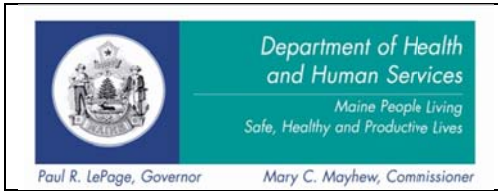


Appendix E (Adult Mental Health) PNMI Stakeholder Meeting
3/14/2012
Minutes

Attendance:

Brenda Leavitt, Opportunity Housing Inc.
Carlton Lewis, DHHS
Dan Wathen, Court Master
Ginny Gentile, Behavioral Health Collaborative
Guy Cousins, Director, DHHS Adult Mental Health & Substance Abuse Services
Helen Bailey, Disability Rights Center of Maine
Jennifer Ouellette, York County Shelters, Inc.
Joan Detel, MAMHS
Kristen Fortier, DHHS
Mary Haynes-Rodgers, Shalom House Inc.
Patty Dushuttle, DHHS, MaineCare Policy Director
Sharon Arsenault, DHHS
Sheldon Wheeler, DHHS
Simonne Maline, Consumer Council of Maine

| Agenda | Discussion | Next Steps/Resolution |
|---|---|---|
| **DHHS Update** | In response to a CMS request in August 2011, DHHS conducted a provider survey last fall, to gather information about facilities that may qualify as "institutions for mental disease". DHHS requested and was granted an extension of the CMS initial deadline, and analysis continued. As DHHS has identified the need to do a PASSAR screening for residents of Appendix C facilities, the need for more time to complete the analysis has become clear. DHHS has requested another extension (copy of letter attached).<br><br>CMS asked for more information on "bundled" rates in December 2011. This type of rates is not necessarily *not* permissible, but CMS is concerned that Maine complete detailed documentation that services were delivered and there is a provider contract in place. The response to CMS was due last week. DHHS reported many services will be unbundled so we can show specific units and rates; we will also continue to work with CMS on iSPAs. CMS also proposed approving a "composite" rate for segments of service, which will be discussed in a conference call this week with CMS.<br><br>The final model has the potential to be only slightly different from the current model, for this Appendix. Some components would be included under Maine's State Plan, and some would be more specific and included in an iSPA. | |

| Agenda | Discussion | Next Steps/Resolution |
|---|---|---|
| **Provider Agreement Option** | CMS has provided guidance (attached) in a conference call last week on the requirements for reimbursement for bundled rates. CMS wants a level of detail for services delivered that includes units of service (numbers of hours) and specific services delivered (meal delivery, personal care assistance). Of concern is CMS's stated intention of resolving claims with a cost settlement at the end of the billing year. CMS offered a "composite rate" as an option for Maine to consider, that will be discussed with CMS and DHHS staff next week to understand what CMS' definition of a "composite rate" is.<br><br>Committee members discussed how bundling services can interfere with individual choice, and after discussion of that with CMS, Patty reports that some states use a consent form that recipients use to agree for certain services. We have asked if other states are using composite rates and are awaiting a response. It was noted that reimbursement options for residential care are more varied than reimbursement models for PNMIs. | This issue will be discussed further in this week's conference call with CMS. |
| **Discussion of Options** | Considering the options, this group agreed unbundling services and billing under separate sections of the State Plan, or creating iSPA(s) are the only options for restructuring the reimbursement model for Appendix E PNMIs. Some work is underway to identify the tasks required to do either, but no iSPA activity can get underway until the services are approved by CMS. The timeline for DHHS activity to create an iSPA would come to completion in 7/2013, but federal approval action may take longer because CMS has done so few - this could take up to six months or longer. | Patty will have timelines with more detail for the next meeting.<br><br>Next Meeting: Group review of proposed timelines and discussion actions needed at a detail level. |
| **Covered services** | Patty has separated Question 1 of the 2011 Fall Forum questions packet out and color-coded the list of services respondents identified as needed for a PNMI model according to reimbursement source (or color coded as not reimbursable). | Patty: Correction to 24/7 services should be yellow<br><br>Suggestion: Helen suggested DHHS review a 1915K iSPA as options are being reviewed. |
| **Next meeting:** | Committee members requested a faster turnaround time of meeting minutes.<br>Committee members requested the next meeting be extended.<br>Next agenda to include review of fall forum responses and pare down to essential services. | |