Answers to Questions
Joint Work Session on PNMI
AFA & HHS, 1/6/2012

1. Have the number of facilities and consumers increased in recent years?

Facilities	2006 # Facilities	2007 # Facilities	2008 # Facilities	2009 # Facilities	2010 # Facilities	2011 # Facilities
Appendix B		18	19	19	19	19
Appendix C	135	139	137	139	139	
Appendix D	*					
Appendix E		57	57	57	56	56
Appendix F		60	60	59	57	57

***Appendix B* - Number admitted to residential LOC over the last 5 years: (includes shelters)**	
2007	2,309
2008	2,234
2009	2,543
2010	2,571
2011	2,392

Appendix C			
Resident Census as of:	MaineCare	Other Payor Source	Total
9/15/2007	3098	852	3950
9/15/2008	3089	899	3988
9/15/2009	3055	835	3890
9/15/2010	3111	827	3938
9/15/2011	3126	799	3905

The number of facilities and consumers served has remained relatively stable over the past 4-5 years with the exception of Appendix D (Children's). The average daily census for Appendix D has declined as a result of a concerted effort by the Department to find alternative placements for children. Currently there are 549 Appendix D beds across the state with an average daily census of just under 300 Maine children.

Five year analysis of Appendix E (Adult Mental Health)

Year	Average Daily Census
2011	
2010	
2009	610
2008	610
2007	545

Five year analysis of Appendix F (Non-case mixed) clients

Year	Average Daily Census
2011	421
2010	421
2009	449
2008	455
2007	455

2. Please provide a 4-5 year analysis of the number of members and facilities.

Please see Question #1.

3. Is there a CON requirement for the PNMI facilities? If yes, which Appendices have this requirement?

There is no CON requirement for PNMI facilities. Appendix C (Elderly) controls the number of beds by following Chapter 115, Principles of Reimbursement for Residential Care Facilities (http://www.maine.gov/dhhs/audit/rate-setting/documents/C115P01012010.pdf).

Appendix D (Children's) uses the Interdepartmental Resource Review (IRR) to control growth and distribution of beds and programs in children's PNMI, with the exception of actual treatment foster care homes/beds. The IRR oversees substantive changes or new arrivals for child-placing agencies providing the treatment foster care service. Appendix B (Substance Abuse), Appendix E (Adult Mental Health) and F (Mixed) do not have a process to control the number of beds.

4. Are there currently, or have there been waitlists for PNMI beds?
5. Please provide a 4-5 year analysis of waitlists/vacant beds.

Waitlist for *Appendix B Substance Abuse*					
Source: Waiting List Data	***Total Waiting by LOC, SFY**				
Level of Care	**2007**	**2008**	**2009**	**2010**	**2011**
Adolescent Res. Rehab. Transitional	77	33	53	34	14
Adult Extended Care	263	386	288	402	223
Adult Extended Shelter	128	177	218	245	264
Adult Halfway House	525	510	534	823	720
Adult Short-Term Res Rehab	993	849	409	414	414
*Clients may be duplicated (e.g. if on a waiting list in February but not admitted they will show up again on March's waiting list)					

Vacant Beds - Capacity: (An 85% occupancy is required by contract; there are typically unoccupied beds when discharging and admitting clients from service).

***Appendix B Substance Abuse* Vacant Beds**					
	State Fiscal Year				
Level of Care	**2007**	**2008**	**2009**	**2010**	**2011**
Adolescent Res. Rehab. Transitional	75%	68%	85%	87%	81%
Extended Care	95%	95%	98%	92%	95%
Extended Shelter	66%	90%	90%	90%	91%
Halfway House	91%	93%	93%	87%	97%
Short-Term Res Rehab	91%	87%	81%	85%	90%
*Percentage is based on total number of beds filled/total number of beds for the SFY					

Appendix C (Elders) - Appendix C (Elders) - There is no statewide waitlist that is an unduplicated count of people waiting for a bed in an Appendix C facility. Each facility maintains and manages their own waitlist. Because an individual may place his or her name on any or all waitlists, development of a statewide unduplicated list has not been successful and the complexity and expense of maintaining such a list are prohibitive.

Appendix D (Children's) - Waitlists for children's residential care are not officially maintained, however there are occasional regional shortages, particularly in Region 1, where periodic tightness of available beds delays discharge from the hospital. Dr. Tweed has been working to understand this issue and look for patterns related to the bed shortages. Some beds have been shifted north to south in an attempt to remedy backups. While no master waitlist is maintained for infant mental health, periodic polling has demonstrated a regular wait for services at most program sites. Wait periods for placement in treatment foster care speak more to finding a suitable home than a lack of resources.

Appendix E (Adult Mental Health) see table, next page:

Appendix E Adult Mental Health Historical Vacancy			
Year	% Monthly Occupancy	% Monthly Vacancy	# Vacant Beds over a Month
FY12			
Oct-11	93.90%	6.10%	37
Sep-11	93.90%	6.10%	37
Aug-11	93.30%	6.70%	41
Jul-11	94.80%	5.20%	32
FY11			
Jun-11	94.80%	5.200%	32
May-11	95.00%	5.00%	31
Apr-11	95.60%	4.400%	27
Mar-11	94.10%	5.9%	36
Feb-11	94.40%	5.600%	34 (MaineCare only)
Prior to February 2011, APS Healthcare Occupancy information was incomplete, and did not include Grant Funded Admissions			
Jan-11	91%	9.00%	55

Appendix E (Adult Mental Health) - Provider Agencies maintain their own waitlist information. The Office of Adult Mental Health Services does not maintain a wait list; however, staff coordinates closely with Discharge Planners at Riverview, Dorothea Dix and other community hospitals regarding individuals who are clinically ready for discharge and require PNMI levels of care, to ensure appropriate connection to PNMI services.

