



# Facility/Residential Services Side by Side

Benefit	7 Affordable Assisted Living		Independent Housing with Services (IHSP)	Residential Care/PNMI C	Residential Care/PNMI E	Residential Care/PNMI F	Adult Family Care Homes (AFCH)	Nursing Facility
<b>MaineCare Benefit</b>	N/A State Funded Service	N/A Licensing 10-144 Chapter 113	N/A State Funded Service (Section 62)	Section 97 Appendix C PNMI Medical and Remedial Service Facilities	Section 97, Appendix E: PNMI, Mental Illness (APS)	Section 97, Appendix F: Non-Case Mixed medical and Remedial Facilities	Section 2	Section 67
<b>Licensed As</b>	10-144 Chapter 113 Assisted Housing Programs	10-144 Chapter 113 Assisted Housing Programs	Non-Licensed	Res care/ PNMI Level I: 1-2 residents Res care/ PNMI Level II: 3-6 residents Res care/ PNMI Level III: 3-6 residents and employs more than 3 persons who are not owners and not related to the owner Res care/ PNMI Level IV: 6+ residents	Res care/ PNMI Level I: 1-2 residents Res care/ PNMI Level II: 3-6 residents Res care/ PNMI Level III: 3-6 residents and employs more than 3 persons who are not owners and not related to the owner Res care/ PNMI Level IV: 6+ residents	Res care/ PNMI Level I: 1-2 residents Res care/ PNMI Level II: 3-6 residents Res care/ PNMI Level III: 3-6 residents and employs more than 3 persons who are not owners and not related to the owner Res care/ PNMI Level IV: 6+ residents	Primarily PNMI C Level III and IV Res care/ PNMI Level III: 3-6 residents and employs more than 3 persons who are not owners and not related to the owner Res care/ PNMI Level IV: 6+ residents	10-144 Ch 110: Skilled Nursing Facilities and Nursing Facilities
<b>Limits</b>	For MaineCare Members receiving in home services under PDN Level IX: Maximum \$2,149 per member per month.  For Non-MaineCare Members receiving in home services under HBC Level V,		N/A	Bed Hold Days are not reimbursable	Bed Hold Days are not reimbursable	Bed Hold Days are not reimbursable	<b>Private Duty Nursing Services and Personal Care Services</b> are subject to financial “caps” as described in Section 96, “Private Duty Nursing and Personal Care Services”. For members who receive Private Duty Nursing services, the cost of AFC services and Private Duty Nursing services combined must not exceed the member’s approved Private Duty Nursing and Personal Care Services “cap.”	Bed hold payments up to 7 days (midnights)  MaineCare will not reimburse for more than 2 hrs/day of PT or OT



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	services are limited to a maximum of:  3 med passes per day 14 hours PSS per week						<b>MaineCare Waiver Services</b> - A member receiving AFC services may receive services under a MaineCare Waiver program. However, the cost of the MaineCare-covered AFC services shall be included within the established waiver financial "cap."	
<b>Functional Eligibility Criteria</b>	Determined by Maine ASA.  PDN IX - Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 2 IADLs and resides in one of the 7 ALFs or Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 1 ADL and	Determined by  18 years or older * Any person seventeen (17) years of age, with written permission from the Department	Determined by IHSP provider  Requires assistance/does not need help plus physical assistance with at least three (3) IADL from the following: main meal preparation, routine housework, grocery shopping, and laundry; or Requires limited assistance plus a one-person	Determined by Maine ASA (Physician/PCP documentation of medical necessity required as part of PA process)  Requires cueing 7 days/wk for eating, toilet use, bathing, and dressing <b>OR</b> Limited assist and 1-person physical assist with 2 of the 7 ADL's <b>OR</b> Requires medication preparation and administration 2 x/day <b>OR</b>	Determined by  <u>Mental Illness</u> Age 18 or older or emancipated <b>AND</b> Primary dx on Axis I or II of DSM <b>AND</b> LOCUS of 23 or greater and a Level V or more  <u>Brain Injury (BI)</u> 18 or older <b>AND</b> Primary dx of BI <b>AND</b> Have cognitive, physical, emotional and behavioral needs resulting in a score of at least 3 on one item in at least 2 domains on the BI assessment tool.	Determined by  18 or older or emancipated <b>AND</b> Primary dx on Axis I or II of DSM <b>AND</b> LOCUS of 23 or greater and a Level V or more	Determined by MDS-ALS completed by AFCH provider  The MDS-ALS assessment must show the member's need for assistance or cueing with a minimum of two ADLs.	Determined by Maine ASA  <ul style="list-style-type: none"> <li>Section A skilled nursing 7 days per week <b>OR</b></li> <li>Extensive assistance &amp; physical support (3/2) in at least three of the <b>5 Late Loss ADLs</b> (bed mobility, transfer, locomotion, eating and toileting) <b>OR</b></li> <li>At least 1 skilled nursing need in Section A or B (nursing) or C (cognition) or D (behavior), <b>and</b></li> </ul> at least limited assist (2/2) in 2 of the <b>5 Late Loss ADLs</b> (bed mobility, transfer, locomotion, eating and toileting)  <u>Stand Alone Qualifiers</u> Section A-Nursing services 7 days/wk as outlined in Section 67.02-3 A <ul style="list-style-type: none"> <li>Intraarterial, IV, IM, IV feedings or SQ injections (Reminder daily insulin injections does not meet Section A requirement unless the member has uncontrolled diabetes fluctuating blood</li> </ul>



