



MaineCare Services
An Office of the
Department of Health and Human Services

Maine DHHS

Private Non-Medical Institution Services Initiative

Update for:

**Maine Association for Community Service
Providers**

April 18, 2012

Maine PNMI Services



Private Non-Medical Institution (PNMI) Services are residential treatment services funded by MaineCare. PNMI are defined in:

- MaineCare Benefits Manual, Section 97, Chapter II (Coverage)

- Chapter III (Reimbursement)
 - Appendix B: Substance Abuse Facilities
 - Appendix C: Case Mix Facilities
 - Appendix D: Child Care Facilities
 - Appendix E: Community Residences for Persons With Mental Illness
 - Appendix F: Non-Case Mixed Medical and Remedial Facilities

- These rules and regulations pertain to those PNMI that are reimbursed by MaineCare. Licensing guidelines govern additional private pay residential treatment as well.

PNMI- Facility Descriptions- SFY'10



Appendix	# Facilities	# Member Served	State SFY'10	Federal FY'10	Total Expenditures SFY'10	Average Cost Per Member
B	18	1282	\$ 2,833,546.00	\$ 6,048,837.00	\$ 88,823,383.00	\$ 69,285.01
C	138	3123	\$ 36,032,533.00	\$ 62,068,565.00	\$ 98,101,098.00	\$ 31,412.46
D	92	696	\$ 22,204,936.00	\$ 63,332,493.00	\$ 85,537,429.00	\$ 122,898.60
E	104	562	\$ 20,458,977.00	\$ 35,242,023.00	\$ 55,701,000.00	\$ 99,112.10
F	27	421	\$ 9,878,038.00	\$ 17,015,613.00	\$ 26,893,651.00	\$ 63,880.41
TOTAL	379	6084	\$ 91,408,030.00	\$ 183,707,531.00	\$ 355,056,561.00	\$ 58,359.07

CMS PNMI Concerns- Summarized from RAIs and Conference calls pertaining to Reimbursement:



- Bundled Rates/Documentation of Services (were services actually provided?)
- Excessive Rates (Not based on the cost of providing services) in community, or comparable to institutional services such as NF, hospital, ICF-MR
- Payments to Non-Qualified Providers (same as community based providers)
- Reimbursement to IMDs (see IMD letter)
- Potential Room and Board Costs included in treatment costs/program allowance
- Non-Risk Contract Provisions Required (Managed Care Waiver)
- Reimbursement for supervision or monitoring for safety are not reimbursable in this setting.

CMS PNMI Concerns Pertaining to Service Delivery



- **Service Concerns:**
 - Consumer Choice of Providers (for each component, and not tied to housing)
 - Comparability of Services to those in the community (Based on functional need, not residential setting)
 - Rehabilitative Services
 - Personal Care Services
 - Comparability of Qualified Providers (to those in community)
 - Assurance of no Duplication of services (ie, Personal Care, Targeted Case Management)

CMS PNMI Concerns Pertaining to Setting

Residential Setting Concerns

- Are Services intended to be community-based or in the home being provided in “institutional” or facility-based settings
- Are Appendix C personal care services being provided in Nursing facility settings? CMS questions asked for information for “multi-level facilities”, asked for differentiation of programs, staff, licensing, as personal care services cannot be provided in a nursing facility
- IMD setting (see letter of August 9)
- Olmstead provisions (see Cooper presentation)

CMS PNMI Concerns Pertaining to Non-Reimbursable Services



Concerns about some Services not reimbursable under the State Plan:

- Habilitative Services not reimbursed in State Plan- must be funded by a waiver or more recently, under a 1915(i) SPA. Habilitative services suggests treatment to help one learn skills rather than Rehabilitative services, which help one regain those skills already developed.
- Supervision for purposes of monitoring safety and well-being or 24/7 watchful oversight are only reimbursable in institutional settings under the state plan, with the new exception of 1915(i) SPA.
- Room and Board or components of those services are only reimbursable in institutional settings (distinguishes meal provision vs. assistance with preparation of the meal)
- Olmstead provisions must be considered

CMS Communications- IMD Letter

- IMD letter* (*CMS letter dated August 9, 2011*)
- PNMI Providers Contacted in September 2011
 - Reimbursement Changes Letter*
 - IMD Summary*
 - Copy of CMS Letter*
- Six Month Extension requested to analyze Scattered Sites
- Scattered Site Analysis Continuing
- Six Month Extension requested to analyze residents in Case Mix Facilities
- Extension Granted until November 7, 2012

Guiding Principles for PNMI Initiative

The following are DHHS Guiding Principles throughout this initiative:

- Consumer focused
- Recognition that the current model is not sustainable
- No additional State dollars
- Compliance with all State Federal statutes
- Assurance of quality services (value based purchasing)
- Commitment to serve the most vulnerable/neediest of the eligible population
- Least restrictive setting (Olmstead)
- Minimized disruption to people's lives and essential services

PNMI NEXT STEPS



Discussion of Next Steps

- Stakeholder Groups Convened- Potential Models being discussed
- Ongoing Conference Calls with CMS (Composite rates, IMD analysis)
- Internal DHHS Staff meetings
- Research on Other State Residential Care Services On-going (NC, GA)
- Provider Advisory Council Being Established
- Communications posted at: <http://maine.gov/dhhs/oms/provider/pnmi.html>