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MEMORANDUM

TO: Joint Standing Committee on Health and Human Services
FROM: Department of Health and Human Services
DATE: March 18, 2019
RE: Responding to questions re: Budget Group C

ADULT MENTAL HEALTH

Number of people being treated out of state in all sections of MaineCare and trends over time? Including adult forensic, brain injury, children's mental health.

OADS-Related Out-of-State Placements

Level of Treatment	Placement State	Number of Individuals
Neurobehavioral Treatment	Florida	8
Neurobehavioral Treatment	Illinois	1
Neurobehavioral Treatment	Virginia	1
Residential Neurorehabilitation	Massachusetts	1
Skilled Nursing Facility	Massachusetts	6

There are currently five individuals under public guardianship who are being treated out of state (four under MaineCare, one non-MaineCare).

- Individuals under public guardianship receiving MaineCare services: Two clients in Florida and two clients in Massachusetts are neurobehavioral clients – included in the table above.
- Individual under public guardianship, non-MaineCare funded: One client is being treated in South Carolina at the Columbia Regional Care Center (a.k.a. Care Correct of South Carolina) under a general fund contract held by the Riverview Psychiatric Center (Contract # RPC-19-051). This client is not included in the chart above. This individual in South Carolina is in the custody of the Commissioner, having been found not criminally responsible. (Again, please note that this individual is being treated out of state, and is under public guardianship, but not receiving MaineCare services – as specified in the original question above.)

Does DHHS have a plan or timeline for closing the AMHI consent decree?
The Department is committed to supporting a robust community-based mental and behavioral health system such that every person has access to the right level of care in the right environment. It is the Court's decision to end the consent decree and the Commissioner and Department will work steadfastly to satisfy our obligations under the consent decree.

What is the average per day cost for a patient at RPC and DDPC?
In FY 2018, the cost per patient per day at Dorothea Dix was $1,499
In FY 2018, the cost per patient per day at Riverview was $1,441

Riverview: Overview of DSH Funding through Jan 30. What funds need to be returned?

RPC EXPOSURE (NOT INCL. AUDITS)			
QUARTER ENDED MARCH 31, 2017			
FORMAL DISALLOWANCE LETTER RECEIVED FROM CMS FOR ALL PRECEDING QUARTERS	$51,076,630		
QUARTER ENDED JUNE 30, 2017			
FORMAL DISALLOWANCE LETTER RECEIVED FROM CMS	$3,507,424		
QUARTER ENDED SEPTEMBER 30, 2017			
FORMAL DISALLOWANCE LETTER RECEIVED FROM CMS	$3,517,309		
QUARTER ENDED DECEMBER 31, 2017			
FORMAL DISALLOWANCE LETTER RECEIVED FROM CMS	$3,508,100		
QUARTER ENDED MARCH 31, 2018			
FORMAL DISALLOWANCE LETTER RECEIVED FROM CMS	$3,508,818	*	Stabilization fund (FO) approved
QUARTER ENDED JUNE 30, 2018			
FORMAL DISALLOWANCE LETTER RECEIVED FROM CMS	$3,507,899		
QUARTER ENDED SEPTEMBER 30, 2018			
FORMAL DISALLOWANCE LETTER RECEIVED FROM CMS	$3,506,392		Stabilization fund (FO) pending
**Amount under discussion with CMS*			
RUNNING TOTALS:	$72,132,572		

SUMMARY - RPC EXPOSURE FROM DECERTIFICATION	
ALL-INCLUSIVE EXPOSURE - RPC:	$72,132,572
F/O SUBMITTED (PL 2017, Ch 284 part EEEEEEE):	($10,524,817)
F/O PENDING (PL 2017, Ch 284 part EEEEEEE):	($3,506,392)
OUTSTANDING EXPOSURE THROUGH 9/30/18 - RPC:	$58,101,363

DEVELOPMENTAL DISABILITIES AND INTELLECTUAL DISABILITIES

What is the Evergreen project?
The Evergreen project is an initiative to replace the DHHS Office of Aging and Disability Services' (OADS') three legacy electronic client data systems with a single system. The Evergreen Data System will replace OADS' use of the Enterprise Information System (EIS), the Maine Adult Protective Services Information System (MAPSIS) and the long-term care assessment system, MaineCare. Evergreen will be the new client data system for Developmental Services, Adult Protective Services and Long-Term Care.

