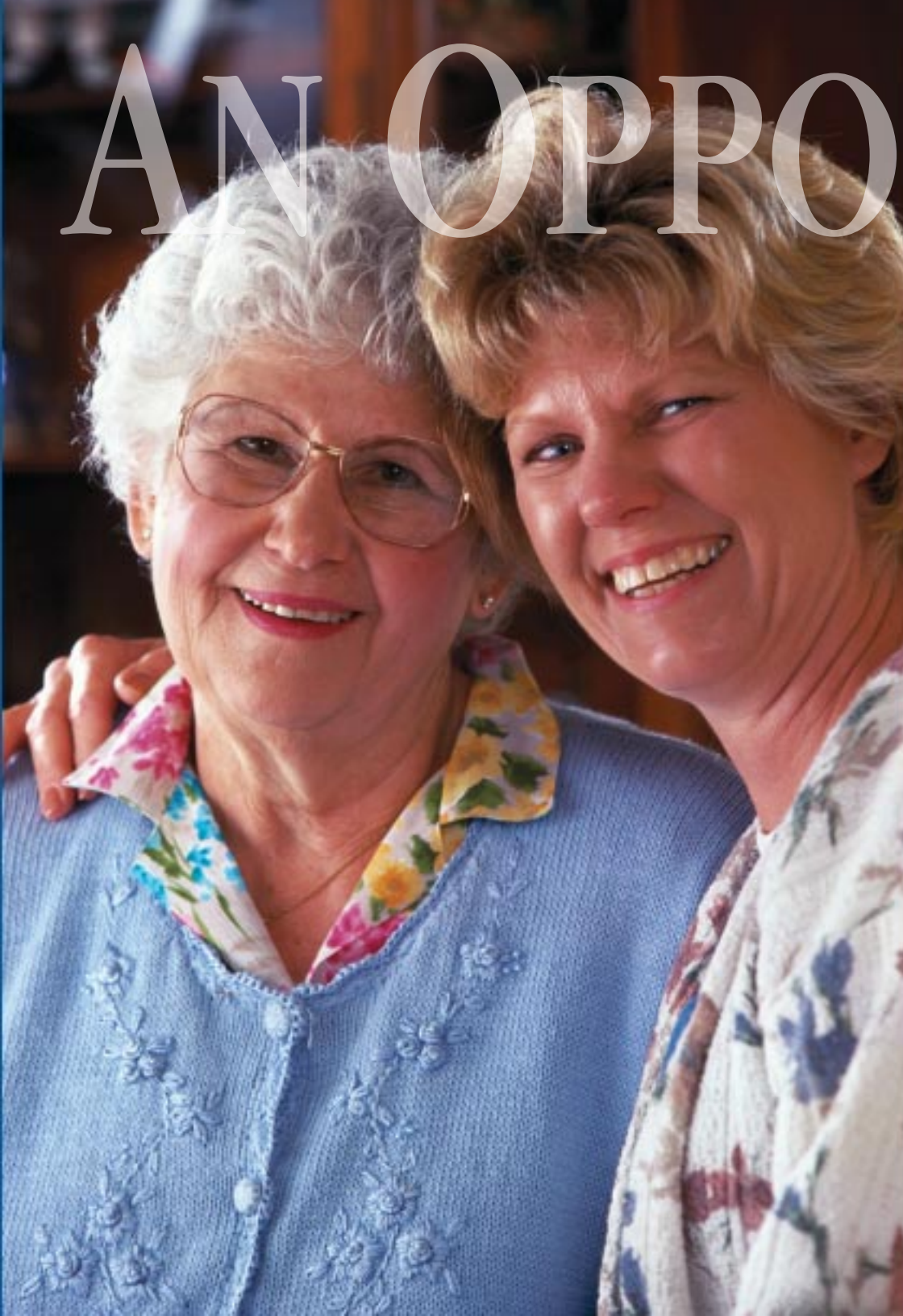




AN OPPORTUNITY

to respect
our elders

Facing facts

about care for

Maine's older

loved ones

1 a crisis looms

Maine Health

Care Association

White Paper

executive summary

A growing health care crisis demands the attention of Maine people and their elected leaders.

