

Attendance:

Bonnie Smith, DHHS Deputy Commissioner for Programs
 Brenda Leavitt, OHI
 Guy Cousins, Director, DHHS Adult Mental Health & Substance Abuse Services
 Helen Bailey, Disability Rights Center of Maine
 Jennifer Ouellette, York County Shelters, Inc.
 Joan Detel, MAMHS
 Mary Haynes-Rodgers, Shalom House Inc.
 Michael Abbatiello, Maine Mental Health Partners
 Patty Dushuttle, DHHS, MaineCare Policy Director
 Peggie Lawrence, DHHS Committee Staff

Sharon Arsenault, DHHS, Adult Mental Health Services
 Sheldon Wheeler, DHHS, Adult Mental Health Services
 Patty Dushuttle, DHHS, MaineCare Policy Director
 Simonne Maline, Consumer Council of Maine
 Kristen Fortier, DHHS

Other members not present:

Carlton Lewis, DHHS
 Dan Wathen, Court Master
 Ginny Gentile, Behavioral Health Collaborative

Agenda	Discussion	Next Steps/Resolution
<p>DHHS Updates</p>	<p>DHHS requested an extension of the CMS deadline for Maine’s IMD analysis, and has received approval for the extension until November 7. DHHS requested this in order to complete the resident level assessments in Appendix C facilities. There will be timelines set by CMS, and scheduled status updates with CMS. DHHS has received confirmation of the approval and it is posted at the PNMI website.</p> <p>DHHS will be meeting with CMS in Boston on 5/31 to present all the options provided by all the PNMI Stakeholder Groups. The objective of the meeting is to discuss proposals with CMS, get approval to go forward with SPAs, iSPAs and amendments and get early guidance and technical assistance.</p> <p>A conference call is scheduled for tomorrow to discuss CMS’ definition of “composite rates”. A Provider Advisory Council will be convened once DHHS has begun the internal work on any models providers present. This Council will be comprised of all the members of all seven Stakeholder groups</p>	<p>Patty: Will post updates on the composite rate call on the</p>

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	and will be convened on an as-needed basis to share information, collaborate over work and discuss barriers as they arise. No meeting schedule has been set as of this date.	PNMI website.
Scattered Site Data Analysis Update	In the 2 nd phase of the scattered site analysis, staff have been confirming and analyzing the data that has been gathered. The primary goal is to show CMS that scattered sites are working independently; they are not working as one large facility.	
Concerns	This group has not done work offline as a group to identify essential services or draft a proposed model, expressed concerns about this being the final meeting for this group at this phase, and requested additional meetings. The Department response is that the group will have continued opportunity to provide input at Provider Advisory Council Meetings, as well as through communications to DHHS via phone, email, and web portal. Committee members were encouraged to remain in contact with DHHS.	
Discussion of Proposed models	<p>Committee discussed how potential models would apply to different segments of population and service groups.</p> <p>Helen Bailey described a model based on creating different levels of service within a PNMI as a potential model for moving an individual through a “system” of care. Brenda described a model using an ANSA assessment. DHHS agreed we need to outline a better system for submitting information and setting expectations for the providers.</p> <p>An iSPA and unbundling of services look like the most viable options for this Appendix group.</p>	<p>DHHS: Will check with CMS on details for timelines for serving people through an iSPA.</p>
Review of services by coverage	<p>Patty shared again the list of services from the Fall Forums, color coded by funding source. A second chart (both posted at the website) represents a summary of the services from the color coded chart by Appendix that could be covered by an iSPA. In Patty’s model, services currently covered in the state plan, but which CMS has questioned as “habilitative” rather than “rehabilitative” are represented. Patty believes the iSPA would cover those services fitting that definition.</p> <p>Committee members discussed definitions of terms such as “skills development”, “community integration”, “case management” and “partial hospitalization” at length. There was group acknowledgement of the difference in definition of these terms by CMS and by the committee members themselves. Patty directed the group to several pieces of data in the “Citations” list on the website which state CMS’ definition of the terms in question. *Post meeting note* Federal definitions will be used for the purpose of future formation of iSPAs, state plan amendments, waivers or any other model development.</p>	<p>Patty: Will send the HCBS Waiver definition of community integration.</p>

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	The group discussed the importance of planning and looking for opportunities for recovery as well as for treatment for this Appendix group.	
Next Steps	Committee suggestions for the Department’s work going forward included the following: <ul style="list-style-type: none"> • Consensus is needed on a core group of services • Value based purchasing must feature in future deliberations • Concerns expressed about APS conducting the resident level assessment; one-on-one, in-person assessments were suggested rather than a paper-only assessment. 	
Post-meeting	Patty Dushuttle requested, in a post-meeting email, that Committee members who discussed potential models in this meeting forward to her their suggestions in writing, as a supplement to the minutes as well as for the Department’s consideration as work moves forward.	