

Attendance:

Charles Daly, Stepping Stones
Christa Elwell, DHHS, Child & Family Services
Eslie Parquette, Sweetser
Geoffrey Miller, DHHS, Substance Abuse Services
Guy Cousins, DHHS, Adult MH and Substance Abuse Services

Patty Dushuttle, DHHS, MaineCare Policy Director
Peggie Lawrence, DHHS Committee Staff
Peter Fitzpatrick, St. Andre’s Home
Stephanie Barrett, DHHS, Child & Family Services
Therese Cahill-Low, DHHS, Director, Child & Family Services

Agenda	Discussion	Resolution/Next Steps
DHHS Updates - IMD Analysis Extension	DHHS has requested an extension of the deadline CMS set for Maine’s IMD analysis, and has received approval for the extension. DHHS requested this in order to complete the resident level assessments in Appendix C facilities. CMS will set timelines and scheduled status updates. DHHS is expecting written confirmation after CMS legal review of the language. The next deadline will be early November, at which time DHHS will need to provide updates on all the Appendixes.	
DHHS Updates - Bundled rates	DHHS has also asked for more information on bundled and composite rates. The first call scheduled with CMS was canceled; DHHS continues to attempt to reschedule the conference call with Baltimore CMS on composite rates and call is tentatively scheduled next week. DHHS is visiting CMS at the end of May to review recommendations for models and get early guidance and support from CMS, plus technical assistance as we go forward.	Stakeholders were invited to send any questions or agenda items they’d like DHHS to discuss with CMS to Patty.
Study Material Review	Patty has reproduced the list of services identified in the PNMI Fall 2011 Forums as essential to a PNMI model and color coded them according to funding source. Some services are covered under a state plan, an iSPA, or are services for which there is currently no state or federal funding stream. The group reviewed the list along with a summary of the potential services that could be included in an iSPA (both handouts can be found on the website with all the 4/17 meeting materials).	

Agenda	Discussion	Resolution/Next Steps
<p>Stakeholder Proposal</p>	<p>The Stakeholder group did not present a draft payment model at this time. Discussion continued with the group on eligibility of these services for state or federal reimbursement.</p> <p>For services to those individuals served in Appendix D - Infant Mental Health PNMI, there appear to be no services that are MaineCare reimbursable unless the patient is the adult and the child is participating in the therapy. Therese identified a concern that parent education is not mandated and is not MaineCare reimbursable.</p> <p>The services provided in infant mental health PNMI need to be redefined in relation to how they lead to family reunification, because there will be no MaineCare funding source for non-reunification related services. Therese noted the services by these PNMI providers are to adults, so the funding for a PNMI focused on infant mental health is going to be difficult to identify.</p> <p>Stakeholders discussed a continuum of care that encompasses everything from prevention and assessments to placement to treatment. Peter and Therese agreed these agencies are getting inappropriate referrals and seeing adults that are at risk of repeating their need for treatment because treatment is not addressing their issues. The group discussed a concept of a step-down or after-care program with less intensity following discharge. The group has not identified what they mean by prevention, aftercare, or potential funding sources.</p>	
<p>Next Steps</p>	<p>This is the final meeting of this group for this phase of the discussion. Therese will set up a work session with this group and DHHS staff to discuss details of a model. Therese identified September 1st as a date by which she wishes to have a model and see changes in reimbursement.</p> <p>A provider advisory council will include all the PNMI task groups and this group will be contacted.</p>	<p>For the work session, staff and providers will bring data from the last 12 months identifying the primary diagnoses for admitted clients. Also numbers of drug affected infants, substances used and home community of admitted parents as it is available.</p>