It is real. The situation is serious. And all the evidence shows that if we fail to confront this issue now, it will only get worse. Without action, the quality of life for tens of thousands of Maine people will be jeopardized.

Of all the health care issues confronting us today, none may be more serious — or directly affect more people — than the threat to elder care.

Here's why:

- Maine people are getting older and living longer. The latest Census figures show that over the next 20 years, Maine's population of seniors will grow by 50%, and the number of people living beyond the age of 80 — the group that requires the most long-term care services — will grow even more.
- At a time when baby boomers are getting older and living longer, the traditional definition of “family” is changing through divorce, remarriage, cohabitation and the growing number of couples who elect not to have children. This has enormous implications for elder care. Where in past generations elderly parents could rely on younger family members for care, many of today's elderly find themselves with no family members on whom they can rely.
- Despite Maine's aging population, total state spending on nursing facility care is declining. According to the Department of Human Services, nursing home spending declined from \$239 million in 1995 to \$202 million in 2001.

- Medicaid and Medicare do not cover the true cost of elder care services. From 1996 to 2000, Maine's nursing facilities spent more than \$90 million on delivering care authorized by Medicaid for which they received no reimbursement. From 1997 to 2000, residential care facilities spent more than \$30 million on approved care for which they have not been reimbursed. This is because reimbursement rates set by the state and federal government do not reflect the true cost of the services that Maine's elder care facilities are required to deliver. As a result, many of Maine's nursing and residential care facilities are operating in the red.
- Due to these financial pressures, a number of Maine nursing homes have closed or have been placed in receivership in just the last year, jeopardizing access and quality care. When a nursing home closes, many residents are forced to relocate to a new facility miles from their family and friends, causing even more hardships.
- Against this backdrop of chronic under-funding, in 2001 the Governor proposed to eliminate a 3 % cost of living adjustment to nursing homes. The Legislature did not agree and put it back in. Ultimately providers were able to give a

3% wage and benefit increase to their employees. In 2002, when faced with a budget shortfall, Medicaid providers were again targeted for severe cuts and once again had to fight for their restoration. The goal of meaningful, long-term reform of the system is impossible when providers are continually targeted for cuts year after year.

- Increasingly, the most significant barrier to providing quality elder care in Maine is the lack of skilled workers. The turnover rate in some elder care positions is more than 56%. The available labor pool is shrinking as the demand for services reaches critical proportions. Because staffing mandates are stricter in Maine than elsewhere, shortages are becoming a chronic problem.
- Funding and quality are inextricably linked. States that don't make long term care a priority are the ones experiencing the greatest challenges in delivering quality care. If Maine is to continue its commitment to quality long-term care services, it will require creativity, vigilance and resources — not just from the providers of long-term care, but from legislators who fund the system, regulators who monitor the system and consumers who receive care. And it's time to finally get away

from the year-to-year, Band-Aid approach to the problems facing elder care in Maine. What's needed is a long-term strategy for transforming the system of how we pay for long-term care.

This white paper from the Maine Health Care Association (MHCA) is a primer on elder care issues for consumers, state decision makers, the public and the news media. It clearly shows why elder care issues deserve to be a primary focus as the Legislature seeks to improve health care in Maine. Twenty-five percent of Maine people now know a friend or close relative that receives elder care services. More than one-third of Maine adults over age 40 anticipate that someone in their family will require services within the next 10 years. It is our job to make sure they get the best care possible.



If Maine is to continue its commitment to quality long-term care services, it will require creativity, vigilance and resources — not just from the providers of long-term care, but from legislators who fund the system, regulators who monitor the system and consumers who receive care.

The latest Census figures show that over the next 20 years, Maine's population of seniors will grow by 50%, and the number of people living beyond the age of 80 – the group that requires the most long-term care services – will grow even more.

The Maine Health Care Association



is a statewide association of providers of services to Maine's older and disabled populations. MHCA represents more than 300 adult day service providers, assisted living/residential care facilities, home health service providers, independent living/congregate housing providers, nursing facilities, rehabilitation and skilled nursing providers, and other organizations and individuals who provide housing, health care and supportive services to more than 10,000 Maine residents.

