Department of Health and Human Services Maine People Living Safe, Healthy and Productive Lives Paul R. LePage, Governor Mary C. Mayhew, Commissioner	DHHS PNMI Appendix D Children's Residential Services Stakeholder Meeting Minutes 2/29/2012

In attendance (full Committee membership):

Bonnie Smith, DHHS Deputy Commissioner for Programs
Patty Dushuttle, DHHS MaineCare Policy Director
Paul Dann, North American Family Institute/MAMHS
Dean Bailey, Sweetser
Joan Smyrski, DHHS, Office of Child & Family Services
Christa Elwell, DHHS, Office of Child & Family Services
Stephanie Barrett, DHHS, Office of Child & Family Services
Dawn Stiles, Spurwink Services
Katrina Ringrose, Disability Rights Center of Maine
Tamara Player, Aroostook Mental Health
Ginny Gentile, Behavioral Health Collaborative
Cindy Fagan, Southern Maine Collaborative/ Sweetser
Therese Cahill-Low, Director, DHHS Office of Child & Family Services

Agenda	Discussion	Next Steps
Introduction	Committee members were asked to share information from meetings with colleagues and stakeholders and be the conduit of information to and from non-members of the Stakeholder group. The PNMI website (http://www.maine.gov/dhhs/oms/provider/pnmi.html) is under a continual state of updating as the PNMI meetings are held and information from them is generated.	
History and Purpose	Under Federal Medicaid rules, an approved State Plan governs the type of services for which MaineCare can reimburse providers. When Maine implemented the new claims management system, a number of State Plan Amendments were submitted, resulting in new discussions between DHHS and CMS (the federal Centers of Medicaid and Medicare Services) regarding reimbursement issues, bundling services, consumer choice, medical necessity of services provided, appropriate level of care, unnecessary costs and service delivery settings. Given these conversations and current state budget proposals, DHHS must re-evaluate the PNMI reimbursement model and restructure it in a way that will be subject to approval by CMS and also by the Department of Justice in light of the so-called "Olmstead Decision" (http://www.ada.gov/olmstead/index.htm). CMS wishes that services be delivered based on an assessment of need, by willing, qualified providers and that members have a choice at every level to select the provider of their choice.	

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	CMS concerns pertaining to reimbursement are that bundled services are being reimbursed at per diem rates; CMS needs to be sure those services are delivered and documented and the bundled rate is appropriate, and that room and board is not factored into the per diem, as it is not reimbursable. CMS further wishes to confirm that services in PNMIs are not institutional in nature and are the least restrictive as possible. This group's task is to construct a model to deliver services needed to individuals. DHHS is leading and working with stakeholders to identify the essential needs of members/clients. Providers will need to utilize other funding sources besides MaineCare reimbursement in order to deliver the necessary services not covered by CMS. Committee members were encouraged to be creative in their consideration of other ideas and options - all suggestions will be considered.	
Timeframes given and timeframes assumed	DHHS is expected to report back to CMS on their inquiries about IMDs in May. CMS expects DHHS to report back in March on the bundled rates question; what bundled rates DHHS is paying for and what the corrective action plan is in response to their concerns. CMS has not set a deadline by which Maine must present a revised PNMI reimbursement model, but they have stated their concerns and expectations that Maine change its practices. Indications from CMS are that they are allowing Maine to begin the work, demonstrate that Maine is being responsive and continually update CMS on our progress in actively seeking a plan. DHHS has decided to work collaboratively with stakeholders to restructure the PNMI reimbursement model to make it fit for approval by CMS.	
CMS 12/23 letter	CMS addressed concerns about bundled payments from the Regional office in a letter to DHHS Commissioner Mary Mayhew in December 2012 (found here: http://www.maine.gov/dhhs/oms/provider/pnmi/appendix-d-childrens.shtml)	
Options	Other states' SPAs, waivers and models are being extensively researched (find an array of other states' data DHHS has gathered on the PNMI website). Unbundling services and billing to other potentially reimbursable sections of MaineCare is an option. The PRTF model may possibly reimburse for services to children who would otherwise be in an IMD. Maine is also	

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	considering an iSPA and HCB waivers for children who require an institutional setting Regardless of which next steps Maine takes, continued work with CMS to ensure our PNMI system is consistent with other states and CMS guidelines will take place.	
Next steps	The Appendix D Children's Residential Services Stakeholder group was asked to review the Fall Forum list of services and return to the next meeting prepared to discuss components of a restructured model. Stakeholders may submit other agenda items to committee staff at peggie.d.lawrence@maine.gov.	Joan Smyrski will work with Georgetown University and the National Association of Mental Health Program Directors to compile a state-by-state comparison of models of care, services provided and funding sources utilized.