The Evergreen project has been divided into two parts. Project 1 kicked off in July of 2018. By the end of February 2020, Evergreen will be used for Developmental Services and most of the Adult Protective Services functions. The total projected cost for Project 1 is $12,177,715, with the state-funded portion estimated at $2,115,455. Project 2 is planned to begin in March 2020, and will complete the transition to a single client data system, by bringing the remaining MAPSIS and all MaineCare functions into Evergreen. The estimated total cost of Project 2 is $23,000,000, with a state obligation of approximately $4,000,000.

Numbers on waitlists for all MaineCare programs and state funded services

Program/Service	**Waitlist/ Queue**
Brain Injury – MaineCare Benefits Manual (MBM) Section 18	33
Elderly/Adults with Disabilities -- MBM Section 19	0
Other Related Conditions – MBM Section 20	19
Individuals with Intellectual Disabilities/Autism Spectrum Disorder – MBM Section 21	1,618
Individuals with Intellectual Disabilities/Autism Spectrum Disorder – MBM Section 29	117
Consumer Directed Home Based-Care Coordination – OADS Chapter 11	15
Adult Day Services – OADS Section 61	17
Home Based Care Coordination – OADS Section 63	98
Home Delivered Meals – OADS Section 65	585
Independent Support Services – OADS Section 69	495
Data provided as point in time March 13-15, 2019	

Waitlists for Sec. 65 services broken up by service.
OADS Policy Section 65, "Nutrition Services" includes both Congregate Meals and Home Delivered Meals. The waitlist information provided in the table above is for Home Delivered Meals only. There are currently no waitlists at Congregate Meal sites.

Information about whether waitlists are driven by budgets or workforce.
Waiver waitlists are primarily driven by budgetary decisions – but workforce considerations are also a factor, as described below. With regard to budgetary decisions, once a program's appropriation is determined, the Department projects how many individuals can be served. In doing so, the Department takes into account the average per member per year cost for services. When there is not enough funding to serve everyone eligible, a waitlist is formed.

As noted above, workforce considerations are also a factor in the development of programmatic waitlists. Anecdotally, providers ranging from Home Care to Nursing Facilities have indicated that they are not able to staff up to full capacity and therefore are not able to deliver all authorized services. For example, in addition to the current budgetary decision-driven waitlists for Section 63, Home Based Care Coordination, and Section 69, Independent Support Services, each program has experienced staffing shortages for current service recipients as indicated below.

OADS Section 63: Home Based Care Coordination

- 886 served in February
    - 98 on the waitlist
    - 202 partially unstaffed
    - 114 fully unstaffed

OADS Section 69: Independent Support Services

- 1,930 current active cases
    - 164 cases unstaffed; of these:
        - 10 cases unstaffed for 30 days or less
        - 28 cases unstaffed for 60 days or less
        - 126 cases unstaffed for 60 days or more

Update on the roll-out of the increased 300 slots for Sec. 21 in LD 925.
LD 924 and LD 925 required rate increases and an increase of 300 funded openings (or "slots") for the Section 21 waiver program supporting Individuals with Intellectual Disabilities / Autism Spectrum Disorder (IID/ASD). The funding appropriated for the 300 openings was calculated based on previously existing rates. To ensure the Department did not have a financial shortfall, the Department took the entire spend of the waiver, factoring in projected increases to per member per year costs, and determined that only 133 slots would be able to be funded. These 133 waiver offers were made in the fall of 2018.

Is there any information on whether the doubling of the Sec. 29 cap has impacted the Sec. 21 need/waitlist?
The changes to the Section 29 cap occurred in October 2017 but there was no immediate reduction, as the Section 21 waitlist climbed to 1,741 in April 2018. The waitlist did then decline to 1,590 in December of 2018.

At present, there is no direct information about the doubling of the individual cost limit of the Section 29 waiver that indicates an impact on the Section 21 waiver program. There are individuals that, when provided with a funded offer for the comprehensive Section 21 waiver,

have chosen to remain with their current waiver service – either the Section 20, Other Related Conditions waiver, the Section 18, Brain Injury waiver, or Section 29, IID/ASD support waiver. The factors involved in each person's decision-making can vary, and are not specifically tracked.

Even though the Section 29 waiver program has expanded, the number of covered services remain fewer than those available under the Section 21 waiver. Some individuals may be applying to Section 21 with the intention of switching when a Section 21 slot becomes available.

