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Agenda	Discussion	Next Steps
<p><b>Update on DHHS Activities Since Initial Meeting:</b></p> <ul style="list-style-type: none"> <li>• <b>IMD Analysis Extension Request</b></li> <li>• <b>Reimbursement Discussion with CMS</b></li> </ul>	<p>In response to a CMS request in August 2011, DHHS conducted a provider survey last fall, to gather information about facilities that may qualify as “institutions for mental disease”. DHHS requested and was granted an extension of the CMS initial deadline, and analysis continued. As DHHS has identified services delivered in scattered sites, the need for more time to complete the analysis has become clear. DHHS has requested another extension (copy of letter attached).</p> <p>CMS asked for more information on “bundled” rates in December 2011. This type of rates is not necessarily <i>not</i> permissible, but CMS is concerned that Maine complete detailed documentation that services were delivered and there is a provider contract in place. The response to CMS was due last week. DHHS reported many services will be unbundled so we can show specific units and rates; we will also continue to work with CMS on iSPAs. CMS also proposed approving a “composite” rate for segments of service, which will be discussed in a conference call this week with CMS.</p>	<p><b>ACTION: DHHS</b>          The conference call with CMS is on Thursday; DHHS will follow up with the group following the call.</p>

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	<p>The final model has the potential to be only slightly different from the current model, for this Appendix. Some components would be included under Maine’s State Plan, and some would be more specific and included in an iSPA.</p>	
<p><b>Provider Agreement Option</b></p>	<p>CMS has provided guidance (attached) on the requirements for reimbursement for bundled rates. CMS wants a level of detail for services delivered that includes units of service (numbers of hours) and specific services delivered (meal delivery, personal care assistance). Of concern is CMS’s stated intention of resolving claims with a cost settlement at the end of the billing year.</p>	<p>This issue will be discussed further in this week’s conference call with CMS.</p>
<p><b>Definition Requested: the difference between an iSPA and a state plan.</b></p>	<p>The state plan is the document that each state has with CMS that serves as a contract dictating the services that will be delivered and matched for. Certain services under the state plan are mandatory (physician services, inpatient and outpatient services for example). Then there are optional services that states can choose to deliver. Most states do choose to provide some optional services under their state plans, such as personal care, prescription drugs.</p> <p>Occasionally states want to deliver home and/or community-based services that require a waiver from the state plan. The 1915c HCBS is a way for states to add HCBS services to individuals who otherwise would require institutional placement, if they can prove it can be done economically.</p> <p>Another category of reimbursement falls under the “1915 i” part of the state plan that allows provision of some HCB under the state plan without a waiver. This is intended for individuals who fall just below the institutional level of care threshold. Nursing, ICF/MR or hospital services- individuals just below needing these cares. There is no waiver for an adult in a psychiatric hospital.</p>	

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<b>Community Forum Data and Coverage of Services</b>	<p>Patty Dushuttle has color coded the PNMI components identified in the Fall Forums (draft attached) to indicate which services are covered by state plan, iSPA, not coverable or may be covered.</p> <p>Services that Patty has identified as state plan-coverable can be brought into various portions of the Maine state plan. 24-hour supervision is one service that will probably not be covered by anything but an iSPA. "Habilitative" services cannot be covered under a State Plan.</p>	
<b>NEXT STEPS</b>	Using the color coded list of services, the group was asked to draft a model to be discussed at the next meeting. Summary - Carolee did a summary of services under various levels that align with the ASAM.	