Appendix F (Mixed) - Facilities maintain their own referrals and list of possible future clients, so there are no formal waitlists.

6. Are there currently or have there been vacant PNMI beds?

Questions 4-5 address *Appendix B (Substance Abuse)* Vacant Beds (see above)

Appendix C (Elders) - An exact number is not available however vacancies are filled quickly.

Appendix D (Children's) - Yes, however examining availability as a raw number is misleading. Available beds in Aroostook County are not a resource for a family seeking treatment in York. The number of beds continues to decline, but the present situation is an oversupply in Region 3 and a periodic undersupply in Region 1. Bed availability in Aroostook County is expected to decline in the near future, due to the closing of Christopher Home (6 beds) and a reduction at AMHC Calais. There are, routinely, vacant treatment foster care beds, for a variety of reasons. There are seldom vacant beds in infant mental health PNMIs.

Appendix E- (Adult Mental Health) Yes - as of 1/4/12 there were 11 vacancies out of a total of 611 OAMHS PNMI beds (1.8%).

Appendix F (Mixed) – Generally there are not vacancies as these beds are filled quickly when they become available.

7. Please provide the average length of stay for an individual in each PNMI Appendix.

***Appendix B Substance Abuse* Average Length of Stay**					
Source: TDS Data	**Average Length of Stay**				
	State Fiscal Year				
Level of Care	**2007**	**2008**	**2009**	**2010**	**2011**
Adolescent Res. Rehab. Transitional	142.3	104.3	110.6	102.5	107.7
Extended Care	174.1	152.9	145.7	142.8	147.7
Extended Shelter	38.1	51.1	46.9	45.8	48.8
Halfway House	102.1	112.2	132.9	115.6	126.9
Short-Term Res Rehab	53.5	54.5	22.4	30.2	37.9
Free Standing Detoxification	4.7	4.9	4.3	7.2	4.1
Averages are measured in days					

The following average length of stay data is based on residents who are discharged. The data is excerpted from the MDS-RCA Assessment Data Report prepared by Muskie School of Public Service for DHHS, dated 12/19/2011:
MaineCare Residential Care Facilities Level IV
QR-RCF6: Length of Stay By Group

Table 5 *Appendix C Elders* Average Length of Stay			
Year	**Average length of stay in days (MaineCare)**	**Average length of stay in days (Other payor source)**	**Average length of stay in days (Total)**
2000	877.71	560.66	771.65
2001	926.92	508.75	794.04
2002	879.33	456.71	752.44
2003	881.71	468.81	759.35
2004	823.75	468.73	718.14
2005	826.34	482.10	726.36
2006	887.33	446.46	764.85
2007	848.09	452.52	735.58
2008	890.63	516.95	785.45
2009	893.73	432.07	766.64
2010	805.69	498.33	726.15
2011(first three quarters)	946.00	464.02	818.82

Appendix D (Children's) - Using APS data the average discharged length of stay across all providers for children's residential treatment in FY '11 was 137 days. Length of stay varies considerably by provider and program site within the infant mental health service, with one provider averaging 5 months and another with a program site that has had several residents over two years.

Appendix E (Adult Mental Health) Average Length of Stay

[Source: Average length of stay in days of members discharged in APS Healthcare Care Connection® from Adult Residential Mental Health Services (Adult MH PNMI) during this month.
Length of Stay ranges from less than 30 days to more than 18 years

FY12 Data: Average first four months FY12: 299.5 days

- October 2011 Average LOS: 239 days
- September 2011 Average LOS: 341 days
- August 2011 Average LOS: 409 days
- July 2011 Average LOS: 209 days

FY11 Annual (7/1/10-6/30/11) Average LOS: 279 Days

Appendix F (Mixed) Average LOS 7.1 - 15 years

8. **Please provide an explanation of why Appendix D expenditures are more than other Appendices. Please provide a breakdown of what services make up the Appendix D expenditures.**

Appx.	# of Facilities	# of Members Served	State SFY'10	Federal FY'10	Total Expenditures SFY'10	Average Cost Per Member
B	18	1282	$2,833,546	$6,048,837	$88,823,383	$69,285
C	138	3123	$36,032,533	$62,068,565	$98,101,098	$31,412
D	92	921	$22,204,936	$63,332,493	$85,537,429	$92,874
E	104	562	$20,458,977	$35,242,023	$55,701,000	$99,112
F	27	421	$9,878,038	$17,015,613	$26,893,651	$63,880
TOTAL	379	6309	$91,408,030	$183,707,531	$355,056,561	$56,277

This table shows the number of members served with the corresponding amount spent in FY 10. Appendix D and Appendix E have a similar cost per member and have similar services, including services by physicians, psychiatrists, psychologists, social workers, psychiatric nurses, psychological examiners, occupational therapists, other qualified mental health staff, personal care service staff, clinical consultants, licensed substance abuse staff, licensed clinical professional counselors, licensed professional counselors, other qualified alcohol and drug treatment staff.