An opportunity to respect our elders

Facing facts

about care for

Maine's older

loved ones

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Maine Health Care Association

The Maine Health Care Association would like to thank Berry, Dunn, McNeil & Parker for its assistance in preparing this white paper.

Maine Health Care Association, © 2002



Someday, when historians look back on the beginning of Maine's 21st century, they will consider an issue with which our leaders will have to deal repeatedly in the coming months and years: how did we address the aging of Maine's population?

introduction

The Maine Health Care Association (MHCA) has prepared this white paper to stimulate discussion of the issues that frame one of the most important debates in the history of this state and this country. Furthermore, we want to help legislators and other concerned citizens understand how best to improve the quality of Maine's elder care system and address the challenges facing elder care in Maine.

MHCA represents a full spectrum of elder care facilities, including nursing and residential care facilities, assisted-living facilities, congregate hous-

ing and home health care providers. We work day in and day out with the people on the front lines of this complex issue — those who deliver elder care services and those who receive them.

All of them can tell you that Maine faces an enormous challenge. Maine is a large, rural state with an aging population, making the delivery of elder care services difficult and expensive. *A crisis looms.* Maine will distinguish itself in how we meet this challenge.

The Growing Need

Many more people live in elder care facilities today than did so fifty years ago, and their numbers are continuing to grow. According to a recent survey, one in four Maine people currently knows a friend or close relative who receives long-

term health care services, and many of them say they recently visited a loved one in a nursing facility. Over one-third of Maine adults over 40 anticipate that someone in their family will require long-term health care within the next 10 years.

We must give our system of elder care a very strong foundation for one compelling reason: more likely than not, each of us will use this system sometime in the future.

Here's why:

The nation is getting older.

According to the Census Bureau, the number of people aged 65 to 74 will grow 107% by 2030. And the fastest growing segment of our population is people 85 and older — the heaviest users of long-term care services.

Today, Maine has about 175,000 seniors, about 14% of our population. In just 20 years, that number will swell to 260,000 and make up more than 20% of the population. That's a 50% increase in the senior population at a time when Maine's overall population will grow just 10%. This "graying of Maine" will have enormous implications for the demand of housing, goods and especially health care services..

People are living longer.

People are living longer. Thanks mainly to the rapid pace of advancements in medical science and lifestyle improvements, today's "Baby Boomers" — the 78 million Americans born between 1946 and 1964 — can expect a longer, healthier life. The life expectancy for a person born in 1957 — the peak of the Baby Boom — was about 70 years at birth, according to the National Center for Health Statistics. That's six to 15 years longer than their parents' generation.

As people live longer, the challenges mount. People in their 80s are most likely to fall ill and need care. And their numbers will explode. By 2020, 7 million people will be 85 or older, says the National Institute on Aging.

That group will at least double again by 2040. Maine is no exception from this trend. According to the latest Census figures, our population of 80+ seniors will grow by more than 70,000 over the next three decades.

The concept of "family" has changed.

Unlike a generation or two ago, people today divorce, live together, remarry and create stepfamilies, stay single, and marry but decide not to have children. Consider these projections from the National Institute on Aging:

- People who are now 70 to 85 have an average of 2.5 living biological children. In 2030, the same age group will have an average of 1.5 children.
- The number of biological grandchildren will drop by 40% for 70- to 85-year-olds, from four grandchildren today to 2.5 in 2030.

At the same time, the days of single-income families have virtually disappeared. With both spouses having to work, there is no one able to stay home to care for an older family member.

Experts are just beginning to study the effects today's restructured families will have on elder care giving, but already there is an obvious question: will the divorced and remarried receive the same support in their later years from adult children, particularly stepchildren, as those who had the benefit of an intact family? For many if not most, an elder care facility will be the only option.

*As people live longer,
the challenges mount.*





A severe shortage of workers, and a turnover rate in some facilities of more than 55%, makes it almost impossible to provide consistent, quality care.

