



PNMI Appendix D (Children’s Residential Care)
 Stakeholder Group Meeting
 Minutes 5/3/2012

Attendance:

Bonnie Smith, DHHS Deputy Commissioner for Programs
 Christa Elwell, DHHS, Child & Family Services
 Cindy Fagan, Behavioral Health Community Collaborative
 Dean Bailey, Sweetser
 Helen Bailey, Maine Disability Rights Center
 Joan Smyrski, DHHS, Child & Family Services
 Judiann Smith, Spurwink

Kane Loukas, Behavioral Health Collaborative
 Patty Dushuttle, DHHS, MaineCare Policy Director
 Paul Dann, MAMHS
 Peggie Lawrence, DHHS, Committee Staff
 Stephanie Barrett, DHHS, Child & Family Services
 Tamara Player, Aroostook Mental Health

Agenda	Discussion	Outcome/Next Steps
<p>CMS Conference Call on Composite Rates</p>	<p>CMS conducted a conference call with DHHS last week to discuss the definition of composite rates. The CMS definition appears to be a very specific bundled rate, with complete documentation that services were provided; provided by qualified caregivers; and including rates comparable to community-based services.</p> <p>CMS gave Maine a brief, 30 minute opportunity to ask previously-submitted questions and get clarification of composite rates. Documenting that each unit of services was provided, and documenting that the provider is comparable to a provider that would have served the individual in a community-based setting were stressed by CMS as a very high priority.</p> <p>The Department intends to recommend to CMS a structure that places the least amount of administrative burden on the provider.</p> <p>CMS will require composite rates to be strictly and clearly defined. “Band” rates may be identified, to include various levels of care and services.</p>	

Agenda	Discussion	Outcome/Next Steps
IMD Analysis Extension	<p>CMS has granted DHHS an extension of the IMD analysis till November 2012. DHHS has several checkpoints to meet with CMS over the next few months which will enable DHHS to access technical support as the work is ongoing.</p> <p>As the analysis moves forward, if a facility appears to be fitting the IMD definition, DHHS will begin working with them on transition as soon as that becomes known. The Department's intent is to give providers and facilities as much notice as possible if an IMD status looks imminent.</p> <p>Cindy Fagan brought up an issue of how the guidelines are interpreted and how facilities meet the definition of IMDs. It does not apply to all populations, but for agencies treating under 16 or over 65, there are other funding sources.</p> <p>The DHHS will ask for guidance from CMS as to how they wish the State to report the results of the IMD analysis Appendix by Appendix.</p>	<p>Patty will propose bi-weekly conference calls with CMS Boston and monthly calls with CMS Baltimore as the IMD analysis is conducted.</p>
5/31 Meeting with CMS	<p>DHHS is meeting with the CMS Boston officials on the 31st to present a compilation of recommended proposals that have been brought forward by the seven Stakeholder groups.</p> <p>Multi-level facilities and "scattered" sites will be on the DHHS agenda for the 5/31 meeting, as DHHS receives technical assistance and guidance from CMS and presents proposals formulated from the Appendix groups.</p>	
Appendix D Children's Residential Care - Proposal	<p>This Appendix D group agreed on moving away from bundled rates. As residential care is part of an array of services, this group wanted to think about the best model of care, with best practices. The group reviewed the fall forum list and created a draft list of services with justification, provider qualifications and requirements.</p> <p><i>Clarification:</i> The state can, in a state plan, define provider qualifications to some extent</p>	
Next Steps	<p>A draft iSPA is expected July 2012.</p>	