9. Is Cost of Care included in Appendix D? Do we use the child's SSI check towards room and board? If not, are there federal guidelines that do not allow us to?

The Office of Child and Family Services investigated this issue last year. The federal guidelines are not clear although it appears there are no federal guidelines preventing this. There is a process for requesting an SSI contribution in the children's residential application process, but actually getting a parent to follow through with a payment after admission of the child is difficult to enforce. At present, the provider is tasked with collecting SSI from the parent and returning funds to the Secretary of State. The provider does not have a way to determine if the parent receives SSI or in what amount. Therefore the payment is not specified and is left up to the parent to determine. Many parents argue that they are unable to pay the SSI towards treatment because they need to continue to maintain the home for the child to return to.

The Office of Child and Family Services continues to review the federal regulations in this area in order to develop a process to determine the SSI benefit for these children.

10. Please provide a breakout of expenditures for each Appendix by service.

PNMI Spending by Appendix 2008 - 2010*

App	Code	Description	SFY 2008	SFY 2009	SFY 2010
Appendix B - Substance Abuse Treatment Facilities					
B	PNMI	Detoxification	693,811	692,578	814,602
B	RH4	Halfway House Services	837,004	792,115	986,266
B	RH5	Extended Care Shelters	1,694,377	1,636,823	2,008,253
B	RH6	Residential Rehabilitation	460,612	411,591	476,832
B	RH7	Extended Shelter	297,757	322,438	327,506
B	RH8	Adolescent Residential Rehabilitation	801,872	808,409	946,103
B	RH9	Personal Care-Substance Abuse	3,205,741	2,947,094	3,321,429
B	RHL	LEAVE DAYS SUBSTANCE ABUSE PNMI'S	79,101	16,925	-
B	RHL9	LEAVE DAYS/PERSON.CARE SERV.SUBST AB PNMI	72,023	22,365	1,391
Total			8,142,298	7,650,337	8,882,383
Appendix C - Medical and Remedial Service Facilities					
C	BQ	Medical and Remedial Personal Care Services	11,854,532	11,613,039	13,860,660
C	BP	Medical And Remedial Services	72,728,133	73,018,808	81,593,365
C	BH	BOARDING HOME - STATE ONLY	3,053,710	2,878,763	2,493,583
C	BL	BOARDING HOME LEAVE DAYS - STATE ONLY	117,141	82,642	62,086
C	BQL	LEAVE DAYS PER CARE SERV. MEDICAL/REMEDIA	511,976	101,929	13,485
C	PL	PNMI LOA	3,026,241	563,904	(13,080)
			91,291,733	88,259,084	98,010,098
Appendix D - Child Care Facilities					
D	RTS	Child Care Facility Services	101,381,331	97,422,650	41,167,506
D	RTSL	PVT NON-MEDICAL INST. LEAVE DAY	7,849,996	1,754,306	67,433
D	S9485	PNMI Children's (in lieu of hospitalization)	-	-	194,339
D	H0019	PNMI Children MH or MR	-	-	44,108,151
			109,231,327	99,176,956	85,537,429
Appendix E - Community Residences for Persons with Mental Illness					
E	RMI	Rehabilitation Services	21,402,071	27,633,646	29,691,988
E	RMI2	Personal Care Services-Residences For People With Mental Illness	23,850,791	26,534,574	25,992,855
E	RML	LEAVE DAYS/COMM.RESID.FOR MENTAL DISABLED	663,930	282,254	7,704
E	RML2	LEAVE DAYS PERS. CARE SERV. COMM.RES.MEN	1,146,441	344,847	9,012
			47,063,233	54,795,321	55,701,560
Appendix F - Non-Case Mixed Medical and Remedial Facilities					
F	RMR	Personal Care Services-Residences For People With Mental Retardation			
F	MRP	PNMI Services	10,290,841	9,407,024	11,497,360
F	MRB	RESIDENTIAL BOARDING CARE - STATE ONLY	96,171	100,978	163,880
F	MRBL	RESIDENTIAL BOARDING CARE- LEAVE DAYS - STATE ONLY	2,631	1,083	560
F	MRPL	PNMI LEAVE DAYS	402,209	87,314	4,591
			10,791,852	9,596,400	11,666,390
	BR	BOARDING HOME SERVICES - STATE ONLY	3,812,599	4,696,053	4,477,492
	BRL	BOARDING HOME SERVICES LEAVE DAY - STATE ONLY	473,738	114,753	10,739
			4,286,338	4,810,806	4,488,231
		Actual Total Expenditures	270,806,780	264,288,904	264,286,090
		Estimated State Dollars**	111,869,352	91,944,612	82,552,195
		Estimated Federal Dollars**	158,937,428	172,344,292	181,733,895

*This reflects PNMI costs that have been processed through Maine's system. State-Only Room & Board for Appendixes B, D and E are not reflected in the claims system.
**The State & Federal dollars are the total expenditures for the year (minus the portion of the dollars that are State Only) multipled by the blended FMAP for the SFY
***This denotes the portion of the procedure's total dollars that are State only (based on the prior years (09-10) expenditures.
SFY 2011 Information Source: DSS information system for Appendix B,C,D,E,F

11. The Department has proposed $60M in savings in SFY13, have you analyzed what the cost would be for the state to continue to provide these services in the community?

Please see the response to Question # 20.

