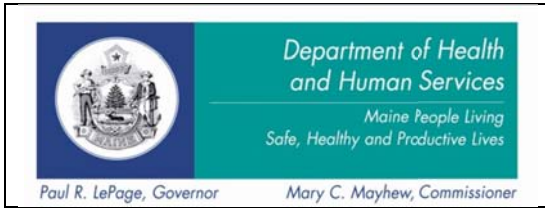

PNMI Appendix C Stakeholder Group
March 8, 2012
Minutes

Committee Members in Attendance:

Bonnie Smith, DHHS Deputy Commissioner for Programs
Brenda Gallant, Maine Long Term Care Ombudsman
Craig Nelson, Leading Age Maine/New Hampshire
Elizabeth Gattine, DHHS, Office of Elder Services
Kelley Kash, Maine Veterans' Homes
Leo Delicata, Legal Services for the Elderly
Leo Delicata, Legal Services for the Elderly
Mike Tyler, Sandy River
Patty Dushuttle, DHHS MaineCare Policy Director
Rick Erb, Maine Health Care Association
Ricker Hamilton, DHHS Office of Elder Services
Romaine Turyn, DHHS, Office of Elder Services

Agenda	Discussion	Next Steps
IMD Analysis	Patty informed the group that DHHS will request a six-month extension for the IMD analysis, which is currently due to CMS on May 7, 2012. The analysis will take longer than expected due to the need for continued scattered site analysis and also the need for a resident level analysis (PASAAR-like) for some of the Appendix C facilities where more than 50% of their residents have mental health diagnoses. The resident level analysis will require a clinical team to review case records and plan at facilities.	Letter will be finalized and sent to CMS. Patty will update CMS response at the next meeting.
Agenda Adjustment	Although DHHS had invited CMS to participate in this meeting by conference call, CMS declined at this time.	
CMS Conference call on Homelike settings	Patty updated the group on the request for further CMS guidance on requirements for homelike settings and whether multi-level settings will be allowed in any model going forward. CMS declined to be part of a call-in with the Appendix C Stakeholder group, but did commit to getting further guidance from Central Office Legal Team as soon as possible. CMS guidance thus far has partially answered the questions on requirements for homelike settings; responding that HCBS Technical Guide Version 3.5 is the current requirement, and that the State will be held to this requirement for any HCBS waiver or I-SPA applications. CMS has stated it will NOT hold the State to this threshold for traditional state plan services, such as personal care under the state plan. The question on allowing multilevel settings is still unanswered.	CMS will provide written guidance, which will be shared with the Stakeholder group.

Agenda	Discussion	Next Steps
CMS Conference Call on Bundled Rates	Patty reported to the group that a conference call on Bundled Rates is scheduled for March 9. The group discussed the guidance received from CMS on bundled rates, and found the requirements to be potentially viable. More guidance is required on documentation.	DHHS will conduct this conference call and report back to the group at the next meeting.
Report back on Conversion Barriers	Rick Erb reported back to the group that he conducted informal assessment with his members, and found more beds in these facilities potentially qualified for conversion to NF level than originally anticipated. He believes there are approximately 1000 beds in PNMI facilities that would meet federal requirements for conversion to a NF. Most facilities that would not meet the requirements would fail due to Fire Marshall requirements. Phyllis Powell reported that her staff are also assessing PNMI/NF conversion, and she will continue to work with Rick to assess the number of beds that might potentially be converted to NF level.	Rick and Phyllis will report back to the group on their analysis.
Discussion of Personal Care Homes	The group discussed a potential model of reimbursing some PNMI Appendix C facilities as "Personal Care Homes." This model would require removal of all reference to "PNMI" and would pay a bundled rate for personal care services received by residents in the setting, perhaps on a per diem basis. Any other services would need to be removed from the current case mix payment, and Informed Consent would be required for residents to indicate that they choose to receive any other services from the facility (such as nursing, medication administration, PT, OT,). This model would require the facility to enroll separately to provide each of these unbundled service components. The group also discussed adding to rule and regulations specific thresholds or minimum requirements for each level of persona l care delivered.	Patty will discuss with CMS whether a per diem bundled rate for personal care would be approvable.
Next steps	Committee members discussed involving Maine's congressional delegation in the PNMI restructure. Patty suggested the Department and Stakeholder group continue the work that has been underway with CMS and give that a chance.	
PNMI Corrective Action Plan	The Corrective Action Plan has been submitted and can be found on the PNMI website under "Other Stakeholder Study Materials". http://www.maine.gov/dhhs/oms/provider/pnmi/appendix-c.shtml	