



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

PNMI Appendix B (Substance Abuse) Stakeholder Meeting

Minutes

2/1/2012

Full Committee Present:

- Bonnie Smith, Deputy Commissioner for Programs, DHHS
- Patty Dushuttle, Director of Division of Policy, DHHS Office of MaineCare Services
- Guy Cousins, Director, Office of Substance Abuse and Acting Director, Office of Adult Mental Health Services
- Kristen Jiorle, Treatment Team Manager, Office of Substance Abuse Services
- Carolee Lindsay, Catholic Charities Maine
- Don Gean, York County Shelters
- Emilie Van Eeghen, MaineGeneral

Agenda Item	Discussion	Next Steps/Recommendations
Welcome/Introductions		
Review of Community Forum Data	<p>At the 2011 fall public PNMI forums, participants were asked to create a list of services they deemed essential in a PNMI model. These lists were compiled and today's group reviewed the resulting document, as a basis for discussion of this group's deemed essential services in a PNMI model.</p> <p>It was noted that the fall forums were heavily attended by representatives of mental health treatment programs who significantly outnumbered substance abuse providers. It was further noted that the service categories that were identified were not necessarily categorized by level of need. Further review based upon need might identify links between some of the identified service components.</p> <p>Part of the Department's review and re-assessment of the PNMI reimbursement system is driven by direction from the US Centers for Medicare and Medicaid Services (CMS). CMS wants bundled services to be separated and for states to reimburse on a fee-for-service basis. Providers will need to identify priority services to reach consensus on a new PNMI model, but some components will likely be excluded from federal reimbursement based on the CMS direction.</p> <p>The list created in the fall forum is a large, comprehensive compilation of many services and several levels of services. Although some services may</p>	<p>Recommendation: The group discussed the language used to describe treatment levels and even the term "PNMI" might be changed to better reflect the change in the delivery system model.</p> <p>Next: ASAM Level 3 criteria will be distributed and posted.</p>

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	<p>not be MaineCare-reimbursable, agencies could still decide to provide non-CMS-reimbursable services.</p> <p>In looking to narrow the range of services in a revised PNMI model, the ASAM Level 3 Treatment model, based on recovery as an outcome, was discussed in this group. A model based on recovery allows the system to move people through treatment rather than having people existing in a treatment-habilitation environment.</p>	
Drivers in developing the best model	<p>The group was reminded we are working together to develop the best model for Appendix B PNMI, not just a model based on what CMS will approve for reimbursement.</p> <p>Terminology used when describing services becomes important in developing the model. The State Plan uses the word “habilitation” or “habilitative” services, which as defined, are not reimbursable under the state plan. If services are re-habilitative, they can be approved for coverage under the state plan. “Habilitative” services are described as teaching something never known before - “RE-habilitative” brings a person back to a level they have been before. The treatment population in the past 10 years has changed and that affects whether they are in need of habilitative or rehabilitative services. Younger populations who have never lived independently and are in treatment for addiction will also need independent living skills and other services, which may be termed “habilitative”. Older adults being treated for dependency are presumed returning to a previous level, and their treatment might more easily be categorized as re-habilitative. Relapse prevention skills could be classed as habilitative or re-habilitative, based on the individual.</p>	
Person’s choice	The ASAM Level 3 model is a package of treatments, bundled services. It could be detrimental to allow people to pick a few services from one agency and other pieces at another agency - services and case management have the potential to not be coordinated, cohesive, and full-spectrum, and failure to recover on the part of the individual is more likely.	Recommendation: Don’t break up package models.
Limiting services - the group was asked to disregard reimbursement	There was agreement that CMS reimbursement should not be the limiting factor to drafting a model.	Next: The provider members of the Stakeholder Group agreed to convene a working meeting

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sources for the sake of discussion, and draw upon experience to describe the best model.		<p>to develop a list of core services that would make a best model. Their product will be reviewed at the next meeting.</p> <p>Next: Don Gean and staff at the York County Shelters have identified the services they provide to their PNMI residents. The working meeting will be used also to review and discuss this document.</p>
Options Document (1)	<p>Patty Dushuttle described the services that must be provided/ reimbursed based on diagnosis at time of assessment. If an individual needs assistance at that time for certain components - such as medication management - it can be delivered, and there may be restrictions. If there is an institutional level of care provided, many other service components are included, such as room and board, hospital nursing, ICFSM, and psych res treatment. CMS will not allow those components to be reimbursed if the person does not need those services at the time of assessment. As an aid to discussion, a table of PNMI Service Options was shared and discussed.</p> <p>iSPA allows states to provide some habilitation services to a population that does not need to be in an institutional setting. We would need to develop a screening tool to implement this, but once we have that tool, there is no allowance for waiting lists.</p>	<p>Next: Moving forward, this group will refer to the “options” document to determine funding source.</p> <p>Next: Kirsten Jiorle and Patty Dushuttle will re-visit the methodology used to determine costs in the Options document and the document will be revised and posted with a description of the methodology included.</p>
Wrapup	Assignments and next steps were reviewed and agreed upon.	<p>Members were asked to forward agenda items to committee staff at peggie.d.lawrence@maine.gov . Additionally, any materials members wish to share can be sent to Peggie for posting and distribution.</p>