12. Please provide a breakdown by Appendix the size of facilities by bed count.

Agency size and bed count: (excludes Shelter)

Appendix B Facility size		
Provider	**Type**	**Beds**
Milestone	Detox	16
Healthreach	Extended Care	12
Healthreach	Extended Care	8
Manna	Extended Care	8
Milestone	Extended Care	16
Catholic Charities	Halfway	8
Crossroad	Halfway	12
Serenity/Halfway	Halfway	16
Wellspring Men	Halfway	15
Wellspring Woman	Halfway	13
York County	Halfway	6
Crossroads	RH 1	15
Acadia	RH 2	10
AMHC/Farm	RH 2	12
Catholic Charities	RH 2	8
Manna	RH 2	8
York County	RH 2	8
Day One	RH Adolescent	12
Phoenix	RH Adolescent	14
Total		**217**

**Number of beds decreased as the IMD issue occurred and the Shelters are no longer in this Residential (Medicaid) structure. Decrease of 85 beds.*

For Appendix C PNMIs, there are 138 facilities, ranging in bed size from 7 beds to 125 beds.

Total Beds (All Payors)	Number of Facilities
Over 100	2
Between 60-99	7
Between 50-59	5
Between 40-49	14
Between 30-39	41
Between 20-29	34
Between 10-19	31
Under 10	4
Total	**138**

Appendix D Children's Facilities			
Site Name	**Cap.**	**Physical**	**Town**
BC Saco- Trauma Focused	6	50 Moody St	Saco
Beacon House	8	360 Long Plains Road	Buxton
Becket Belgrade	12	774 Oakland Road	Belgrade
Becket Genesis/ Litchfield	10	224 Pine Tree Road	Litchfield
Becket Norridgewock	8	395 Waterville Road	Norridgewock
Becket Renaissance/Auburn	8	220 Turner Street	Auburn
Birchcrest Group Home	6	128 Elliot Landing Rd	Orono
Bishop- Bishop St	10	17 Bishop St 1st Floor	Portland
Bishop Wayside	3	22 Wayside Street	Portland
Bridge Crossing	12	15 Wayside Avenue	Bridgton
Brunswick Chloe Lyn Blue	3	31 Chloe Lynn Ln	Brunswick
Brunswick Chloe Lyn Purple	3	38 Chloe Lynn Ln	Brunswick
Brunswick Chloe Lyn Red	3	37 Chloe Lynn Ln	Brunswick
Brunswick Chloe Lyn Tan	3	41 Chloe Lynn Ln	Brunswick
Brunswick Staff Secure	5	675 Old Portland Rd	Brunswick
Calais Childrens Project	24	127 Palmer Street	Calais
Casco Edgefield	5	1002 Meadow Rd	Casco
Casco Jarf Green	4	24 Eades Falls Rd	Casco
Casco Jarf Red	4	26 Eades Falls Rd	Casco
Casco Lake House	2	54 Lake House Rd	Naples
Casco Ray Hill I	3	7 Samuel Road	Raymond
Casco Ray Hill Ii	3	10 Samuel Rd	Raymond
Chelsea Bolton Hill I	4	196 Bolton Hill Rd.	Augusta
Chelsea Bolton Hill Ii	4	204 Bolton Hill Rd	Augusta
Chelsea Bolton Hill Iii	4	212 Bolton Hill Rd	Augusta
Chelsea Church Hill Road Augusta	3	284 Church Hill Rd	Augusta

Appendix D Children's Facilities			
Site Name	**Cap.**	**Physical**	**Town**
Chelsea Church Hill Vassalboro	3	960 Church Hill Rd	Vassalboro
Chelsea Cross Hill Road	3	1023 Cross Hill Rd	Vassalboro
Chelsea Eight Rod Road	3	566 Eight Rod Rd	Augusta
Chelsea Options	2	52 Cheney Rd	Chelsea
Chelsea Options Gardiner	3	93 River Ave	Gardiner
Chelsea Options Waterville	3	11 First Rangeway	Waterville
Chelsea Stage Road	3	100 Stage Rd	Pittston
Christopher Home	6	18 Pleasant Street	Caribou
Cornville Darge Farm	2	966 West Ridge Rd	Cornville
Cornville East Madison	2	916 East Madison Ln	Madison
Cornville Mountain View	2	30 Spurwink Ln	Cornville
Cornville Staff Secure	6	32 Spurwink Ln	Cornville
Cummings Farnham Street	4	67 Farnham St	Portland
Cummings Jeanne Street	3	50 Jeanne St	Portland
Cummings Patricia Lane	3	18 Patricia Lane	Portland
Cummings Rackleff Street	3	98 Rackleff St	Portland
Cummings Ray Street	3	169 Ray St	Portland
Cummings Sonnet Lane	3	18 Sonnet Ln	Portland
Dingley Springs	6	247 Dingley Springs Rd	Gorham
Dirigo Place	7	98 Russell Street	Lewiston
Edgewood	6	4 Twilight Dr	Scarborough
Ff Belfast	4	36 Sweetser Drive	Belfast
Ff Lewiston	5	23 Ventura St	Lewiston
FF Plymouth- Trauma Focused	5	1430 Moosehead Rd	Plymouth
Ff Saco	6	39 Moody Street	Saco
Ff Wtvl	5	3 Michael Lane	Waterville
Forbes Lane	5	109 Forbes Lane	Windham
Ft James House	6	519 West Old Town Rd	Old Town
Grand Isle Bridge Home	6	49 Cremario St	Grand Isle
Iff Belfast	8	36 Sweetser Dr #1	Belfast
Iff Saco	8	50 Moody Street	Saco
Kidspeace Autisim Disorder Program	22	125 Oak Street	Ellsworth
Kidspeace Therapeutic Residential	11	16 Kidspeace Way	Ellsworth
La Adams House	6	180 Danville Corner Rd	Auburn