Please provide the report related to LD 924 and the Section 21/29 rules.
The report related to LD 924 was due on January 1, 2019, but was not completed by the previous Administration. The development of the report was to include stakeholder meetings with community service providers specific to reviewing reimbursement rates, and ways to find efficiencies and other costs savings.

OADS intends to re-engage community service providers in the coming weeks. As a result of this stakeholder engagement, a report can be submitted on the progress of examining the following: current reimbursement rates; costs of providing services; labor costs; and administrative overhead costs. This process will determine opportunities for efficiencies and savings. The last comprehensive rate study on Developmental Services was completed in 2014.

Updates on implementation of the increases in reimbursement or initiatives in LDs 924, 925
For LDs 924 and 925, most rates were updated last year. The only exception is Section 65, Behavioral Health Services, which was updated last month. LD 1923 was a late-session bill where no one from the Department had any input. This one was primarily for OCFS, but had a Section 65 rate study included. The rate study for LD 1923 has not yet happened.

ELDER SERVICES (INCLUDING NF)

Does DHHS have any plans around increasing the number of nursing facility beds? How many beds have been lost in recent years? What happened to the bed rights from the recently closed nursing facilities?
Information obtained from the DHHS Division of Licensing and Certification indicates that, at this time, there are no concrete plans to increase the number of nursing facility beds. Please refer to 22 MRS, Chapter 103-A "Certificate of Need", §334-A "Nursing facility projects" for the current process to expand current bed capacity.

Since 2015 to present, ten nursing facilities have closed reducing the number of beds by 410.

Many of the beds associated with recent nursing home closures were converted to residential care beds at the time of closure. Other beds were conveyed according to allowed practices under 22 MRS, Chapter 103- A, "Certificate of Need", §333-A "Procedures for allowing reallocation of nursing facility capacity". Per statute, since July 1, 2005, nursing facilities have delicensed beds before they are closed. This prevents any funds from falling into the MaineCare nursing facility funding pool, thereby limiting the balance of funds in the nursing facility funding pool. This pool, according to statute, must be used to fund new nursing home beds. The process of adding new nursing home beds would be through a competitive request for proposal process, based on the need for new beds as determined by DHHS. There are several bills before the

legislature to increase the number of nursing home beds. This would require funding to be allocated from the legislature into the MaineCare nursing facility funding pool, to supplement funds that are currently available.

In March 2014, there were 103 facilities with 6,867 beds, and 6,402 residents, for a percentage of 93% occupancy. As of January 15, 2019, there are 94 facilities with 6,538 beds, and 5,819 residents, for a percentage of 89% occupancy. Although the state experiences nursing facility closures, the statewide occupancy rates indicate that beds continue to be available, though the supply varies by county. Occupancy rates range from 76% in Knox County to 95% in Oxford County.

What is in the market basket for the COLA that is used for nursing facility reimbursement?
Nursing facility costs are inflated using the Consumer Price Index (CPI). We use the medical services category and the line for nursing homes.

Fact sheets on MSP and DEL including how many people in each category.
This is in process as of 11:30am March 18 and will be provided to the committee as soon as possible.

Has the increased funding to NFs in LD 925 been implemented as written? There was testimony that the funding was insufficient and the NFs received less than expected.
The funding for NFs was implemented as intended with LD 925. There were two concerns from providers associated with how the Department implemented the LD 925 funding for these providers:

- The COLA received in the rate letters was based on only six months, not a full year of costs:
  The format of the rate letters to providers is different, depending on whether there is a rebasing that year or not, but a full year of inflated costs is included in both circumstances.
- The Department did not include contracted employees in the special wage allowance as LD 925 intended:
  Contracted employees were not included in the fiscal calculation under LD 925 for Nursing Facilities because they were not considered to receive wages and wage-related benefits were specified in LD 925. If contracted staff were included, an additional $8 million would be needed.

States with asset tests for MSP? What happens if a person has two properties – what is excluded? Does estate recovery apply for MSP?
There is an asset test of $50,000 for an individual and $75,000 for a couple in MSP. The test applies to liquid assets only, so all houses/properties are excluded. Estate recovery does not apply. There is a small program (1-2 people enrolled) within MSP that has an asset limit of $4,000. This program is called Qualified Disabled and Working Individual, and counts all assets.