



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

**PNMI Appendix F (Cognitive and Non-case mix)
Stakeholder Group
Minutes 5/2/2012**

Attendance:

Bonnie Smith, DHHS, Deputy Commissioner for Programs
Gary Wolcott, DHHS, Adult Cognitive and Physical Disability Services
Ginny Gentile, Behavioral Health Collaborative
Guy Cousins, Substance Abuse and Adult Mental Health Services
Heidi Mansir, Uplift, Inc.
Jack Comart, Maine Equal Justice Partners
Jim Martin, DHHS, Elder Services

Patty Dushuttle, DHHS, MaineCare Policy Director
Peggie Lawrence, DHHS, Committee Staff
Rick Mooers, DHHS, Elder Services
Ricker Hamilton, DHHS, Elder Services and Adult Cognitive and
Physical Disability Services
Simone Maline, Consumer Council of Maine

Agenda	Discussion	Resolution/Next Steps
DHHS Update - Composite rates	<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>Multiple services and rates may be allowed in a composite rate, rates would need to be supported by rules supported by an audit process. The audit process would focus on records of actual services provided.</p> <p>Documenting that the services were provided, and documenting that the provider meets the same provider standards required of state plan services providers were stressed by CMS.</p> <p>The Department intends to recommend to CMS a structure that places the least amount of administrative burden on the provider.</p>	

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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.</p> <p>Additional assessment using the PASRR tool of individuals in Appendix C facilities will help in the IMD analysis.</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>
DHHS meeting in Boston	<p>On 5/31, DHHS will be meeting with CMS in Boston. The agenda for this meeting will be for DHHS to bring draft models, based on Stakeholder input, to CMS for guidance and approval. Following that meeting, a PNMI Advisory Group will be formed with members from all Appendixes - meetings of this group will be called on an as-needed basis. A timeline of work and all work products will be posted on the website http://www.maine.gov/dhhs/oms/provider/pnmi.html</p> <p>DHHS will use the corrective action plan, the providers' input and timelines to create a presentation to CMS. The proposal, and CMS' feedback, will be shared on the website.</p>	
Potential iSPA Services	<p>Patty has created a grid that would illustrate which services could be grouped together under an iSPA. The group discussed the services identified in the fall forums and current funding sources of them. The group also discussed the various types of assessments for individuals that are currently done.</p> <p><i>Question:</i> How many individuals in Appendix F under Developmental Services are on the Section 21 or 29 waiver?</p> <p><i>Clarification:</i> There are 210 ID PNMI beds; Jim will get the information of how many of those are on the waivers to Heidi and the group.</p>	

Agenda	Discussion	Resolution/Next Steps
	<p>The group spent time in discussion of the face-to-face assessments and planning meetings and combining the Goold assessment and the PASSR screening. Gary explained how an individual becomes eligible for PNMI through a brain injury assessment tool done by a licensed screener. Financial eligibility thresholds will also be considered in assessments.</p> <p>Patty explained the disallowance of wait lists under the iSPA waiver. Eligibility of an individual for multiple waivers was discussed. CMS has concerns about duplication of services and cost neutrality when individuals are on more than one waiver.</p>	
	<p>Lowering the threshold for nursing eligibility could broaden the availability of funding sources including PACE and HCB waivers. Personal Care Homes, iSPA, HCB Waivers and PACE options are all being looked at for Appendix C and could be options for this group as well. Some Appendix F individuals need nursing care, some need ICF and some need neither. Lowering the NF eligibility to make Appendix F individual eligible does not seem a viable option for many Appendix F individuals.</p> <p>1915 iSPA has not been ruled out for consideration for this group; X gave an explanation of how an individual's needs can be met and the scenarios for covering the cost of services for people in varying financial states.</p> <p><i>Recommendation:</i> Individuals not eligible for MaineCare must be given a choice of services, costs and funding, and it should be done at the time of assessment. Feedback in other groups shows that individuals would make better choices for levels of care if they are fully informed at the time they enter into care.</p>	
Next Meeting	Group was asked to bring a proposal for DHHS to use at the 5/31/2012 CMS meeting.	