



Present:

Bonnie Smith, DHHS Deputy Commissioner for Programs  
 Peggie Lawrence, DHHS, Committee Staff  
 Beverly Daniels, Families and Children Together  
 Dale Hamilton, Community Health and Counseling Services  
 Jo Bradeen, SMART Child and Family Services  
 Stephanie Barrett, DHHS, Child and Family Services

Blair Doucette, DHHS, Child and Family Services  
 Christa Elwell, DHHS, Child and Family Services  
 Therese Cahill-Low, Director, DHHS Child and Family Services  
 Patty Dushuttle, DHHS, MaineCare Services Policy Director  
 Ken Olsen, KidsPeace  
 Mark Millar, Casey Family Services

Agenda	Discussion	Resolution/Next Steps
<p><b>Ground Rules/Introductions</b></p>	<p>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 (<a href="http://www.maine.gov/dhhs/oms/provider/pnmi.html">http://www.maine.gov/dhhs/oms/provider/pnmi.html</a>) is under a continual state of updating as the PNMI meetings are held and information from them is generated.</p>	
<p><b>Introduction of Initiative</b></p>	<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. For Appendix D PNMI (private, non-medical institutions) CMS has concerns about reimbursing for personal care and rehabilitative services. At</p>	<p><b>Action:</b>          (Committee staff) - post portions of state plan that are relevant to PNMI on website. Applicable to all.</p> <p>(**NOTE** this information will be in the form of a citations list, and will be posted on the Appendix D TFC website)</p>

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	<p>this time, DHHS is working with stakeholders to restructure the PNMI reimbursement model to make it fit 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>	
<p><b>Review of community forum summary</b></p>	<p>Some of the items listed on the community forum summary were identified by this Stakeholder group not as services, but as functions of services, functions that exist within services.</p>	
<p><b>Timeline for our work</b></p>	<p><b>Q.</b> Given that there are three meetings scheduled, the group asked to identify their expected outcome of these meetings.</p> <p><b>A:</b> The purpose of these meetings is to review the options currently available for a funding structure that will allow quality services to be provided to children while allowing agencies to be reimbursed through state or CMS funded programs. The list of services resultant from the community forums includes many services or functions that are clearly not federally- or state-reimbursable, which agencies may choose to deliver and support through other funding streams.</p>	
<p><b>Options review</b></p>	<p>There are currently 350 children in treatment foster care. The group discussed billing for bundled rates - the sense is that agencies are already billing correctly for bundled services. CMS will not reimburse for case management, as it is not considered direct service. Family choice is an important issue - as the custodian of a child in care, the Department takes on the parent's role of choosing service agencies. The state will make the best choice for the child and follow up with comprehensive documentation. Unbundling targeted case management was</p>	

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	<p>seen as a dis-assembling of the TCM model which would further fragment services to a family. As was stated earlier, any idea is worth discussing and the model created by this group may or may not include bundled services; we must look at best practice as well as fundability.</p>	
<p><b>Other states</b></p>	<p>North Carolina is further ahead in the PNMI restructuring process than</p> <p>Maine held a conference call with North Carolina. Washington has called us for information. Ken Olson noted a colleague is petitioning CMS to issue a letter to state Medicaid directors to clarify and fund services under. Patty has talked to CMS re: EPSDT in a conversation broader than TFC and other services, and the issue and discussion over habilitative services came up. A licensed, clinical physician with a direct supervisor capacity must act as the provider.</p>	<p><b>Action:</b> (Committee staff) - will post other state information on the website as we receive them.</p>
<p><b>Next Steps</b></p>	<p>Agenda items to be sent to committee staff at <a href="mailto:Peggie.d.lawrence@maine.gov">Peggie.d.lawrence@maine.gov</a></p>	