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	<p>resides in one of the 7 ALFs</p> <p>Sec 63 Level V - Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 2 IADLs and resides in one of the 7 ALFs or</p> <p>Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 1 ADL and resides in one of the 7 ALFs or</p> <p>The individual meets eligibility for Level I, II or III under this Section and resides and in one of the 7 ALFs.</p>		<p>physical assist with at least one (1) ADL from the following: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing and assistance/doing with help plus physical assistance with at least two (2) IADL from the following: main meal preparation, routine housework, grocery shopping, and laundry: or</p> <p>Requires limited assistance plus a one-person physical assist with at least</p>	<p>RN 1x/month as set forth in Section 97.02-4</p>	<p><i>AND</i> Demonstrated need for 24 hr supervision/support as indicated on the BE H&amp;S assessment</p> <p><u>MR/Pervasive Developmental Disorder</u> 18 or older <i>AND</i> meet the eligibility requirement for persons with mental retardation/pervasive developmental disorders as defined in 34-B M.R.S.A. Section 5001(3) and 6002 <i>AND</i> be in jeopardy of not having a place to live, or not adequate supervision necessary to assure their health and safety <i>AND</i> Require that supervision be available and on-site at all times <i>AND</i> using the Department's Developmental Services Needs Inventory tool, have identified needs at</p>			<p>sugar levels requiring insulin dose adjustments. A member who is able to monitor blood sugar levels and manage insulin preparation and injection independently does not meet this requirement)</p> <ul style="list-style-type: none"> <li>• NG tube, G-tube, J-tube feedings for new/recent (within 30 days) or unstable condition.</li> <li>• Nasopharyngeal suctioning</li> <li>• Trach care of a recent or unstable condition</li> <li>• Daily treatments/dressing changes as outlined in Section 67.02-3 A 4</li> <li>• New (within 30 days) continuous O2 if professional RN observation is needed.</li> <li>• Unstable medical condition requiring daily RN assessment or RN observation once per shift</li> <li>• Insertion and maintenance of a urethral or suprapubic catheter as an adjunct to the active treatment of a disease/medical condition that justifies skilled RN care (must be documented in medical record)</li> <li>• Therapies 5 days/week ordered by physician (PT, OT, ST, RT)</li> <li>• Services to manage a comatose condition</li> <li>• Care to manage conditions requiring a ventilator/respirator at least 3 days/wk</li> <li>• Care to manage uncontrolled seizures at least weekly</li> <li>• Extensive assistance with three (3) of the following five (5) ADL's: <ul style="list-style-type: none"> <li>• Bed mobility</li> <li>• Eating</li> <li>• Locomotion</li> </ul> </li> </ul>