Appendix D Children's Facilities			
Site Name	**Cap.**	**Physical**	**Town**
La Dottie Murphy	5	47 Pond Road	Lewiston
La Garfield Road	3	850 Garfield Road	Auburn
La Pagoma	3	20 Pagoma Ln	Lewiston
La School Street	3	22 School Street	Lisbon Falls
Mary's Place	8	88 Oxford St	Lewiston
Northern Lighthouse	6	6 School Street	Mars Hill
Oliver Place	6	55 Oliver Street	Bath
Rockport I	8	1180 Rockland Street	West Rockport
Rockport II	8	1152 Rockland Street	West Rockport
Roosevelt Bancroft Court	2	15 Bancroft Ct	Portland
Roosevelt Ludlow Street	3	474 Ludlow St	Portland
Roosevelt Read Street	2	39 Read Street	Portland
Roosevelt Woodford Street	6	342 Woodfords Street	Portland
Si Belfast	9	36 Sweetser Dr #4	Belfast
Si East Saco	10	50 Moody St	Saco
Si Plymouth	6	1430 Moosehead Rd	Plymouth
Si Portland	9	50 Moody St	Saco
Si West Saco	10	50 Moody St	Saco
Sidney Riverbend	8	3895 West River Road	Sidney
St Andres Bangor	10	1200 Ohio St	Bangor
St Andres Biddeford	10	168 Prospect St	Biddeford
St Andres Lewiston	9	188 Sabattus St	Lewiston
Stepping Stones Bangor	8	913 Essex Street	Bangor
Stepping Stones Harrington	8	57 E Main Street	Harrington
Stepping Stones Hinckley	8	14 Wandrup Dr	Hinckley
Stepping Stones Houlton	8	2 High Street	Houlton
Stepping Stones Saco	8	15 Fenderson St	Saco
Stetson Ranch	8	160 Lapoint Road	Stetson
Summit View	6	63 Summit Avenue	Bangor
Winterport	12	1181 North Main Street	Winterport
Youth And Family Center-Hermon	6	59 Kelley Road	Hermon
Total	**549**		

Appendix E See below:

Appendix E Facilities and Bed count			
Name	**Town**	**Street**	**Capacity**
Alternative Services Northeast Inc	Greene	119 Meadow Hill Rd	3
Alternative Services Northeast Inc	Augusta	74 Burns Road	3
Alternative Services Northeast Inc	Lisbon Falls	18 Plummer Street	3
Alternative Services Northeast Inc	Gardiner	39 Patterson Rd	3
Alternative Services Northeast Inc	Oxford	10 Oakwood Drive	3
Alternative Services Northeast Inc	Lisbon Falls	17 Summer Street	3
Alternative Services Northeast Inc	Waterville	1 Leighton Rd	5
Aroostook Mental Health Center	Madawaska	St. David Road, RR2, Box 19; 704 Main Street	7
Aroostook Mental Health Center	Presque Isle	2 Airport Drive	10
Charlotte White Center	Brewer	161 Eastern Ave	3
Charlotte White Center	Brewer	47 Madison Ave	1
Charlotte White Center	Dexter	Rte. 7	2
Charlotte White Center	Dover-Foxcroft	9 Paul Street.	2
Charlotte White Center	Dover-Foxcroft	9 Paul Street.	3
Community Health and Counseling Services	Ellsworth	849 Red Bridge Road	4
Community Health and Counseling Services	Bangor	87 Fieldstone Drive	6
Community Health and Counseling Services	Bangor	120 Grove Street	4
Community Health and Counseling Services	Bangor	107 Husson Avenue	8
Community Health and Counseling Services	Orono	90 Park Street	8
Counseling Services, Inc.	Biddeford	72 Bacon Street	6
Counseling Services, Inc.	Biddeford	5 High Street	7
Counseling Services, Inc.	Biddeford	15 Crescent Street	6
Counseling Services, Inc.	York	19 Woodbridge	7

