Maine Department of Health and Human Services

Private Non-Medical Institutions (PNMI)

Presentation to MaineCare Advisory Committee

July 10, 2012

http://maine.gov/dhhs/oms/provider/pnmi.html
What are Private Non-Medical Institution (PNMI) Services?

- PNMI is Medically Necessary Residential Treatment for Differing MaineCare Eligible Populations.

- Services are Described in: MaineCare Benefits Manual, Section 97,
  - Chapter II (Coverage), and

  - Chapter III (Reimbursement) and:
    » 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

- Additional Division of Licensing and Regulatory Services Rules also Regulate Providers.
Summary of PNMI Concerns Addressed

- Concerns summarized from a variety of CMS sources including Requests for Additional Information, Bundled Rates Corrective Action Plan Letter, and various related conference calls and emails.
Payment Methodology Concerns Addressed

- Bundled Rates/Documentation of Services
- Excessive Rates? (Compared to NF, hospital, ICF-MR)
- Payments Must be Made Directly to Enrolled Providers (No Reassignment)
- Non-Risk Contract Provisions Required (Managed Care Waiver)
Service Setting Concerns Addressed

• IMD setting

• Community Based Services Must Not be Provided in “Institutional” or Facility-Based Settings

• Attention to Olmstead Provisions for Least Restrictive Setting
Service Concerns Addressed

• Consumer Choice of Providers

• Comparability of Services/Statewideness

• Comparably Qualified Providers

• Assurance of Non-Duplication of Services
Concerns About Non-Reimbursable Services

• Habilitative Services must be reimbursed only in a 1915(i) SPA or HCBS waiver.

• Supervision/Monitoring of Safety and Well-Being Must be Reimbursed only in a 1915(i) SPA or HCBS waiver

• Room and Board are not reimbursable in this setting.
DHHS Steps to Seek Stakeholder Input

✓ In October 2011, DHHS hosted a Statewide Forum at the Augusta Civic Center.

✓ In November 2011, DHHS hosted PNMI six statewide regional Provider Forums to interactively discuss and brainstorm potential resolutions with providers and the public. Forums were at:
  - November 7  Augusta
  - November 8  Presque Isle
  - November 9  Bangor
  - November 10  Rockland
  - November 17  Lewiston
  - November 18  Saco

✓ Stakeholder groups were convened for each type of PNMI. Notes from meetings are at:
  http://maine.gov/dhhs/oms/provider/pnmi.html

✓ Regular updates provided to Maine Legislature
✓ (Health and Human Services and Appropriations Committees)

✓ PNMI Advisory Council will be Convened in June/July
IMD Analysis

- CMS Letter Received
  - August 9, 2011

- MaineCare Providers Notified of IMD Survey
  - September 1, 2011

- DHHS Program Staff IMD Analysis Initiated
  - March, 2012

- Extension Request Approved until
  - November 7, 2012

- Appendix C providers notified of Necessary Resident Level Analysis
  -- April, 2012
- Discussion of Next Steps for Treatment Model -

• **Unbundle State Plan Services** to show comparability with other community based services including:
  
  - Substance Abuse/Mental Health Counseling
  - Psychiatry
  - Personal Care/Nursing
  - Case Management
  - Medication Assessment/Management
  - Short Term stabilization

• **Apply for 1915(i) SPA** for some additional Service Components as a Wrap-around.
Long Term Care Services

-Discussion of Next Steps for Treatment Model-

Shortest Term:

• Unbundle traditional State Plan Services
• Utilize Existing PNMI Settings (Personal Care Homes)
• Expand Use of Adult Family Care Homes
• Utilize Existing NFs by Converting Beds:
  - Convert some PNMI Dementia Units to NF Level
  - Convert some Multi-level PNMI/NF to NF Level
• Broaden/Adjust NF Medical Eligibility

 Longer Term:

• Develop Additional HCBS Options:
  - Apply for 1915(i) SPA
  - Expand HCBS Waivers and Apply for Assisted Living Waiver
  - Submit PACE SPA and Develop PACE Programs
• Rebalance Number of NF Beds as Community Options Developed
Children’s Services

-Discussion of Next Steps-

- **Unbundle Services**: Emphasis on Current State Plan and EPSDT Required Services

- **Apply for 1915(i) SPA** For Additional Services

- **Amend or Apply for new HCBS Waivers**: to Include Children with Behavioral Health Diagnosis

- **Analyze PRTF**: Small Number of Children requiring this Intensive Level, need to Determine if Numbers Feasible for In-state PRTF Used for Short Term Stabilization.
Discussion of Next Steps-
Appendix E- Community Residences for Members with Mental Illness

- **Unbundle Services**: Emphasis on Current State Plan Services, Comparability for Eligibility and Qualified Staff

- **Apply for 1915(i) SPA** for Additional Habilitative Services
Non-Case Mix Medical and Remedial

-Discussion of Next Steps-

- **“Unbundle” Services**: Emphasis on Current State Plan Services, Assuring Comparability

- **Apply for 1915(i) SPA** for Additional Habilitative Services

- **Amend/Apply for New HBCB Waivers**

- **Utilize Case Mix Facility** Solutions for Similar Services/Target Groups
Does Institution have multiple components?

Answer Questions B 1-6 to determine if components independently/separately assessed:
1. Controlled by one owner?
2. One chief medical officer?
3. One CEO?
4. Separate Licenses?
5. Organizationally and geographically separate?
6. Different provider categories?

Does institution have more than 16 beds?

Assess Guidelines for Overall Characteristic of Facility C 1-5
1. Licensed as psychiatric facility?
2. Accredited as psychiatric facility?
3. Under Jurisdiction of State Mental Health Authority?
4. Specializes in providing psychiatric/psychological treatment?
5. Do more than 50% of patients have current need of institutionalization resulting from mental disease?

IMD