

Managed Care Initiative  
Stakeholder Advisory Committee  
Report to DHHS Design Management Committee  
October 22, 2010

At its October 15<sup>th</sup> meeting, the Stakeholder Advisory Committee raised the key points and concerns listed below during its discussion of Populations and Services in relation to the proposed staging schedule dated October 12<sup>th</sup>. The majority of the discussion focused on populations, though services are necessarily intrinsic in this discussion.

#### POPULATIONS

- **Special Needs Children:** Acknowledged complexities in defining 'special needs children' and the critical importance of this definition to managed care. Some SAC members reported their engagement in other efforts/groups working on this, and offered to provide assistance to the DHHS internal specialized services committee as they grapple with defining this population.
- **Acquired Brain Injury:** Don't want to lose recently-achieved visibility and recognition of unique service needs of this population.
- **PCCM Exempt Populations:** Discouraged incorporation of PCCM population exemptions, as is. Need careful consideration of each before including them as exemptions from managed care.
- **Serious and Persistent Mental Illness:** Stakeholders strongly recommend that this population be included in the first RFP for several reasons: 1) separating or carving out this population reinforces the stigma that they need to be dealt with differently, outside of the 'normal' health care system; 2) removes the important opportunity for "in lieu of" services, such as peer support; and 3) sets up a major barrier in integrating health care and mental health care.
- **Children with Autism:** Because this population receives some services through the Dept. of Education, it is important to address how these services will be coordinated in managed care system.
- **Voluntary Populations:** Youths in transition (18-20 y.o.) would do better with an "opt out" option, as they may not respond effectively and take action to "opt in."

#### SERVICES

- Little detailed discussion was held around the two-year phase-in of services for the populations covered in the first RFP. It seemed to be the consensus that including most populations in year one and phasing in services over two years allowed the necessary time to build and implement an effective managed care system.
- How will non-MaineCare services (e.g. in-home support, vocational rehab) and fee-for-service services be coordinated with managed care services?

#### REQUEST FOR PROPOSALS

- RFP should be written to encourage use of existing local networks of health care providers and existing/ongoing efforts to integrate health care and behavioral health

care, as the managed care company builds its Network. A lot of work has been done re: continuity in local areas, building relationships and collaborations that work well and should be preserved. *Counterpoint*: Managed care's innovative approaches or quality control should not be hindered by this consideration.

- Contract award of first RFP should be for the maximum time allowed by regulations (5 years?).

#### OTHER/ONGOING

- How best to address service needs/continuity of care for people who may move in and out of MaineCare eligibility, e.g. Katie Beckett children, people in Spend Down.
- Need clear definitions of 1) short and long-term stays in PNMI and 2) routine v. non-routine Section 65 services.

Respectfully submitted,

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