Maine DHHS

Private Non-Medical Institution Services Initiative

Update for:
Maine Association for Community Service Providers

April 18, 2012
Private Non-Medical Institution (PNMI) Services are residential treatment services funded by MaineCare. PNMIs 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 PNMIs that are reimbursed by MaineCare. Licensing guidelines govern additional private pay residential treatment as well.
### PNMI- Facility Descriptions- SFY’10

<table>
<thead>
<tr>
<th>Appendix</th>
<th># Facilities</th>
<th># Member Served</th>
<th>State SFY’10</th>
<th>Federal FY’10</th>
<th>Total Expenditures SFY’10</th>
<th>Average Cost Per Member</th>
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CMS PNMI Concerns- Summarized from RAI's 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)
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)
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/needy of the eligible population

• Least restrictive setting (Olmstead)

• Minimized disruption to people’s lives and essential services
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