

Stakeholder input from Provider Forums  
November 7, 8, 9, 10, 17, 18, 2011  
Input Related to PNMI Appendix F  
Stakeholder Study Draft (2-2012)

*Office of Elder Services and Office of Cognitive and Developmental Disabled Services*

**Question 1: What Services do you believe are essential and must be in place in the future model?**

Medication Management  
Socialization  
In Home Services  
Step-down options  
Safe Secure Environment  
Dentures  
24/7 Supervision  
Case Management  
Transportation  
Rehab Services  
Nutritious Meals  
Personal Care  
Activities/Socialization  
Room and Board  
Financial Management assistance and education  
Community Integration  
Dental  
Medical  
Psychiatric  
Geriatric services  
Faith Based Community Services  
Respite/family support  
Legal Surrogate  
Skills training  
Housekeeping  
In home nursing service  
End of life services  
Rep payee  
In home crisis services  
Home maintenance help  
Adaptive equipment  
Access to mobile medical services  
Adequate reimbursement to pay facility cost. Home care, unless for a limited time, is not dependable, consistent, and impossible to adequately monitor.

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**Question 2: What ideas to do you have for alternative funding for these services?**

Waiver

20% existing population eligible for NF

Change eligibility for NF

Provide incentive for fund raising

Pool resources among providers in small communities

Open up beds in the community

Design a community based model

HUD funding

ALFS demonstration project

Use Volunteers

Grant funding

Use 5 level funding like other states (Oregon)

County Government

Tax increase

Services provided only as needed

Family contribution

Change asset transfer rules

Trusts

Long term care insurance

Pay for performance instead of cost

Estate recovery-reverse recovery

Better education of financial choices for consumer

Recognize true cost of care

No room and board

Standard pricing by region

Putting a greater emphasis on welfare benefits and who really needs them, and also putting more emphasis on welfare fraud.

Provide long term care insurance for state employees.

Pay for client improvement, rather than dependency needs.

**Question 3: What ideas do you have for a different delivery system of the services you provide?**

Community Based

Use Telemedicine

Individualize what consumers need

Need specialized staff for brain injury clients

DLS vs. skills development-now mutually exclusive

Family Care homes

Lower NF eligibility

Special dementia homes

Adult day care

Moratorium on NF beds

Assisted living model

Support/reimbursement for caregivers

Social model vs. medical

Aging in place

Urban vs. rural services

Have 2 NF levels-NF and NF light

There needs to be consistent standard among providers  
Have a specialized secure dementia unit  
Suspend minimum staffing  
Eliminate MDS  
Institute uniform standard pricing for services rather than reimbursement thereby eliminating cost reporting and field audits.  
Assign one case manager for MaineCare clients rather than having multiple DHHs workers providing services for each client.  
Eliminate Gould assessment.  
Allow case mix to determine rates  
Have a multi level license.  
Direct the bed tax out of the general fund and back into the general facility.  
Bundle community services together.

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#### **Question 4: Given the creativity and flexibility that will be necessary for the development of a future model, what State regulations/mandates do you believe could impede/limit/obstruct our progress?**

Eliminate state regulations and just go with federal regulations  
Quality of life vs. risk aversion-dignity of risk  
Coordinate regulatory visits  
Training expense-use technology  
CEU changes-go to multi year  
Go to fee for service  
Change regulations for unused medication use-potential for savings  
Lower regulations for nursing homes  
Need more flexibility for physical plant requirements  
Reduce duplication such as Gould  
MDS  
Consolidation of grievance and appeal process  
Eliminate provider tax  
Allow for diversity in housing  
Fire Marshal regulations  
Need consistent staff training

#### **Other comments and suggestions:**

System needs to allow aging in place  
System needs to allow consumer choice  
We need affordable housing  
Providers have noticed difficulty getting staff because potential employees don't want to lose their welfare benefits by working too much.