Appendix E Facilities and Bed count			
Name	**Town**	**Street**	**Capacity**
		Road	
Employment Specialists of Maine, Inc.	Athens	21 North Road	3
Employment Specialists of Maine, Inc.	China	44 Route #3	3
Employment Specialists of Maine, Inc.	Augusta	632 Eastern Ave	2
Employment Specialists of Maine, Inc.	Augusta	37 Cedar St	3
Employment Specialists of Maine, Inc.	Augusta	90 Stone Street (a & b)	4
Employment Specialists of Maine, Inc.	Windsor	31 South Belfast Ave (I,II,III)	6
Fellowship Health Resources	Bangor	166 Broadway	6
Fellowship Health Resources	Bangor	18 Ralph Street	6
Kennebec Behavioral Health	Augusta	Flagg Street	1
Kennebec Behavioral Health	Augusta	23 Western Avenue	9
Kennebec Behavioral Health	Augusta	60-64 Winthrop St.	8
Kennebec Behavioral Health	Skowhegan	West Front Street	1
Kennebec Behavioral Health	Skowhegan	33 Mount Pleasant Avenue	7
Lutheran Services	Lewiston	20 Church St	3
Lutheran Services	Lewiston	191 Pettengill Street	3
Lutheran Services	Lewiston	149 Oak St	4
Lutheran Services	Lewiston	414 Main St	3
Lutheran Services	Lewiston	30-32 Martin Drive	4
Medical Care Development	Auburn	109 Davis Avenue	7
Medical Care Development	Norway	16 Marston St	4
Medical Care Development	Bucksport	75 Franklin Street	6
Medical Care Development	Biddeford	1 Round Hill Street	4
Motivational Services Inc.	Augusta	10 Arsenal Street. #23	4
Motivational Services Inc.	Augusta	10 Noyes Place	5
Motivational Services Inc.	Waterville	105 Western Ave	5
Motivational Services Inc.	Augusta	11 Independence Drive	6
Motivational Services Inc.	Augusta	115 Comercial St.	10
Motivational Services Inc.	Augusta	12 Noyes Place	2
Motivational Services Inc.	Augusta	14 Elm Street	8
Motivational Services Inc.	Augusta	2128 North Belfast Ave	5
Motivational Services Inc.	Augusta	22 Green Street	5

Appendix E Facilities and Bed count			
Name	**Town**	**Street**	**Capacity**
Motivational Services Inc.	Augusta	22 Green Street	1
Motivational Services Inc.	Augusta	45 Middle Street	6
Motivational Services Inc.	Augusta	6 Arsenal Street. #22	6
Motivational Services Inc.	Waterville	73 Pleasant Street	6
Mount St. Joseph's	Waterville	7 Highwood Street.	16
NFI North	Bangor	726 Finson Road	8
NFI North	Bangor	60 Ohio Street	10
Northern Maine General Hospital	Eagle Lake	3400 Aroostook Road	16
OHI	Eddington	200 Clewleyville Rd	4
OHI	Bangor	52 Division St	4
OHI	Bangor	17 Church Rd	7
OHI	Bangor	3 Hudson Street	6
OHI	Veazie	296 Mt. Hope	4
OHI	Bangor	57 Glenwood Dr.	2
OHI	Brewer	18 Grove Street	4
Oxford County MH	Rumford	150 Congress St	4
Peregrine Corporation--Project for Supported Living	Westbrook	2 Chesley Street	3
Peregrine Corporation--Project for Supported Living	Portland	25 Wall Street	10
Shalom House	Portland	98 Gilman St	6
Shalom House	Portland	829 - 831 Congress Street	12
Shalom House	Portland	Scattered Site	1
Shalom House	Portland	15 Croquet Lane	7
Shalom House	Portland	1103 Forest Avenue	6
Shalom House	Portland	154 Clark Street	8
Shalom House	Biddeford	14 Center St	7
Shalom House	Portland	1476 Forest Ave	8
Shalom House	Portland	130 Park Street	9
Shalom House	Portland	39 O'Brion Street	6
Shalom House	Saco	81 North Street	7
Shalom House	Saco	11 School Street.	7
Shalom House	South Portland	15 Wilson Street	7
Spring Harbor Community Services dba Midcoast MH	Belfast	31 MidCoast Drive	8
Spring Harbor Community Services dba Midcoast MH	Rockland	28 Warren Street	4
Spring Harbor Community	Rockland	125 Cedar Street	3

Appendix E Facilities and Bed count			
Name	**Town**	**Street**	**Capacity**
Services dba Midcoast MH			
Spring Harbor Community Services dba Midcoast MH	Rockland	47 Grace Street	3
Spring Harbor Community Services dba Midcoast MH	Owls Head	Route 73, 38 Weskeag Road-HC 32	7
Spring Harbor Community Services dba Midcoast MH	Rockland	407 Pleasant St	3
Sunrise Opportunities, Inc.	Eastport	4 Clark St	14
Sunrise Opportunities, Inc.	Milbridge	4 Harbor Lane	6
Tri-County Mental Health Services	Rumford	125 Franklin Street	5
Tri-County Mental Health Services	Sabattus	46 Kelly Drive	6
Tri-County Mental Health Services	Lewiston	306 Pine Street	5
Tri-County Mental Health Services	Lisbon	15 Village Street	5
Tri-County Mental Health Services	Lisbon	15 Village Street	2
Volunteers of America	Saco	255 Beach Street	6
Volunteers of America	Portland	232 Brackett St	6
Volunteers of America	Saco	24 Bradley St	5
Volunteers of America	South Portland	81 Ocean Street	2
Volunteers of America	South Portland	388 Sawyer Street	6
York County Shelter	Alfred	Shelter, PO Box 820	14
Youth Alternatives	Portland	165 Cumberland Ave.	8
Youth Alternatives	Portland	12 Randall Street	12
Youth Alternatives	So. Portland	Westbrook St	7
Youth Alternatives	Portland	54 Maple Street	12
Total			**611**