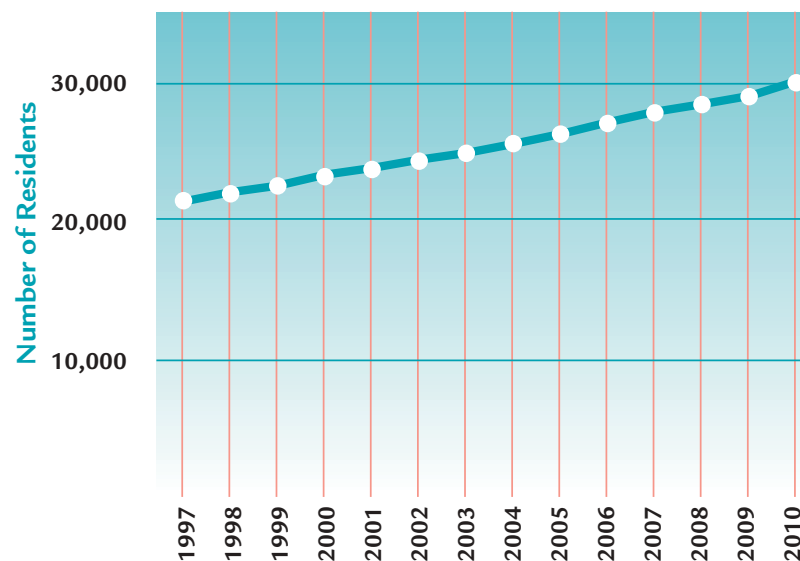
Maine's Elder Care Community

Maine's elder care community provides quality care and companionship to more than 25,000 elderly citizens. From Ft. Kent to Kittery, Maine's caregivers are among the best in the nation. They work for nursing facilities, residential care facilities, assisted living facilities and home health care services. Their skills, compassion and service to Maine's elderly are of the highest quality.

Maine can be proud of the services it provides to its elderly citizens. But problems loom. Many operators of elder care facilities are in uncertain financial health, and for some, the condition could be terminal. A severe shortage of workers, and a turnover rate in some facilities of more than 55%, makes it almost impossible to provide consistent, quality care. And, surprisingly, even as the number of Maine's elderly continues to grow, further Medicaid cuts are being proposed.

This looming crisis is deep and complex. It goes to the heart of Maine's willingness and ability to care for its own — the sick, the infirm, and the people who spent their best years building a bright future for all of us. They deserve the highest quality care and the deepest compassion.

Maine Residents Age 85 and Older



Source: U.S. Bureau of the Census, Population Projections for States

Who Pays for Long-Term Care?

Elder care services — like all health care services — are expensive, and there is still no real assistance for middle class families. Many families find themselves with no alternative but to “spend down” to the poverty level so they can qualify for Medicaid and pay for the care of a loved one. Thus, Medicaid, which should be the payer of last resort, has become the primary payer for long-term care in this country. In Maine it pays for 72% of nursing home care and 67% of residential care. Medicare does not pay for “custodial care,” resulting in minimal spending of Medicare for nursing facilities and home care — just 10% in Maine. Only a small percentage of people — approximately 18% in Maine — have the private resources to pay for their own nursing home care.



Maine saw a reduction in nursing home spending of 15% between 1995 and 2001. During a comparable period nursing home spending increased 9% nationally.

Retired teachers, nurses, mill workers and homemakers are the people threatened by inadequate residential care payment. Our Board of Trustees made a leap of faith to provide care under the Medicaid program. If we have to back off, it is these "every-day" people who will be hurt.

Anthony Forgione, President/CEO
Seventy Five State Street, Portland, Maine

Medicaid costs are indeed rising. But it is unfair to continue to single out long-term care services as a target for cuts. While total spending on long-term care in Maine grew 15% between 1995 and 2001, the number of elderly receiving services grew 28% - from almost 20,000 to approximately over 25,000. Meanwhile, overall state spending during the same period grew 58%, according to the state budget office. Clearly, other areas of the state budget have seen faster growth.

While most states strive just to contain the rate of increase in Medicaid nursing home expenditures, Maine saw a reduction in spending of 15% between 1995 and 2001. During a comparable period nursing home spending increased 9% nationally.

