Attendance (Full Committee membership present):

Bonnie Smith, DHHS Deputy Commissioner for Programs
Brenda Leavitt, Opportunity Housing, Inc.
Carlton Lewis, DHHS, Adult Mental Health
Jen Ouellette, York County Shelters
Ginny Gentile, (via phone) Opportunity Alliance
Guy Cousins, DHHS, Adult Mental Health and Substance Abuse Services
Joan Detel, Maine Association of Mental Health Services
Kristen Fortier, DHHS, Adult Mental Health
Mary Haynes-Rodgers, Shalom
Patty Dushuttle, MaineCare Services Policy Director
Peggie Lawrence, DHHS, Committee Staff
Sharon Arsenault, DHHS, Adult Mental Health
Sheldon Wheeler, DHHS, Adult Mental Health
Simonne Maline, Consumer Council of Maine

Agenda	Discussion	Action Needed/Next Steps
Introductions	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.	
Overview	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 regarding reimbursement issues, bundling services, consumer choice, medical necessity of services provided, appropriate level of care, unnecessary costs and service delivery settings. For Appendix E PNMIs CMS questioned whether PNMIs fit the description of IMDs (institutions for mental disease). At this time, DHHS is working with stakeholders to restructure the PNMI reimbursement model for approval by CMS.	**Action**: (Committee staff) - will post the August CMS letter regarding IMDs.

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Overview (continued)	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.	
IMD Analysis	In September, DHHS did an analysis, including phone interviews with providers to gather information, and informed CMS more time was needed to study the data and form a response. DHHS will use program staff to review utilization, licensing guidelines, and other CMS questions. The Department's response is expected 5/7/2012.	Action: (DHHS) - will update the status of this issue at future meetings.
Review of fall forum data	The Committee reviewed a copy of the findings from the fall forums held statewide in November 2011 (found on the website under "Materials from the Regional PNMI Forums", "Stakeholder Input"). At these Forums, participants put together a list of every service needed to support individuals in adult mental health PNMIs. This list is used as a basis for discussion as the group considers which services should become part of a restructured PNMI model; which are essential to the individual, and which are reimbursable. Stakeholders noted that more of the services than not, on this list, are provided by agencies but are not federally reimbursable	
Review of Options	A discussion-draft list of immediate and long term options was prepared by Department staff to be used as a starting point for discussion. Options include billing services through other sections of MaineCare where applicable and writing a 1915 (i)SPA. Discussion cautioned that the system has made a commitment to many members that they would be able to age in one place, and a new model must include provisions to keep that promise.	

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	The two major options - include appropriate services into the state plan, OR look at a new flexible funding source referred to in an (i) SPA - were discussed. The latter may help with habilitative (living) services. There is no waiver for a population 18-65 if the individual does not otherwise need to be in a psychiatric facility. The home and community based care (HCB) waiver is only allowed for things CMS already funds - ICFMR, NF, etc. Unbundle some services risks leaving a lot of services unpaid-for. The (i) SPA option may give a little more flexibility.	
Questions/Answers/Discussion	**Q:** How long can we continue to function with the current PNMI reimbursement model? **A:** It is uncertain. Discussion about and work being done to restructure the PNMI reimbursement model has been ongoing for many months. The August CMS letter made a tangible statement that some PNMI facilities may meet the regulatory definition for IMDs, and therefore would be excluded from Medicaid coverage. The Department does not intend to wait for CMS to set a deadline by which PNMI reimbursement practices must be changed; instead, the Department is currently reviewing options and beginning to reduce risks by making what changes can be made incrementally, in order to continue to provide essential services to members and make provider reimbursement possible. The state also needs to demonstrate to CMS that we are taking action. It is understood by both sides that a reform of the system will take time. The state of North Carolina has a 10 year plan to revise their reimbursement system. **Q:** Any analysis on how other states have been caring for this population? **A:** Committee staff are gathering information from other states, which will be posted to the PNMI website as it is obtained. States that are affected by CMS' position are now beginning to learn from each other.	**Action:** (Committee staff) - North Carolina data will be posted on PNMI website. **Action**: (Mary) Will send the Oregon 1959 SPA information to Patty (Joan) Will send Louisiana information to Patty

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	We have much of North Carolina's material; Washington is now learning from Maine. **Comment:** The population we are serving has a variety of needs and level-of-service needs. Is there intent to figure those different needs into any (i) SPA or other option pursued? Is there a group that DHHS sees as a priority? Some of the population is receiving court-mandated services. Federal reimbursement of services currently is for treatment ordered by a judge in court in consideration of public safety. A: It is agreed that oversimplifying or trying to make a one-size-fits-all solution would be a problem. Individuals with severe and persistent mental illness do rise as a priority. As the system is defined, so will the populations be who are being serviced.	**Action**: (Committee staff) - List of all the services covered under (i) SPA, NF, to next meeting.
Wrap-up	This Stakeholder group, both DHHS staff and community partners were tasked with sharing as much information gathered from other states' experience as possible. All study materials are posted to the PNMI website. An action-oriented agenda for the next meeting will be developed by staff with Stakeholder input.	