

 <p><b>Department of Health and Human Services</b> <i>Maine People Living Safe, Healthy and Productive Lives</i></p> <p>Paul R. LePage, Governor      Mary C. Mayhew, Commissioner</p>	<p>PNMI Appendix B (Substance Abuse) Stakeholder Group Meeting Minutes 5/1/2012</p>
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Attendance

Bonnie Smith, DHHS, Deputy Commissioner for Programs  
 Carolee Lindsay, Catholic Charities/MASAP  
 Emilie van Eeghen, HealthReach Network/MASAP  
 Guy Cousins, DHHS, Office of Substance Abuse

Jennifer Ouellette, York County Shelters, Inc.  
 Kristen Jiorle, DHHS, Office of Substance Abuse  
 Patty Dushuttle, DHHS, MaineCare Policy Director  
 Peggie Lawrence, DHHS, Committee Staff

Agenda	Discussion	Resolution/Next Steps
DHHS Update	A meeting has been scheduled for DHHS with CMS on 5/31/2012. The agenda will be for DHHS to present to CMS the draft proposals from each Appendix group for restructuring the reimbursement plans for PNMI's.	
CMS Composite Rate Call 4/17/2012	<p>A composite rate was defined by CMS as a bundled rate with very clearly defined components. A composite rate combining separate services may be achieved providing there is adequate documentation that the services are delivered and that the provider is identified. There has not yet been a clear definition of the required documentation by CMS, leaving the responsibility for providing adequate documentation with the provider; however it has been made clear by CMS that clear, documented evidence that the services have been provided and provided by properly qualified caregivers is the priority. As the rules are written for composite rates, composite rates will need to be iterated.</p> <p>As part of treatment, actual experience looking for housing or participating in job interviews would need to be part of the care continuum. Most of the services in the proposal could be covered in an approved iSPA by June 2013.</p> <p>Job skills, skill building and job development need to be tied to the definitions by CMS in the state plan ; there are income eligibility guidelines in an iSPA; and there is a definition of habilitative services rather than rehabilitative and the need for medical necessity are defined.</p>	

	Some of the services identified in the model can be covered under the state plan; some others would be covered by an iSPA. Individuals would need independent assessments for services covered by different funding streams.	
Review of Stakeholder Draft Proposal	The group discussed an approach to building a model based on targeted outcomes - a draft proposal (found on the website) outlined outcomes expected and services needed to achieve the outcomes, built on the ASAM definition.	
Next Steps	<p>DHHS will bring the model to an internal study group to analyze what our steps must be; determine whether a state plan, iSPA or whatever model is needed; present the proposal to CMS; then back to DHHS for the work to be completed. A full group will be convened as needed; website will be utilized to share the data.</p> <p>This group wants to spend more time finalizing the proposal and vetting it with other stakeholders. DHHS directed them to meet offline and build their final draft; it is needed by Monday 5/14.</p>	