A hefty portion of Maine's reduced care budget is the result

of actions by the Maine Legislature in 1994 that changed Medicaid's medical eligibility requirements for admission to nursing facilities. Since then, the number of people receiving home care or living in residential care and assisted living facilities in Maine has more than doubled, while the number of those in nursing facilities has decreased by 17%. But the costs of elder health care services, whether provided at home, in residential care or nursing facilities, continue to rise. Those remaining in nursing facilities are acutely ill. Those living in residential care and assisted living settings are frailer. And with increasing numbers of people living well into their 80s and 90s, the occurrences of Alzheimer's Disease and various forms of dementia are much more prevalent.

All of these trends translate into more costly, specialized med-

ical care. Thus, further cuts in Medicaid spending will have devastating effects on care. These cuts have a direct impact on the people living in long term care facilities - our parents, grandparents and elderly relatives who need quality care.

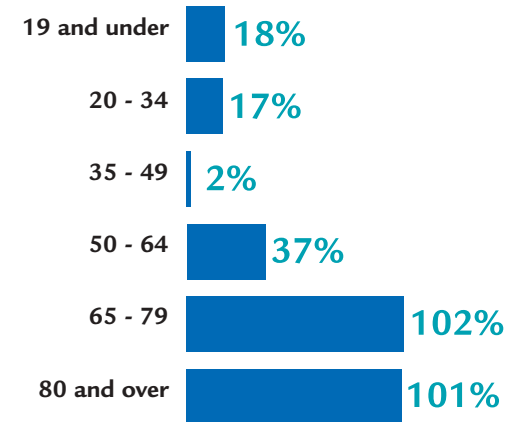
Rising costs are inevitable as Maine continues to age at a rate faster than the national average. In just five years, the leading edge of the Baby Boomer generation will be nearing retirement. In the ensuing years, even more of them will simultaneously reach an age at which they require assistance, and that threatens to choke the already gasping care-giving system.

Maine people need care in the most appropriate setting, and our state can be proud of the full spectrum of care options that we offer. But it requires that we pay for the actual costs of care in every care setting. Recent cost figures are cause for alarm. They clearly show that the state and federal government are not paying for the true costs of elder care.

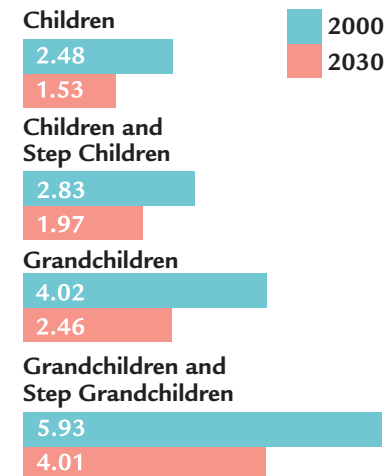
Our aging population faces a care crisis

Experts say that two trends - an America growing older and baby boomers having fewer children - are among the forces driving a looming crisis in elder care.

Americans 65 and older will grow fastest ¹...



...but will have fewer offspring to care for them ².



¹ Projected change in population. 2000-2030

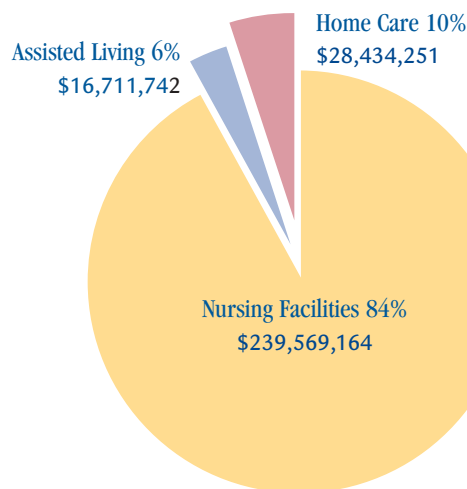
² Projected average number of offspring for each white resident of the USA aged 70-85



