determination for all consumers, regardless of diagnosis, type of disability or age or other demographic factors, using the multidisciplinary teams designated by the commissioner pursuant to section 7323. The intake process, application and forms must be standardized despite differences in the criteria for eligibility for services under different provisions of the MaineCare program state plan or federally approved waiver under Medicaid or under state-funded services.
[PL 2011, c. 422, §1 (NEW).]

2. Needs assessment. The department shall assess a consumer for benefits determination periodically, as appropriate to the consumer, based on assessments of functional, health care and financial needs performed by an agency that is available to the consumer for case management services but that does not directly or indirectly provide in-home and community support services or nursing facility services. The assessment of the consumer's functional, health care and financial needs for in-home and community support services and nursing facility services must include a medical evaluation conducted by the consumer's primary care provider or health care specialist, as appropriate, and an evaluation by the department of the requirements for personal care assistant services and the hours of service necessary to maintain the consumer in a home-based or community-based setting.
[PL 2011, c. 422, §1 (NEW).]

3. Benefits determination; service delivery model selection. Once the needs assessment under subsection 2 has been completed for a consumer, the department shall determine the benefits that are available for the consumer and the consumer may choose which services to purchase. The consumer may select service delivery through the following models: the model in which the consumer directs the consumer's care and employs the persons who provide care, with or without a surrogate or unpaid representative to assist the consumer; the agency model in which an agency directs the consumer's care and employs the persons who provide care; and the residential care model or nursing facility care model. If a consumer does not indicate a preference of service delivery model, the department shall assign the consumer to a self-directed model of in-home and community support services unless self-direction is determined to be inappropriate for the consumer.
[PL 2011, c. 422, §1 (NEW).]

4. Plan of care. The department shall develop and authorize a plan of care for each consumer determined to be eligible under this chapter or Title 34-B, chapter 5, subchapter 3, article 2. The plan of care must be based on the needs assessment under subsection 2 and must be designed to meet the needs of the consumer identified in the assessment, giving consideration to the consumer's living arrangement and informal supports and, to avoid duplication of services, services provided by other private and public funding sources.
[PL 2011, c. 422, §1 (NEW).]

5. Transitional facilities and services. The program must provide a consumer with transitional facilities and services to assist with changing functional needs and health care status.
[PL 2011, c. 422, §1 (NEW).]

6. Nursing facility diversion. The program must include a nursing facility diversion component to encourage the use of facilities and services consistent with the consumer's needs assessment under subsection 2 and as chosen by the consumer under subsection 3.
[PL 2011, c. 422, §1 (NEW).]

7. Reimbursement. The program must provide reimbursement for skilled nursing care and in-home and community support services based on a uniform rate-setting process that is consistent across types of care and services, that reduces administrative costs and that is realistic regarding access to care and services. The process must set aside a fixed percentage of the rate for wages and benefits of the direct-care workers.
[PL 2011, c. 422, §1 (NEW).]

8. Implementation. In implementing the program the department shall:

A. Establish best practices training standards in a common module-based format with standard designations for direct-care workers; [PL 2011, c. 422, §1 (NEW).]

B. Create structures for service delivery that apply to all types of payors; [PL 2011, c. 422, §1 (NEW).]

C. Promote the use of assistive technology; [PL 2011, c. 422, §1 (NEW).]

D. Integrate the delivery of skilled nursing care and personal care and services; [PL 2011, c. 422, §1 (NEW).]

E. Establish a system to designate qualified providers who must:

(1) Provide the full range of services in the self-directed and agency models under subsection 3;

(2) Have the organizational and administrative capacity to administer and monitor a complete range of in-home and community support services, including, but not limited to, serving as a resource regarding service options, coordinating and implementing consumer services, ensuring the services are delivered, providing skills training, responding to questions and problems, performing administrative services, ensuring compliance with policies and performing utilization review functions; and

(3) Submit proposals for coordinated in-home and community support services in response to a solicitation for proposals to qualified provider agencies from the department, in the form and manner required by the department as specified in rules. Rules adopted pursuant to this subparagraph are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A; [PL 2011, c. 422, §1 (NEW).]

F. Promote consumer choice by investing in needed care and services that consumers choose; and [PL 2011, c. 422, §1 (NEW).]

G. Develop expanded financing options to encourage private investment in residential care and nursing facilities. [PL 2011, c. 422, §1 (NEW).]

[PL 2011, c. 422, §1 (NEW).]

SECTION HISTORY

PL 2011, c. 422, §1 (NEW).