



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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January 3, 2012

Senator Earle L. McCormick, Chair  
Representative Meredith N. Strang Burgess, Chair  
Members, Joint Standing Committee on  
Health and Human Services  
#100 State House Station  
Augusta, ME 04333-0100

Senator Richard W. Rosen, Chair  
Representative Patrick S. A. Flood, Chair  
Members, Joint Standing Committee on  
Appropriations and Financial Affairs  
#100 State House Station  
Augusta, ME 04333-0100

**Re: Estimating the cost to provide services to individuals with severe and persistent mental illness as directed by the AMHI Consent Decree**

Dear Senators McCormick and Rosen, Representatives Strang Burgess and Flood, and Members of the Joint Standing Committees on Health and Human Services and Appropriations and Financial Affairs:

In accordance with the budget protocol adopted to comply with paragraph 268 of the AMHI Consent Decree, I am enclosing this package that outlines the funding necessary to meet the State's obligation to provide services for those individuals with severe and persistent mental illness (SPMI).

The Supplemental Budget proposes to reduce or eliminate a number of MaineCare services that are currently provided to individuals with SPMI. These include the proposals to:

- Eliminate all Private Non-Medical Institution (PNMI) funding. This would affect 612 individuals with SPMI who receive services at that level of care 563 of these individuals are in Appendix E facilities (community residences for persons with mental illness), and 49 are in Appendix F facilities (mixed medical and remedial facilities offering specialized services);
- Eliminate the Childless Adult/Non-categorical benefit for MaineCare. This would affect 493 individuals with SPMI who are currently using services funded under Sections 17, 65, and 80<sup>1</sup>.

If the Supplemental Budget is accepted with the reduction or elimination of the above mentioned MaineCare services, the following individuals with SPMI will be impacted:

- 612 individuals would no longer have a place to live nor have staff available for supervision/monitoring of their behaviors

<sup>1</sup> Section 17 includes: Community Integration (CI), Intensive Case Management (ICM), Assertive Community Treatment (ACT), Community Rehabilitation Services (CRS), Daily Living Support Services, Day Supports-Day Treatment, Skills Development-Group Therapy, Skills Development-Ongoing Support to Maintain Employment, and the Specialized Group Services of WRAP, Recovery Workbook, TREM, or DBT., Section 65 includes Comprehensive assessment, Individual and Group Counseling, and medication management. Section 80 includes Pharmacy Services for people who are Section 17 eligible; this affects 451 Individuals

- 182 individuals who were assessed as “having poor decision making, poor impulse control, interpersonal problems, poor anger control, and a level of threats of danger to self or others, complex medical issues, legal issues, and challenging behaviors” would be out in the community without supervision. A portion of these Consumers are currently not able to go out into the Community without trained staff with them as they are a threat to the Community without Supervision. Many have a history of criminal behavior involving damage to persons or property ranging from trespass or disorderly conduct to homicide.
- 50% of the Consumers who were discharged from Riverview over the last 12 months were discharged to a PNMI. There will not be a place to discharge Consumers who need that level of care. People who are clinically ready to leave the hospital will have to remain there or be discharged to an environment without clinically necessary supports.
- Emergency Rooms will have no higher level of care option for persons needing psychiatric hospitalizations.
- The existing Institutes for Mental Disease (IMD) and other psychiatric hospitals across the state will also experience capacity issues which will negatively impact both admissions and discharges.
- 493 Consumers with SPMI who were previously eligible for the 5C RAC code (Childless Adults/Non-Categorical) would no longer be able to access Section 17 Community Support Services, 65 Behavioral Health Services, or Section 80 Pharmacy Services (Medications). This will create significant individual and public safety issues and require higher level services to continue to maintain safety.

The OAMHS staff has reviewed previous assessments and has prepared the attached analyses in order to project what it would cost to provide these individuals with equivalent services to help meet their individualized needs. The table lays out the costs for the four primary areas outlined; PNMI residential services for Appendix E & F, Section 80 Pharmacy Services, and Section 17 Community Support Services & Section 65 Behavioral Health Services.

Type of Services	Projected Costs
PNMI-Appendix E	\$82,432,557.00
PNMI-Appendix F	\$13,893,902.52
Section 80 Pharmacy	\$756,556.00
Section 17 & 65 services	\$1,200,000.00
<b>Total</b>	<b>\$98,283,015.52</b>

The above figures represent the cost of providing Section 65 and Section 80 Services to Individuals with Non Categorical MaineCare who are eligible for Section 17 Services, and the cost of providing equivalent services to the 563 individuals who are currently residing and receiving treatment in a PNMI under Appendices E or F. The figures represent total MaineCare dollars (state and federal) plus the General Fund monies required to cover non-MaineCare services, such as room and board. The attached reference documents provide more details regarding the underlying assumptions and methodology used in these projections.

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An alternative solution that is currently being examined is the development of a 1915(i) waiver which could move the PNMI services into another section of the State Health Plan (also referred to as an I-SPA), which requires CMS approval. The Department has been informed by CMS consultants that the construction of an I-SPA from planning, to approval and implementation, start to finish, could take up to 18 months to complete.

We are available to respond to any questions you may have regarding this proposal and/or our obligations to the AMHI Consent Decree.

Sincerely,

A handwritten signature in cursive script that reads "Mary C. Mayhew".

Mary C. Mayhew  
Commissioner

MCM/klv