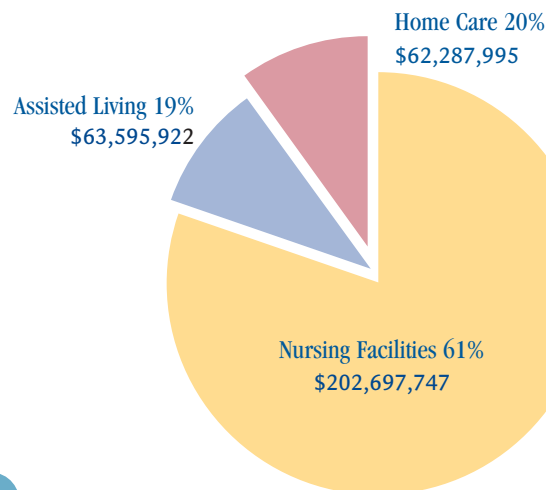
Rising costs are inevitable as Maine continues to age at a rate faster than the national average.

Long-term Care State and Medicaid Spending

1995 Total Expenditures: \$284,715,157



2001 Total Expenditures: \$328,581,664



Prepared by Bureau of Elder and Adult Services, 12/2/2001.
Note: Home Care for 2001 revised on 2/7/02 due to Private Duty Nursing revision.

Medicaid Shortfalls Prime Culprit

Medicaid, the federal and state assistance program, pays for more than 70% of the services provided in Maine's Medicaid-certified nursing and residential care facilities; and it pays for an increasing percentage of assisted living and home health care.

Until just recently, however, the state of Maine used cost data from 1993 to calculate reimbursement payments to nursing facilities. Now, both nursing homes and residential care facilities are being paid at 1998 rates — still several years out of date. Everything costs more today than it did just a few years ago. This is especially true in the health care field, in which costs rise far more quickly than the rate of inflation. Using reimbursement rates that don't match actual expenditures is a recipe for economic disaster. From 1996 to 2000, Maine's nursing facilities spent more than \$90 million on Medicaid-authorized care for which they've received no reimbursement.

Residential care facilities face a similar situation. Last year, more than half of Maine's 192 Medicaid-certified residential care facilities spent more than \$9 million in allowable costs for which they were not reimbursed. The costs included wages for staff (exclusive of administrators), and the costs of food,

medical supplies, staff training and utilities. Over the last three years, these residential facilities have spent a total of \$30 million in allowable costs without reimbursement.

Medicaid cuts in Maine are often justified by comparing Maine to states like Alabama and Arkansas, where Medicaid costs are lower. But such comparisons are unfair and misleading. Maine's reimbursement rates are higher than other states for several reasons. First, thankfully, Maine insists on quality care for its elderly. Staffing ratios at elder care facilities in Maine have been and continue to be among highest in the nation. That's something we can be proud of, but it costs money.

Second, reimbursement rates directly reflect the medical needs of patients in these facilities. Since 1994 and the advent of strict medical eligibility criteria for nursing home care, patients cared for in Maine's nursing and residential care facilities are sicker with more medically complex needs, which translates to higher costs of care.

Third, because Maine is a large, rural state in a cold climate, a facility in Maine pays more for heat, electricity, construction and other

fixed costs than facilities elsewhere. In addition, many elder care facilities in other states achieve greater economies of scale, i.e. on average facilities are larger in size and many are owned by large national chains. In Maine however, the average facility size is 69 beds compared to the national average of 108 beds.

The truth is, the state and federal governments are not currently covering the real costs of elder care services in Maine. While the Legislature recently began work on meaningful reforms, the work is far from complete. Red ink continues to spread throughout Maine's nursing and residential care facilities. Many show net operating losses year after year and are technically insolvent. Three nursing homes closed their doors in just the last year, and others have been placed in receivership. Without further action by the state, even more providers will go out of business, significantly reducing the options available to elderly citizens and their families — this at a time when the number of elderly people is growing.

The ongoing operation of Varney Crossing at the current Medicaid rate is tenuous. I am doubtful that the facility will survive if (further cuts) go into effect.

Kathy Fernberg, Administrator
Varney Crossing Nursing Care Center, York County

Where Are the Workers Going?