Appendix F

Appendix F facilities and bed count		
Developmental Disability		**Beds**
Coastal Workshop	Vera Brandes Home	6
Crowes Residential	Crowes Residential	6
Elmhurst Assoc.	808 High Street	6
Elms Personal Care	Elms Personal Care	5
Goodwill Industries	Ingraham House	7
Great Bay School	York House	6
Group Home Foundation	High Street GH #1	6
Group Home Foundation	High Street GH #2	6
Independence Assoc.	Independence House	6
Jacobs Res. Care Facility	Jacobs Res. Care Facility	6
Maine Resource Dev.	Lincoln Street GH	6
John F. Murphy, Inc.	1661 Main Street	5
John F. Murphy, Inc.	1665 Main Steet	5
John F. Murphy, Inc.	23 Pleasant Street	5
John F. Murphy, Inc.	283 Turner Street	6
New Beginnings	New Beginnings	6
Oxford County ARC	Horizons Unlimited	8
Oxford County ARC	New Hope	4
Penobscot AHDC	112 Ohio Street	5
Penobscot AHDC	215 French Street	5
Progressive Housing	Robins Nest	6
Progressive Housing	Pleasant View Ranch	6
Progress Center	Spring Street Group Home	4
Progress Center	Karla Jacobsen Home	5
Skills, Inc.	House in Shawmut	7
Skills, Inc.	Lawrence Acres	6
Skills, Inc.	Quarry Road Residential	14
Skills, Inc.	Shared Living Group Home	6
Sunrise Opportunity	Calais Boarding Home	6
Sunrise Opportunity	Machias Boarding Home	6
Uplift, Inc.	Summer Street Residence	5
West Street Apartments	West Street Apartments	5
Withams Residential	Withams Residential	6
Peregrine Corporation	Strive U	13
	Total	210
Brain Injury		
Creative Work Systems	Butler/Highland	10
Charlotte White	138 Church Street	6
Goodwill Industries	Fern Cottage	5

Northern Maine General	Philip Blanchette	6
Goodwill Industries	Georgia House	5
Lakeview Neurorehab	SRCF	27
Lakeview Neurorehab	RTRF	41
Sebago House	Sebago House	10
Goodwill Industries	Spiller Park	6
Genesis Eldercare	River Ridge Center	16
Goodwill Industries	Pride House	8
	Total	140
Elderly		
Medical Care Development	Country Meadow Estates	8
RAFTS, Inc.	47 Wood Street	6
Medical Care Development	Hampden Meadows	8
RAFTS, Inc.	76 Bradley Street	6
RAFTS, Inc.	West Main Street	6
Medical Care Development	Windham Pines	8
Youth Alternative, Inc.	Gordon Green	8
	Total	50
Adult Mental Health		
Aroostook MHC	Madawaska Group Home	7
Aroostook MHC	Skyhaven Group Home	10
Mount St. Joseph	Mount St. Joseph	16
Northern Maine General	Franciscan Home	16
	Total	49

13. On slide 11 the Department references a non-risk contract waiver, what type of waiver is this and what are the requirements?

A non-risk contract is only reimbursable under a Managed Care waiver. Below are the references to both PNMI and non-risk contracts.

Here is the federal language: § 434.2 Definitions.

- As used in this part, unless the context indicates otherwise—
- *Fiscal agent* means an entity that processes or pays vendor claims for the agency.
- *Health care projects grant center* means an entity that—
- (a) Is supported in whole or in part by Federal project grant financial assistance; and
- (b) Provides or arranges for medical services to recipients.
- *Private nonmedical institution* means an institution (such as a child-care facility or a maternity home) that—
- (a) Is not, as a matter of regular business, a health insuring organization or a community health care center;

- (b) Provides medical care to its residents through contracts or other arrangements with medical providers; and
- (c) Receives capitation payments from the Medicaid agency, under a non-risk contract, for its residents who are eligible for Medicaid.
- *Professional management service or consultant firm* means a firm that performs management services such as auditing or staff training, or carries out studies or provides consultation aimed at improving State Medicaid operations, for example, with respect to reimbursement formulas or accounting systems.

14. Does the Department expect to receive a corrective action plan from CMS anytime soon regarding the restructuring of the PNMI model?

The Department is hopeful that a collaborative working relationship will continue with CMS so that a corrective action plan is not imposed on the Department or its providers for the provision and reimbursement of these services. A corrective action plan would set in motion a need for a plan and implementation for such plan within specific timelines, usually 90 days. This would not allow the flexibility necessary for the Department, providers and CMS to develop an appropriate model for these services.

The Department received a letter from CMS on 12/23/2011 (next page) requesting a review and explanation of the reimbursement methodology related to Paragraph 12 of Section 4.19-B of our State Plan (bundled rates). This review has been initiated.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

December 23, 2011

Mary C. Mayhew, Commissioner
Department of Health and Human Services
Commissioner's Office
11 State House Station
August, Maine 04333-0011

Dear Commissioner Mayhew:

We are sending this letter as a companion to our approval of Maine's State Plan amendment (SPA) No. 10-012. During our review of this SPA, we also performed a corresponding page review of the reimbursement language associated with the services described in this SPA.

The reimbursement methodology listed under Paragraph 12 of Section 4.19-B of your State plan (Other diagnostic, screening, preventive and rehabilitative services) does not currently meet our requirements. Based on our review of the coverage and reimbursement, it appears as if the reimbursement for these services is bundled.

A bundled payment exists when a State makes a single payment for one or more of a group of different services furnished to an individual during a fixed period of time. The payment is the same regardless of the number of units of service, types of service or level of practitioners providing the service or the specific costs, or otherwise available rates, of those services. CMS has identified that bundled payments may violate two provisions of the Social Security Act: 1902(a)(30)(A) and 1902(a)(32).

