

DHHS FY 16/17 Budget Initiative: Increase Funding to Riverview

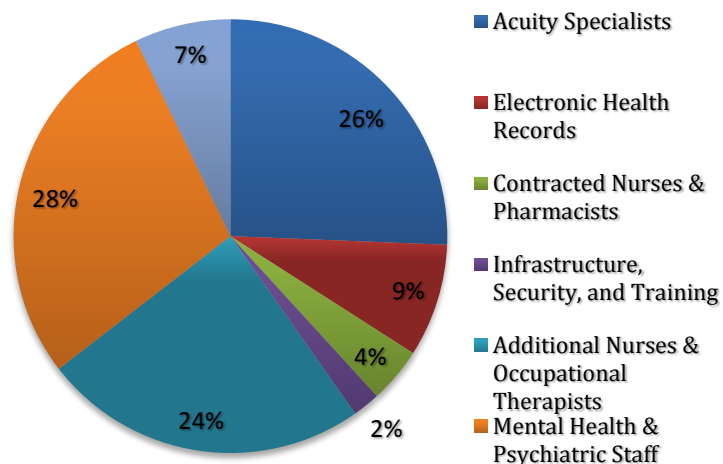
Background

The budget proposal includes increased funding to, and new initiatives at, Riverview Psychiatric Recovery Center (RPRC) designed to turn RPRC into a center of excellence for the psychiatric care of Maine's citizens.

Under new leadership since March 2014, Riverview has aggressively pursued a three-pronged approach to reform:

- 1) Safety** – RPRC's recent increased focus on the treatment of persons referred by jails and prisons underscores the need for enhanced safety measures. RPRC is employing three evidence-based strategies to enhance safety: (a) Introduction of a new job classification, called "Acuity Specialist," with training to engage in direct behavioral intervention; (b) New trainings for all staff to defuse anger, anxiety, and stress-related aggressive behavior among patients; and (c) Environmental changes to improve safety, such as surveillance cameras, improved doors, shatter-proof windows, and internal risk analysis procedures.
- 2) Learning Organization** – A culture of perpetual learning is being instilled in RPRC through new methodologies and partnerships. RPRC has created two large meeting rooms and a fulltime classroom for staff training with interactive technologies. RPRC is maintaining a contracted relationship with Dartmouth College's medical school and is in the process of establishing new contracts with Lesley University and UMaine-Augusta.
- 3) Center of Excellence** – In the upcoming biennium, RPRC seeks to implement several efficiency and accountability initiatives. These include electronic medical records; outcome-focused metric analyses; hosting psychology, nursing, and Physician Assistant interns; implementing a post-doctoral program to achieve APA certification, and much more.

Distribution of Funding Initiatives



Riverview by the Numbers:

- *Number of beds: 92 (48 civil; 44 forensic)*
- *Current staffing level: 327*
- *Annual budget: \$33,128,000*

Initiatives

The Governor's biennial budget proposal would invest \$6.575 million into Riverview over the biennium above baseline. The vast majority (69%) of new funding initiatives for SFY15-17 will go to direct support staff, with additional investments in infrastructure and security (18%), in addition to requisite support staff (13%).

| Year | New Initiatives |
|--------|-----------------|
| SFY 16 | \$3,337,841 |
| SFY 17 | \$3,237,680 |

Initiative Descriptions

- **Pharmacist:** When enacted, the contracted pharmacist will provide sufficient coverage and reduce error rates as well as substantially increase compliance with the Centers for Medicare & Medicaid Services reviewed indicators.
- **Acuity Specialists:** These positions will significantly support client relationships and assist Riverview with reaching and maintaining staffing levels to address deficiencies related to the Court Master report as well as CMS requirements for active treatment in a safe environment.
- **Field Investigator:** Will report directly to the Director of Quality and Informatics and will conduct internal investigations related to allegations of abuse, neglect or exploitation of clients. This position will also assist with fact-finding and other types of internal investigations.
- **Electronic Medical Records:** An electronic medical records system is required to ensure the hospital remains in compliance with provisions of the Affordable Care Act.
- **Psychiatrists:** This initiative hires four more psychiatrists at RPRC. These positions would assist with the increased forensic population and the higher acuity levels of those forensic clients. With the increase of regulatory requirements by CMS and the additional clinical capacity is required to ensure the health and safety of the patients.
- **Nurses and Mental Health Workers:** Hire 11 more nurses and eight mental health workers to ensure staffing levels are adequate for the safety of patients and staff, which corresponds with the recommendations from the recent report to the Court Master as well as compliance with CMS standards to demonstrate appropriate active treatment for patients.
- **Staff Training:** This initiative will provide increased funding for staff training to gain, develop and renew skills, knowledge and abilities to provide state of the art consumer-centered inpatient psychiatric care. Establishing minimum skills sets with supported ongoing training is necessary to demonstrate compliance with licensing standards and establishing a minimum of patient care.

DSH Funding Related to Census Mix

In addition to initiatives designed to boost staffing levels and enhance training and infrastructure at RPRC, the Governor has requested \$3.8 million of general fund support over the biennium to replace federal Disproportionate Share Hospital (DSH) dollars that have been drawn down to support an ineligible population. The issue, which the Department has raised in prior Legislative sessions, is that—as of July 1, 2012—uncompensated care, which DSH supports, does not include bed days for jail transfers, those committed for competency evaluations and those committed for competency restorations. Providing general fund support ensures that RPRC is meeting its funding needs appropriately and avoiding future audit risk.

DSH Funding Related to CMS Certification

In September 2013, the Centers for Medicare & Medicaid Services (CMS) decertified RPRC. DHHS

opposed that decertification, believes it was applied unjustly and is engaged in an ongoing legal challenge to it. As part of the decertification, certain CMS officials claimed that RPRC would be ineligible to continue drawing down DSH funds to support its operations. The Department disagrees with this assertion and has continued to leverage available Federal funds in support of RPRC—approximately \$3.5 million per quarter or \$19.3 million over the five quarters since decertification.

In April 2014, CMS communicated to DHHS that it had “deferred” the Department’s quarterly grant award by approximately \$3.5 million for the first quarter of Federal Fiscal Year 2014. Under that agency’s regulations, CMS then had 90 days to determine whether to “disallow” this funding and make permanent the negative grant award it had issued with deferral, or to withdraw the deferral and reverse the negative grant award. In April 2014, DHHS wrote to CMS requesting that it act within its prescribed window of time to disallow or reverse the deferral. On August 5, 2014, CMS reversed the deferral and the corresponding negative grant award, effectively reinstating the \$3.5 million in deferred Federal funding.

Since August 2014, the Department has not received formal communication regarding its claiming of DSH expenditures draw down to support RPRC operations. To this point, CMS has not disallowed any claims for federal funds participation relevant to RPRC. DHHS continues to draw down funds; it continues its legal challenge to decertification; and it is actively seeking recertification of RPRC with new hospital leadership, bold reforms underway and a request for the key initiatives noted above.

It is important to note that DHHS informed the Legislature of the potential risk associated with the DSH funding and while , the Legislature voted to put money in reserve for RPRC should the federal government deny the DSH funding, the Legislature did not opt to replace the DSH funds with general fund support last year.