

Attendance:

Chuck Daley, Stepping Stones
Peter Fitzpatrick, St. Andre Homes
Andrea LeMoal, Sweetser
Bonnie Smith, Deputy Commissioner, DHHS

Patty Dushuttle, DHHS Director MaineCare Services Policy
Therese Cahill-Low, DHHS Director Office of Child and Family Services
Christa Elwell, DHHS, OCFS
Stephanie Barrett, DHHS, OCFS

Agenda	Discussion	Tasks/Resolution/Next Steps
Ground Rules	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.	
Introduction	<p>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. At this time, DHHS is working with stakeholders to restructure the PNMI reimbursement model to make it eligible for approval by CMS.</p> <p>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.</p>	

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CMS Concerns: Bundled Rates	<p>DHHS and CMS have been working together for the past two years on unbundling medically necessary services and appropriately covering them in sections of the State Plan. CMS needs firmer assurance that services are not being duplicated, are medically necessary, are being delivered to those eligible, and in the appropriate setting. The concern with bundling is that bundled services are not being documented in detail and are not being reimbursed in an economically efficient manner.</p> <p>Further concerns by CMS are that some PNMI actually fit the description of an IMD, and in response to their concern, Maine has conducted a survey and continues to study the many institutions in question. CMS has set a May deadline for DHHS' response. (Since this meeting date, Maine has requested an extension of that deadline to complete the analysis). CMS also set a March deadline for DHHS to produce a correction action plan for services that are not bundled and don't comply with CMS guidelines (see website, under Related Information/Corrective Action Plan http://www.maine.gov/dhhs/oms/provider/pnmi.html)</p>	
History	<p>The group discussed the history of PNMI reimbursement for IMH services over the past few years. Maine's system was considered cutting edge five years ago and many states modeled after Maine. But as mental health services for infants is such a small segment of children's services as a whole, not many standards, licensing requirements or regulations exist. Furthermore, there are services within the IMH continuum that aren't really described by "IMH services". Supports for parent(s)/ family(ies) of children are a big part of the picture.</p> <p>As Maine reviews each PNMI program for what it is, who it serves, what the outcomes are, and how it's all funded, the progressive programs are being reimbursed based on an outdated reimbursement model.</p>	Stakeholders were asked to share any learnings or examples of other states' experience with the group.
Fall Forum Review	<p>The group reviewed findings from the Fall PNMI Forums that were held statewide last year. A summary of the services identified in response to five questions (posted) included any and all things participants considered essential to a PNMI model. Some are currently CMS-reimbursable, some are not. Some services will need to be reimbursed through other means if CMS does not approve them.</p>	
Restructuring the payment model	<p>The biggest hurdle for this Appendix will be identifying what services will be paid for by child welfare and what will come from Medicaid/MaineCare. Other</p>	

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	<p>states may provide examples for us to follow, but whatever Maine comes up with will likely be a combination of services reimbursable by the Federal government (MaineCare) and services that must be funded by other sources. The providers are committed to providing the services in the best interest of the families being served. The providers referred to two documents provided as study/advisory material (find it here under Meeting Materials http://www.maine.gov/dhhs/oms/provider/pnmi/appendix-d-imh.shtml).</p>	
Next Steps	<p>The group will continue to look at options, and was invited to send agenda items for the next meeting to DHHS.</p>	