Only one thing is more alarming than the government's chronic under-funding and the growing number of Maine people requiring elder care services. That is the shrinking pool of skilled workers who provide the care. With the booming economy of the last several years, many facilities have found it difficult to attract and retain sufficient numbers of qualified caregivers. But today's labor shortage will look like a minor annoyance by 2035. That's when forecasters predict Maine will have 9,000 fewer citizens between the ages of 20 and 44 than it had in 1995. This alone promises to be the most significant barrier to providing quality elder care services in Maine.



Nationally, the average annual turnover rate in nursing facilities in 2001 was over 75% for nurse assistants. With their wages at less than \$8 an hour (the average annual income in nursing facilities is just \$15,736), many health care workers can find better paying and less stressful jobs at McDonald's.

The Mathematics of Employee Flight

Today, the residents in elder care facilities are older and need more specialized medical care. This makes jobs more stressful, and leads to absenteeism, staff burnout and rapid turnover. While the national average of unscheduled absences from work is 1.6 days per employee per month, in the health care field it's two days a month. Nationally, the average annual turnover rate in nursing facilities in 2001 was over 75% for nurse assistants. With their wages at less than \$8 an hour (the average annual income in nursing facilities is just \$15,736), many health care workers can find better paying and less stressful jobs at McDonald's.

A 1998 survey of Maine certified nurse assistants and personal care attendants by Market Decisions found that many are living on the edge, with stressful lives and meager incomes. A third of CNAs, and 43% of the PCAs, were the only ones contributing to their household income. Additionally, 24% of the CNAs and 33% of the PCAs were working more than one job to make ends meet. Both groups believe their work is rewarding and that they are contributing to the comfort of patients. But the survey showed that they do not believe they are paid a fair wage for

the work they do, nor are they satisfied with the benefits they receive.

Labor costs account for approximately 70% of all costs in elder care facilities, and high turnover rates only add to a facility's labor costs. As employees leave and others are hired, facilities incur advertising and agency fees for recruiting new workers, lost productivity for vacant positions, training costs for new employees, and reduced efficiency while an employee learns a new job.

Current staffing levels at Maine's nursing facilities are among the highest in the nation. But problems remain. Medicaid payments generally fall far short of covering actual labor costs. A recent survey of labor costs in 50 nursing facilities showed that between 1998-99, labor costs increased 16.7%, but Medicaid covered less than 5%. Similar disparities hold true for residential and assisted living care — it's not just nursing facilities that are feeling the pinch.

When the federal and state governments fall short of full reimbursement, the flight of skilled labor from the elder care field is the natural consequence. And without a skilled workforce, the quality of care suffers.

Maine insists on quality care for its elderly.





A Commitment to Quality

The entire long term care debate centers around quality and the kind of system Maine wants to maintain. However, funding and quality are inextricably linked. States that don't make long term care a priority are the ones experiencing the greatest challenges in delivering quality care.

In the face of ever-increasing financial and regulatory demands, long term care providers in Maine constantly strive for new ways to maintain quality of care and enhance quality of life. Providers meet the medical, social and emotional needs of their residents and they work diligently to make their facilities as home-like as possible, sometimes in the face of the inherent restrictions of a medical setting. Many providers also take an active role on numerous commissions and task forces exploring strategies to address the staffing crisis, develop and share best practices, and research quality outcomes.

But quality is not the sole responsibility of providers. This responsibility is shared with legislators who fund the system, regulators who monitor the system and consumers who receive care. All of us need to be partners, not adversaries, in taking care of our elderly relatives and friends. It requires commitment, creativity, vigilance and resources from all of us.

Quality is not a reality without adequate funding. At a time when states are balancing budgets at the expense of these critical services, Maine is poised to take the road less traveled and find creative ways to preserve its quality long term care system. Together, we can achieve this goal.

Although I thoroughly enjoy caring for our residents and try to make a difference in their lives, the wages I earn barely allow me to support myself. Each year the job load has increased because we have more patient turn-around, and the acuity of each resident is much higher. Yet the pay has increased minimally each year.

Dorothy Zucco, CNA
Greenwood Center, Sanford

the opportu

Let's Take the Opportunity

The Maine Health Care Association encourages legislators and advocates to summon the ingenuity and imagination of all Maine people to help find the best and brightest ideas to address the issue of elder care services. We respectfully suggest that our elected leaders adhere to five guiding principles along the way.

