



61 Winthrop Street • Augusta, ME 04330
1-800-499-0229 • Fax 207-621-0509
MLTCOP@MaineOmbudsman.org

Testimony of Brenda Gallant, RN
Maine Long-Term Care Ombudsman Program Executive Director

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Aging and Disability in the 21st Century: How Technology Can Help Maintain Health and Quality of Life

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Good Morning, Chairman Collins, Ranking Member Casey and members of the Senate Special Committee on Aging.

My name is Brenda Gallant and I am the Maine State Long-Term Care Ombudsman. As you know, the Long-Term Care Ombudsman Program is authorized under the Older Americans Act (Title VII, Chapter 2, Sections 711 and 712) and administered through the Administration for Community Living. The program provides advocacy for residents in long-term care facilities, resolving problems regarding health and safety, quality of care, quality of life and protection of resident rights. The Ombudsman Program has a forty-one year history of service on behalf of long-term care consumers. The Maine Long-Term Care Ombudsman Program's state-enabling legislation extends our role to include advocacy for recipients of home care services as well as assisting patients in hospitals ready for discharge who experience barriers in accessing needed long-term services and supports.

Thank you for inviting me to provide testimony regarding the essential role of assistive technology in supporting older adults and adults with disabilities to live independently in the community. We have observed the vital importance of this technology through our work with Maine's Homeward Bound Program, the CMS funded Money Follows the Person (MFP) Demonstration Program. Maine implemented this program in 2012. Since then, with the resources this program provides, 141 nursing home residents and hospital patients have been able to transition back to the community.

In our experience, older adults and adults with disabilities want to live in their own home whenever possible. While nursing homes are required to provide information to residents about discharge and assist with discharge planning, often the barriers are too great to overcome without additional assistance. This is also true for some hospitalized patients with complex medical needs who require additional support to leave the hospital. MFP helps overcome these barriers by assessing the needs of each participant and developing an individualized care plan to provide the services and supports needed for a successful transition back to the community. A key part of the planning includes an assistive technology assessment.

Here are some examples of how assistive technology has enabled MFP participants to gain the independence necessary to return to living in the community:

- A 58 year-old woman with a diagnosis of muscular dystrophy, was admitted to a nursing home, and resided there for 17 months. She uses a motorized wheelchair and her muscular dystrophy has impacted her ability to use her arms and affected her ability to communicate. She expressed her wish to leave the nursing home, but was discouraged by both the nursing home staff and her physician, who felt that her needs could not be met in the community. However, she was determined to be in her own apartment. A critical part of her planning was access to assistive technology. An assessment recommended an eye-gaze system that enables her to use her computer with her eyes to communicate through email and have access to the internet, as well as remote access monitoring that provides motion detectors and notifies caregivers if her routine is not followed. Additionally a remote door entry button that she keeps with her allows her to enter and exit her home and enables her to allow entry to others to her home. Despite the initial skepticism regarding her ability to live independently, she has been successful in living on her own for the past six years.
- A 49 year-old woman with a diagnosis of muscular dystrophy, resided in the nursing home for five years prior to her transition to her own apartment. She uses a motorized wheelchair for mobility. MFP funded a ceiling track lift to enable transfers to be done safely when only one caregiver is present, a smart phone and iPad allow her to access the camera installed outside her door so that she can see who is there and is able to operate an automatic door opener with her hand. She also utilizes an emergency response system that has GPS tracking so that when she is away from her apartment, the system will continue to operate and she can call for help if needed.
- A 94 year-old woman transitioned from a nursing home back to her own home. She had been admitted to the hospital and nursing home after she fell and fractured her hip. She also has macular degeneration and arthritis. Her assistive technology assessment recommended the following items: a reacher to assist in picking up items without having to bend over, an assistive device for administering eye drops due to arthritis in her hands, an electric lift chair to help her stand from a seated position and sit from a standing position, a large button flip phone with pop socket grip to allow her to more easily hold her phone, an automatic door opener to allow her time to enter/exit the home safely and a large color contrast keyboard. Additionally she uses an Echo Plus and an Echo Dot through voice command to control ceiling fans, lights and the thermostat that are plugged into the Smart Plugs. The Echo Plus allows her to make calls to family and friends. This assistive technology has enabled her to remain in her own home safely. She never

imagined she would be using this type of technology; however she has embraced it and has been successful living on her own at home.

MFP, and the access it provides to assistive technology, has enabled these participants to reside independently instead of in a more costly institution. March 2018 data from the Medicaid and CHIP Payment and Access Commission (MACPAC) finds that MFP participants were less likely than a comparison group to be readmitted to an institution in the year after transition. Additionally, quality of life surveys showed improvement in satisfaction with care and living arrangements, and fewer reports of barriers to community integration. In Maine's experience, participants have reported an improved quality of life through their ability to attend college, get married, adopt pets, and in general reported improved health outcomes.

MFP also saves money. March 2018 data from MACPAC estimates that MFP resulted in a total of \$204 to \$978 million in savings from 2008 to 2013 in beneficiaries' first year after transitioning. MFP has enabled states to rebalance Medicaid dollars from institutions back to home and community-based services, complying with the 1999 Olmstead decision mandating states to provide individuals with disabilities the opportunity to live in the least restrictive, most integrated setting possible.

Despite these successes, our Ombudsman Program is concerned that the provision of assistive technology and other services accessed through MFP is at risk. While Congress passed \$132 million for the program earlier this year, MFP is only funded through the end of September 2019. Two bills, both called the EMPOWER Care Act, have been introduced to extend the MFP Program for five years - a Senate bill (S.548), sponsored by Senators Portman and Cantwell, and a House bill (H.R.1342), sponsored by Representatives Guthrie and Dingell. These bills would continue the program through 2023 and include improvements to the program such as reducing the length of time someone must be in the nursing home before becoming eligible to transition, from 90 days to 60 days.

MFP improves the lives of older adults and people with disabilities, saves states money, and leads to better outcomes. We have seen firsthand how it has transformed the lives of Maine people who have utilized its services to regain their independence. We urge members of the Committee to support the EMPOWER Care Act so MFP can continue to make a dramatic difference in the lives of citizens of Maine and around the country.

Again, thank you for inviting me here to speak today.