

Residential Services in PNMI

CMS can reimburse for rehabilitative services in a residential facility if the component services of each program: 1) are sufficiently described in the State plan so CMS can determine whether they meet the goal of rehabilitative services to reduce disability and restore function; 2) are not prohibited services; 3) are furnished by qualified agencies and/or practitioners; 4) have limits on amount, duration and scope of services that are reasonable to achieve the purpose of the services; 5) meet all federal requirements including those governing comparability and free choice of providers; and 6) have a reimbursement methodology that comports with law and regulations. To date, we have not received clear enough or sufficient information about the proposed rehabilitative services, the practitioners that furnish each rehabilitative service and their qualifications, and the limitations, if any, for each service, to allow us to approve this SPA. NOTE: We realize that most of these questions are duplicative of ones in ME 10-013, but in case they do not get resolved in that SPA, we needed to include them here.

12. Please clarify in the State plan whether each of the PNMI serve children, adults or both.
13. We note that the list of PNMI and services are different in the revised plan pages for ME 10-013 and the revised plan pages for ME 10-015. Please explain or reconcile the plan pages in these SPAs so the title and type of PNMI and services furnished in them are the same. Depending on the result, we may have more questions if we still require more clarity or other information. We would also expect that the plan pages for the two SPAs would include the same information in all other applicable areas, e.g., providers and practitioners and their qualifications, applicable limitations on amount, duration and scope of services, etc.
14. Please set forth in the State plan, under each PNMI, a brief description of each of the proposed rehabilitative services that are furnished in each PNMI. Please also explain the difference between social work and social services.
15. Please note that the following services do not appear to be coverable rehabilitative services: medical care, nursing services, physician services, and dental services. At the State's option, the State may move them to their appropriate benefit categories, or list them with the rehabilitative services section but under a separate heading, "Services also offered in the PNMI but reimbursed under a different benefit category."
16. We acknowledge the desire of the State to offer services that help to "maintain" functioning or are "habilitative" in nature, (i.e., that help individuals acquire new skills they never had), but CMS does not currently allow for maintenance of functioning or acquiring new skills under the rehabilitative services option. The purpose of rehabilitative services is to reduce disability and restore functioning. Accordingly, please delete references to assisting persons in "maintaining" functioning or "habilitation" in the State plan pages.
17. In answer to RAI question 12, the State indicates "non-case mixed facilities provide PNMI medical and remedial treatment services that are licensed by the State of Maine

Department of Health and Human Services to provide services to members in specialized facilities or scattered site facilities”. Please explain the reference to “specialized or scattered site facilities”.

- a. Do any of the PNMI's share common ownership or one governing body?
 - b. Is there one chief medical officer responsible for the medical staff activities in more than one PNMI?
 - c. Does one chief executive officer control all administrative activities at more than one PNMI?
 - d. Are any of the shared PNMI's separately licensed?
18. We need further clarification of the IMD issue to be sure we have a complete understanding of the PNMI's that may be IMDs. Do any of the PNMI's have more than 16 beds, including those with single, multiple or scattered site facilities?
19. Of those that are more than 16 beds, which ones are primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services? Please note that “medical diseases” includes diseases listed as mental disorders in the ICD and DSM, with the exception of mental retardation, senility, and organic brain syndrome, and includes alcoholism or other chemical dependency syndromes. Please attach a listing of all the PNMI's that meet these criteria, along with their addresses, the bed capacity (in the aggregate, if the PNMI's are part of multiple or scattered site facilities), the census of persons who reside there, and the number of persons that have a mental disease.
20. With respect to any of the PNMI's that serve children under age 21, it is allowable for them to be more than 16 beds provided the State complies with the requirements in 42 CFR 440.160, including those in subpart D of Part 441, governing psychiatric facilities that are not hospitals and are accredited by one of the listed organizations or one with comparable standards that is recognized by the State, and/or those in 42 CFR 483.352 governing psychiatric residential treatment facilities including the requirements of subpart G of part 483 on the use of restraint and seclusion. Please advise if any of the PNMI's that serve children are separate psychiatric facilities or psychiatric residential treatment facilities that meet the aforementioned requirements.
21. At the end of the PNMI services on page 10(h), the State has a heading, “PNMI Services may be provided by the following practitioners” and lists, with licensure requirements, a physician, psychiatrist, psychologist, and social worker. Please reconcile this listing with the practitioners the State includes under each of the different PNMI's, which also include these 4 practitioners. Can the reference on page 10(h) be deleted?
22. Please include in the State plan a listing of each of the practitioners correlated to a list of each component rehabilitative service that they furnish in each PNMI. Please note that we need the State to specify the practitioners and cannot accept vague language in the State plan that references, “other qualified medical and remedial staff” (Medical and Remedial Services; Child Care Facilities; Non-Case Mixed Medical and Remedial Facilities); or “other qualified mental health staff” (Community Residence for Persons with Mental Illness).
23. Under the Provider Qualifications section on page 10(j), et seq., the State needs to be sure that the listed practitioners are correlated to a component rehabilitative service in the plan

