The services that we provide to our "PNMI" residents are:

SA PNMI

-medical physical/eval – through the FQHC
-24 hour staffing – no reimbursement
-SA assessment and diagnosis (i.e. for abuse or dependence) – one time 2 hours - $160.00
-SA counseling (individual) – 2 hours/week - $116.00/week
-SA psycho-educational groups, including co-occurring treatment as appropriate – 12 hours/week - $696/week
-personal care (assistance with daily living tasks, medication monitoring) – currently not reimbursable
-goal setting/case planning, referral/linkage to additional resources as necessary – 1 hour/week TCM - $68.08 (if TCM is repealed, this would be included in individual counseling)
Daily rate: $117.13

MH PNMI
-medication passes - up to 3/day –($23.10/day) $161.70
-24 hour staffing – no reimbursement
-daily living skills training – DLSS - 2 hours/week - $30.80/hour - $61.60
-MH supportive counseling - 3 hours/week - $82.00 per hour for $252
-MH stabilization services and daily living skills (daily check in, hourly safety checks)- 7 hours/week – DLSS $30.80/hr for total of $215.60
-bio-psycho-social assessment - 2 hours one time $168
-goal setting/case planning – 1 hour/week – TCM - $68.08
-co-occurring treatment as appropriate – included in group work
-psycho-educational groups – 14 hours/week $21/hour $294
Daily rate $150.41

With the exception of the 24 hour staffing which is required by the regulations and the personal care which is included in section 96 but not for individuals with SA issues, all of the listed services are reimbursable by MaineCare as the policies are currently written. Given the intensity of the services that we provide to individuals in our PNMIs, if we bill on a fee for service basis, we would realize almost the same amount of reimbursement as we do now and if we could bill for personal care, we would be fine.

The potential problems with the fee for service approach are that it would significantly increase the administrative burden of record keeping and billing. Also, the PA/UR requirements should be changed to allow longer authorization for services (i.e. 6 months rather than 3), and finally section 96 would need to be expanded to make this population eligible for that service.

The advantages of a fee for service approach are that it addresses CMSs' concern about bundled rates and it assures that the services that the Department is buying are actually being provided. It also eliminates the IMD issue since these services would be provided to individuals based on need for the service irrespective of location and would not make homeless shelters into "institutions". The provider qualifications would be the same as they are in the community and

it would be clear that Medicaid dollars are not paying for room and board or "supervision." If individuals are involved with a different provider, that provider could come to the shelter to provide services and because all services would be billed separately, there would be little likelihood that there would be a duplication of services that would not be immediately obvious. Finally, because these services would be available wherever the individual chose to reside, there is no issue about IMDs or Olmstead and they would be, by definition, community based services.

This approach would work for App. B and E programs. It might not be feasible for App. C programs because of the level of care needed by many of the residents, though it could work there, depending on the rate structure. The App. D. programs would be tough because they involve children who cannot live independently and that is also true for many of the App. F facilities that serve adults with developmental disabilities since most of the service they need is supervision and CMS doesn't want to pay for that.

PNMI

Currently:	# of clients	State dollars	Federal dollars
App. B (SA)	302	$2,833,546	$6,048,837
App. E (MH)	562	$14,234,071	$41,467,488

CMS Concerns
Bundled rates
Excessive rates
Provider qualifications
IMD issue
R&B costs as part of MaineCare payments
Reimbursement for supervision and monitoring

Service Concerns
Consumer choice of providers
Comparability of services (services based on need, not setting)
Comparability of providers
Duplication of services

Residential Setting Concerns
IMD
Olmstead
Community based or in-home services provided in institutional settings

(Note: The MH PNMIs serve approximately twice as many people as are served in SA PNMIs but the expenditure for the MH programs is nearly 7 times that of the SA programs.)