We must:

- Acknowledge the true cost of providing elder care services;
- Recognize that Maine people do not object to meeting legitimate obligations and responsibilities;
- Confirm that providing quality care to our older loved ones is a highly desirable objective, and one worth paying for.

- Support the owners and employees of nursing homes and residential care facilities — now and in the future — who are on the front lines of providing care to our elderly citizens.

- Develop long-term goals and solutions to fundamentally change the system of financing elder care in Maine, rather than the year-to-year “one-step-up and two-steps-back” stopgap approach to solving these persistent problems.

We firmly believe that legislative action is required. The Maine Health Care Association has prepared omnibus long-term care legislation to begin to address each of the issues outlined here. For the future of our elderly citizens, and the

future of our state, this legislation demands your careful consideration.

Determination, creativity and a strong sense of doing what's right have always guided us as a state. We have every confidence that Maine people will prevail again in building the kind of society we all want.



nity

It's time to do the right thing

A message

*from Richard A. Erb,
president and CEO of the
Maine Health Care Association*

Dear friends,

As you can see from the facts presented in this white paper, Maine's long term care system needs your help. Maine has long been recognized as a leader in providing quality elder care, but this status is threatened by years of under funding. Within the past year, the cumulative effect of these policies has led several facilities to seek protection through receivership and some have had to close their doors. Access to quality care has been diminished already and this could reach crisis proportions unless we work together to address these funding problems.

At a time when much more is needed, tight budgets at the State level have forced long term care providers to fight for even small cost of living adjustments and one-time infusions of funds. At the same time, operating costs have increased dramatically, led by a soaring labor market. With the needs of baby boomers looming ahead of us, a greater investment is needed to preserve the system of care we are all counting on.

Maine's nursing homes and residential care providers have done a valiant job maintaining their high standards through these difficult times. Now we need to stand beside them in support of our

elderly residents. Maine people have always taken care of those in greatest need. We are confident that they will respond again by supporting quality elder care today and laying the groundwork for future generations to enjoy the same.

We know from our affiliation with other organizations around the country that Maine is not alone in facing these challenges. We also believe that we can be a leader in this field and hope we can count on you to be a friend of long-term care in Maine.

Sincerely,

Rick Erb

Here's what you can do:

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For our constituents:

- Support those men and women in the Maine Senate and the House of Representatives who recognize the crisis in elder care and pledge to do something about it;
- Talk to friends, family and relatives, tell them why this is so important, and ask them to get involved;
- Write a Letter to the Editor of your local newspaper;
- Call the Maine Health Care Association (623-1146) and ask to be a part of our grass-

roots network working to address Maine's number one health care problem.

- Call the Governor's office (287-3531), and express your concern about the current situation;
- Call the Maine House of Representatives (287-1400) today, and ask to speak to your state representative. Then call the Maine Senate (287-1540), and ask for your state senator. Ask both to help pass legislation to solve this crisis.

If you are a member of the Maine Legislature:

- Call the Maine Health Care Association (623-1146) to learn more about this critical issue facing our state;
 - Contact your local elder care facilities and visit with residents and staff to learn first-hand about the challenges we face;
- Talk to your colleagues and other candidates to let them know that elder care issues should be at the top of the agenda as 120th Legislature concludes and the 121st Legislature begins.

Maine Health Care



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A negative consequence of under-funding is that facilities do not have the financial resources to attract the quality help that they need. My wife and I have seen first hand how the nursing facility where my mother-in-law lives has had to struggle with this. We can say in all honesty that the staff there has provided excellent care, but we have seen days when they were not fully staffed because they did not have the funds to pay the wages to attract all the quality help they need. Left unchecked, this problem can severely diminish the quality of care available to some of the frailest and most vulnerable of our people.

Ken Murray
Director of RSVP and Volunteer Services
Southern Maine Area Agency on Aging, Portland

Maine Health Care



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Maine has long been noted for one of the

best elder care systems in the nation, but

due to years of chronic under-funding,

we are quickly losing our preeminent status.