pages. For example, if the State intends to offer the services furnished by a Certified Therapeutic Recreation Specialist, then that service should be listed among the services furnished in the PNMIs.

24. The State lists occupational therapists and speech language pathologists as practitioners who furnish services in the PNMIs. In the qualifications section, the State adds Certified Occupational Therapy Assistants, Physical Therapists, Licensed Physical Therapist Assistants, and Speech-Language Pathology Assistants. Please clarify whether all these practitioners may furnish services in the PNMIs. If so, please add them to the State plan as practitioners that furnish services in PNMIs. Please also include in the plan a brief description of the State's requirements for working "under the supervision" of the therapists.
25. We realize that this SPA does not reference Case Mixed Medical and Remedial Facilities, but since it was referenced in ME 10-013, we are reiterating it here. We are still unclear about the Case Mixed Medical and Remedial Facilities services and the Non-Case Mixed Medical and Remedial Facilities services. Can the State briefly describe what the differences are in these PNMIs and why the Non-Case Mixed Medical and Remedial Facilities serve persons with brain injuries and the Case Mixed facility does not? Please also note that habilitation is not a covered service under rehabilitative services and the reference needs to be removed from page 5(i).
26. This question may be resolved in ME 10-013, but in case it is not, we are reiterating it here. It is unclear who is being served in the Child Care Services facilities and what services are offered in them.
 - e. What is the age range of the children in the PNMIs?
 - f. Please confirm our understanding that the populations in these facilities are a mix of children with MR, autism, mental illness, emotional impairments and alcohol/substance abuse disorders. If not a mix, do certain PNMIs serve certain populations exclusively? If so, what are the rehabilitative services furnished in each PNMI?
 - g. What are the rehabilitative services that are furnished to children with MR and autism?
 - h. Do all the children residing in Child Care Facilities receive treatment foster care? In other words, are all the Child Care Services facilities also "treatment foster homes"?
 - i. Please specify in the State plan the rehabilitative services that the treatment foster parents furnish and separately describe those services they furnish that are covered as part of the foster care system.
 - j. Please add to the State plan an assurance that the treatment foster care parents do not furnish and the State Medicaid Agency does not reimburse for foster care services that are a part of the foster care system.
 - k. Please add an assurance to the State plan that comparable rehabilitative services to those in the child care facilities are available to all children, from birth to age 21, under the EPSDT program. If any of the other PNMIs also serve children, then please also add this assurance to the sections of the State plan addressing those PNMIs.

27. This question may be resolved in ME 10-013, but in case it is not, we are reiterating it here. We think that the State may be attempting to cover Targeted Case Management in the PNMI's. Since TCM is not a covered rehabilitative service, please move the references to "services to identify medical, social, educational and other needs and facilitate access to services to meet those needs, coordination of services, advocacy" to section 19 of the State plan and comply with the requirements for TCM. Please note, however, that "coordination of services" may be covered under rehabilitative services if the State intends it to be "coordination of mental health services" only. Please clarify the State's intention as to coordination of services.
28. This question may be resolved in ME 10-013, but in case it is not, we are reiterating it here. Must beneficiaries who reside in the PNMI's receive services furnished by practitioners employed by or under contract with the PNMI? If this is the case, please explain how the State ensures free choice of providers, i.e., may beneficiaries choose to receive services in the community from qualified practitioners who are not employed by or under contract with the PNMI's?
29. This question may be resolved in ME 10-013, but in case it is not, we are reiterating it here. Does the State have comparable rehabilitative services as those offered in the PNMI's available to persons who do not reside in PNMI's? Please briefly describe the comparable services that are available and where they are located in the State plan.
30. This question may be resolved in ME 10-013, but in case it is not, we are reiterating it here. Please add the following list of exclusions to the State plan: The State assures that it does not cover and reimburse for educational, vocational, and job training services; habilitation services; services to individuals residing in an IMD as described in 42 CFR 435.1010; and recreational and social activities.