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			two (2) of the 7 ADLs		the C,D, or E level in at least three of the categories			<ul style="list-style-type: none"> <li>Transfer</li> <li>Toilet use</li> </ul> <p><u>Combination Qualifiers</u>            Limited Assist/one-person physical assist with 2 late loss ADL's + RN 3 days/wk (Section A, B C or D nursing need)</p> <ul style="list-style-type: none"> <li>Late loss ADL's: Bed mobility, eating, locomotion, transfer, toilet use</li> </ul> PT, OT, ST, RN for Radiation/Chemo therapy or Dialysis 3 times/wk + limited assist/one-person physical assist with 2 late loss ADL's
<b>Income/Assets</b>	Format PDN IX-100% FPL, Assets: 2,000/1, 3,000/2  \$8,000/1 \$12,000/2 Allowed savings		Assets less <\$50,000 for 1, <\$75,000 for 2	Individuals must meet the basic eligibility criteria as set forth in Part 2 of the <i>MaineCare Eligibility Manual</i> , 10-144 CMR Chapter 332	Individuals must meet the basic eligibility criteria as set forth in Part 2 of the <i>MaineCare Eligibility Manual</i> , 10-144 CMR Chapter 332	Individuals must meet the basic eligibility criteria as set forth in Part 2 of the <i>MaineCare Eligibility Manual</i> , 10-144 CMR Chapter 332	Individuals must meet financial eligibility criteria as set forth in the <i>MaineCare Eligibility Manual</i> .	Individuals must meet financial eligibility criteria as set forth in the <i>MaineCare Eligibility Manual</i> .



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	<p><i>exclusions &gt; than asset limit above</i></p> <p>Section 63 Level V - Assets less &lt;\$50,000 for 1, &lt;\$75,000 for 2</p>							
<b>Covered Services</b>	<p>Service Coordination Personal Care Services Medication Administration Meals (at least one a day)</p>	<p><u>ALF Type I:</u> provides medication administration <b>**ALF Type II:</b> Provides medication administration and nursing.  Personal supervision Protection from environmental hazards Assistance with ADL/IADL Diversional, motivational, or recreational activities Dietary services Care management Medication administration <b>**Nursing</b></p>	<p>Homemaking Services Meals (at least one/day) Personal Care Services PERS Transportation</p>	<p>Clinical consultant services Licensed practical nurse services Licensed social workers or other social worker services Personal care services staff Practical nurses Registered nurse consultant services Other qualified medical and remedial staff.</p>	<p>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, as defined in Chapter II, Section 97.07-2, of the <i>MaineCare Benefits Manual</i>.</p>	<p>Registered nurses Licensed practical nurses Licensed social workers Personal care services staff Other qualified medical and remedial staff Other qualified mental health staff Clinical consultant services</p>	<p>Personal Care Services Medication administration/supervision Personal supervision Arranging transportation, making calls for appointments Arranging or providing motivational and diversionary activities RN services</p>	



