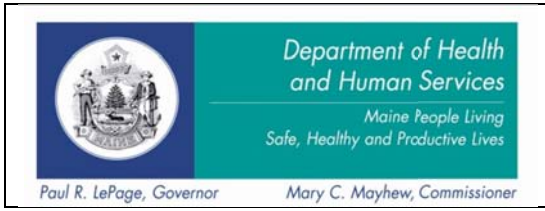

PNMI Appendix F Stakeholder Group
February 23, 2012
Minutes

Committee Members Present (not a full membership present):

Simone Maline, Consumer Council of Maine
Ginny Gentile, Behavioral Health Collaborative
Gary Wolcott, DHHS, Office of Adult Cognitive and Physical Disability Services
Patty Dushuttle, DHHS, MaineCare Policy Director

Other Committee members include:

Matt Hickey, Goodwill
Dick Brown, Charlotte White Center
DHHS Staff as assigned

NOTE: Due to administrative scheduling errors, this was not a full committee meeting. Initial meeting materials will be distributed to all members, and all members will have an opportunity to address issues from the first agenda at the second committee meeting.

Agenda	Discussion	Next Steps
Introductions/Reason for Meeting	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 at: (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.	
Reason for Meeting	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. For Appendix F PNMIs (private, non-medical institutions) the Olmstead decision (posted at the website) will have a bearing on CMS	

Agenda	Discussion	Next Steps
	reimbursement for services in home and community based settings. At this time, DHHS is working with stakeholders to restructure the PNMI reimbursement model to make it fit for approval by CMS.	
Charge and timeline	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. A timeline has not been set by CMS, but it has been made clear that they are keeping abreast of Maine's efforts to re-evaluate and revise the current reimbursement model, and they will expect concrete steps to be taken. Given CMS' lenience with Maine to this point, it is incumbent on us to continue moving forward so that we are prepared to implement a new model once we are given a firm deadline. This group agreed that going forward, essential services must be identified prior to determining the funding source for reimbursing them. The state has created this opportunity for stakeholder and government to work together to determine what they are.	
Bundled vs. unbundled	The group noted a national trend to protect the bundled rate is in conflict with the CMS stated intent that states unbundle, or clearly define and document bundled, services. There has been acceptance of some bundled rates for "evidence-based" practices (usually in the behavioral health services area). Bundled rates have to be proven economic and efficient to deliver services in that way. The level of documentation required to show this is high - it's possible to get bundled rates approved but there will be a cost to the state in terms of administrative burden for department and providers. Whether this is in conflict with the Olmstead decision needs further review. Regardless, the state must develop a model that meets CMS standards and Olmstead model requirements.	
Community Forums Input	In reviewing the Fall Forum data, the group clarified that PNMI Appendix F includes services for adults with cognitive disabilities and brain injury and adults in protective custody.	

Agenda	Discussion	Next Steps
	The fall forum list must be reviewed with an eye toward what can be reimbursed by Medicaid, and what can be covered by providers utilizing other funding sources. As the state considers a revised reimbursement model, it is faced with the challenge of knowing some currently-reimbursed services will no longer be covered.	
Options	The Options document for this group contains a numerical transposition error - the 320 served should be 230.	
	Next steps: The full membership will receive notes and study materials from this meeting and discussion will continue next month.	