1. 1902(a)(30)(A) requires that payments for services are economic and efficient. Generally, bundled payments are not economic and efficient because they can be made for services that may or may not actually be rendered to the beneficiary or for services that may not be covered by Medicaid.

2. 1902(a)(32) requires direct payment to the provider of the service. Many providers receiving bundled payments for rehabilitative services are not individual practitioners (e.g. residential treatment centers). However, with the exception of outpatient hospital and clinic services, the only providers recognized in statute to provide non-institutional statutory services [i.e. those listed in 1905(a)] and be eligible for payment are individual practitioners.

CMS expects that States will develop bundled rates based upon actual service data maintained by providers. Therefore, Maine must ensure that PNMIs maintain data that supports a conclusion that the rate developed by MaineCare is economic and efficient. That data normally consists of information showing the provision by practitioner of the individual **covered** Medicaid services included in the bundled payment and the cost by practitioner and type of service actually delivered under the bundled rate. Maine must describe the development of the rate in the State plan. Costs related to room and board and other unallowable costs must clearly be excluded.

Additionally, 42 CFR 431.107 requires that each provider or organization furnishing services agree to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing services under the plan. The State Medicaid Manual in Section 2500.2(A) requires that a State Medicaid agency report "only expenditures for which all supporting documentation is available, in readily reviewable form, which has been compiled and which is immediately available when the claim is filed" on the CMS-64. This section continues by stating that "... supporting documentation includes as a minimum the following: date of service; name of recipient; Medicaid identification number; name of provider agency and person providing the service; nature, extent or units of service; and the place of service." In accordance with these requirements, Maine must include language in the State plan identifying the data to be maintained by providers and must assure that the State will review that data in order to develop and revise as necessary, an economic and efficient rate.

Include in the State plan a description of the State's proposal for monitoring the provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity and intensity of services required to meet their medical needs.

The State will have 90 days to address the issues identified. Within that period the State may submit SPAs to address the inconsistencies or submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues.

If there are questions, please contact Robert Cruz at 617-565-1257 or robert.cruz@cms.hhs.gov. We look forward to working with you on these issues.

Sincerely,

Richard R. McGreal for
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

15. What has happened between 2004 and 2010 to raise CMS' concern regarding PNMI?

There have been continued questions around the reimbursement of these services as various policy and legislative initiatives have brought public attention to how these services are provided and reimbursed. CMS has also received some written communications and Congressional inquiries regarding PNMI services, which required responses from the Department.

CMS Concerns:

- 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.

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

16. Is there a minimum standard that the Department needs to follow for comparability of services?

CMS only provides general language in the CFR, and leaves the responsibility to each state to assure that comparability is achieved. The CFR requirement is:

- § 440.230 Sufficiency of amount, duration, and scope.
- (a) The plan must specify the amount, duration, and scope of each service that it provides for—
- (1) The categorically needy; and
- (2) Each covered group of medically needy.
- (b) Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.
- (c) The Medicaid agency may not arbitrarily deny or reduce the amount, duration, or scope of a required service under §§440.210 and 440.220 to an otherwise eligible recipient solely because of the diagnosis, type of illness, or condition.
- (d) The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.

17. What is the timeline we have from CMS to redefine the PNMI program if the budget were not a factor?

While there is not a defined timeline form CMS, DHHS and CMS will continue working together regarding the concerns CMS has with Maine's PNMI model. One of the primary concerns is the size and nature of some facilities providing PNMI services, which CMS believes are IMDs. CMS questions regarding this must be answered by May 7, 2012.

18. Is there a way to work out a per person cost for each facility that is acceptable to CMS?

CMS is not concerned specifically with a cost per person as much as they are with how the rates are developed. As we explore different options for funding these services, how we develop the rate for the options will be the primary factor in the conversation with CMS.

19. What if the reason a person is in the PNMI is because they cannot provide their own meals, is there a way to have a waiver for this type of situation?

Services at an institutional level allow for provision of meals, which is considered part of room and board. This would be allowable at a nursing facility level. Room and board is not Medicaid-reimbursable in a lower level setting such as a PNMI. In a community setting state funds are reimbursed to assist with personal care, which includes assistance with activities of daily living. If the member has no access to a kitchen and does not participate in the preparation or planning of the meal, it cannot be covered as assistance with that activity of daily living. A Home and Community Based Services (HCBS) waiver might allow for meal provision, but would also require the individual to be nursing facility (NF) eligible.

20. Has CMS put a dollar figure on PNMI program? Will there be a payback amount? What is the cost to the state going to be to redefine this program?

CMS has not put a dollar figure on the PNMI program. It is unknown at this time if there will be an audit. The cost to the state to redefine the program is also unknown.

21. In regard to the state-to-state comparison, of the 24 states that have an HCBS waiver, how many have the same NF eligibility as Maine?

States establish eligibility for waiver services based on a list of criteria they define and additionally use their NF level of care. A study in 2011 for the AARP Foundation showed that Maine has the lowest percent of nursing home residents with low care needs in the country. This indicates that, according to this study, Maine has the highest NF eligibility.

22. How difficult is it to lower the NF eligibility threshold?

The State has the authority to adjust its NF eligibility as it deems appropriate. Attached information suggests that Maine's NF threshold is higher than most other states. An important factor in a state's adjustments to NF eligibility is that NF services are mandatory and as such become entitlements for members who are eligible. If NF eligible, a member may choose a lessor level of care offered by a waiver, but they remain entitled to the NF service if they so choose.