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<b>Oxygen and Ventilator Care</b>	<p><b>Ventilator Care:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent management.</p> <p><b>Oxygen:</b> Breathing Apparatus: When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be documentation according to 10-144 Ch 113 Regulations Governing the Licensing and Functioning of Assisted Housing Programs.</p>	<p><b>Ventilator Care:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent management.</p> <p><b>Oxygen:</b> Breathing Apparatus: When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be documentation according to 10-144 Ch 113 Regulations Governing the Licensing and Functioning of Assisted Housing Programs.</p>	<p><b>Ventilator Care:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent management.</p> <p><b>Oxygen:</b> Not addressed in rules, staffing requirements do not support staffing needed for oxygen management however if individual can self-manage there is nothing preventing this.</p>	<p><b>For Levels I and II:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent or oxygen management.</p> <p><b>For Levels III and IV:</b> <b>Ventilator Care:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent management.</p> <p><b>Oxygen:</b> Breathing Apparatus: When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be according to 10-144 Ch 113 Regulations Governing the Licensing and</p>	<p><b>For Levels I and II:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent or oxygen management.</p> <p><b>For Levels III and IV:</b> <b>Ventilator Care:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent management.</p> <p><b>Oxygen:</b> Breathing Apparatus: When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be according to 10-144 Ch 113 Regulations Governing the Licensing and Functioning of Assisted Housing Programs.</p>	<p><b>For Levels I and II:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent or oxygen management.</p> <p><b>For Levels III and IV:</b> <b>Ventilator Care:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent management.</p> <p><b>Oxygen:</b> Breathing Apparatus: When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be according to 10-144 Ch 113 Regulations Governing the Licensing and Functioning of Assisted Housing Programs.</p>	<p><b>For Levels I and II:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent or oxygen management.</p> <p><b>For Levels III and IV:</b> <b>Ventilator Care:</b> Not addressed in rules, staffing requirements do not support staffing needed for vent management.</p> <p><b>Oxygen:</b> Breathing Apparatus: When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be according to 10-144 Ch 113 Regulations Governing the Licensing and Functioning of Assisted Housing Programs.</p>	<p><b>Medical Requirements for Members requiring Ventilator Care Services</b> Effective 7/1/15, if CMS approves, in order for a member to be medically eligible for Ventilator Care Services in a Nursing Facility, the Member must be ventilator dependent and may be admitted from the following locations:</p> <ul style="list-style-type: none"> <li>• An Intensive Care Unit if the Member is no longer in need of ICU level of care; or</li> <li>• An Acute Care Facility if the Member is clinically stable; or</li> <li>• From their residence if they are receiving ventilator support in the home and the conditions in the home environment are such that the Member may no longer be able to maintain a stable respiratory status.</li> </ul> <p>Additionally, the Member must:</p> <ul style="list-style-type: none"> <li>• Have current documentation from a physician certifying the medical necessity of ventilator support; and</li> <li>• Be unable to meet his/her respiratory needs via non-invasive ventilation (CPAP, BiPAP, etc.)</li> </ul> <p><b>Services for Members Requiring Ventilator Care</b> Effective 7/1/15, if CMS approves, Ventilator Care for Members requiring 24-hour ventilator care or requiring weaning from a ventilator, under the care of a respiratory therapist and a pulmonologist. In order to provide this care, at a minimum, the facility must supply their own ventilators, employ or contract with a pulmonologist or other health care professional trained in respiratory therapy available to meet</p>



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				Functioning of Assisted Housing Programs.				the member's needs, and have the staff required to meet the additional staffing needs of ventilator patients.
<b>Staffing Ratios</b>				<p><u>PNMI over 10 beds:</u> 1:12 from 7 am to 3 pm 1:18 from 3 pm to 11 pm 1:30 from 11 pm to 7 am</p> <p><u>PNMI under 10 beds:</u> Facilities with ten (10) or fewer beds are required to have, at a minimum, one (1) responsible adult who is at least eighteen (18) years of age, present at all times whenever residents are present</p>	<p><u>PNMI over 10 beds:</u> 1:12 from 7 am to 3 pm 1:18 from 3 pm to 11 pm 1:30 from 11 pm to 7 am</p> <p><u>PNMI under 10 beds:</u> Facilities with ten (10) or fewer beds are required to have, at a minimum, one (1) responsible adult who is at least eighteen (18) years of age, present at all times whenever residents are present</p>	<p><u>PNMI over 10 beds:</u> 1:12 from 7 am to 3 pm 1:18 from 3 pm to 11 pm 1:30 from 11 pm to 7 am</p> <p><u>PNMI under 10 beds:</u> Facilities with ten (10) or fewer beds are required to have, at a minimum, one (1) responsible adult who is at least eighteen (18) years of age, present at all times whenever residents are present</p>		<p>Full time DON</p> <p><u>Day Shift</u> RN 7 days/wk RN or LTN designated as Charge RN (20 beds or less charge RN can be DON) Additional RN for each 50 beds above 50 100+ beds require additional RN for each multiple of 100 beds One direct care staff for every 5 residents</p> <p><u>Evening Shift</u> RN 8 hrs each evening Additional RN for each 70 beds 100+ beds require additional RN One direct care provider for every 10 residents</p> <p><u>Night Shift</u> RN 8 hrs/night Additional RN for each 100 beds One direct care provider for every 15 residents *RN on call for all size facilities, presence of private duty nurses shall have no effect on the RN staff requirements *Nursing assistants in training shall not be counted in staffing ratios Multilevel facilities shall have staff assigned to each resident floor at all times when residents are present.</p>