Department of Health and Human Services Maine People Living Safe, Healthy and Productive Lives Paul R. LePage, Governor Mary C. Mayhew, Commissioner	**PNMI Appendix D, Treatment Foster Care Services** **Stakeholder Group** **March 29, 2012** **Minutes**

Committee Members Present ():

Beverly Daniels, Families and Children Together
Bob Blanchard, DHHS, Child and Family Services
Bonnie Smith, DHHS, Deputy Commissioner for Programs
Christa Elwell, DHHS, Child and Family Services
Dale Hamilton, Community Health & Counseling Services
Jo Bradeen, SMART Child & Family Services
Ken Olson, KidsPeace
Mark Millar, Casey Family Services
Patty Dushutte, DHHS, MaineCare Policy Director
Stephanie Barrett, DHHS, Child and Family Services
Therese Cahill-Low, DHHS, Director, Child and Family Services

Agenda	Discussion	Next Steps
Updates of DHHS Activities * **IMD Analysis** * **"Bundled" Rates**	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 until May 7, 2012, and analysis continued. We've begun doing validation of data gathered in this past six months at the facility level. CMS considers a facility an IMD if the facility serves more than 16 individuals (17 beds) and individuals with a behavioral health diagnosis are there for behavioral health treatment. As DHHS has identified the need to do a PASSAR-like (resident level assessment) screening (to be performed by APS Healthcare) for residents of Appendix C facilities, the need for more time to complete the analysis has become clear. DHHS has requested another six month extension (copy of letter with meeting materials here: http://www.maine.gov/dhhs/oms/provider/pnmi/appendix-d-tfc.shtml). The extension request applies across the board to all IMD analyses DHHS must conduct. IMDs are regardless of age of the individual, but there are funding mechanisms are specific to age - the state plan can be approved for reimbursement through a psychiatric hospital or a PRTF for individuals under the age of 21. CMS asked for more information on "bundled" rates in December 2011. This type of rate is not	

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	usually permissible, but CMS has given guidance that the Provider Agreement process with a bundled rate could be approved if providers give detailed documentation that services were delivered. The response to CMS was due last week and the PNMI portion of the response is posted on the website. 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. The corrective action plan can be found on the PNMI website. HCBS services, iSPAs, and state plan services are all being considered for covering unbundled services. CMS also proposed approving a "composite" rate for segments of service, which will be discussed in a conference call with CMS. A "composite" group of services is likely to be a model that is more clearly defined in terms of its pieces. Clarification of the issue was planned for a conference call yesterday. CMS was unable to keep the call and it will be rescheduled.	
Homelike Settings	This term applies to criteria when a state has HCBS services or iSPA. If we keep some services under state plan, we do not have to meet homelike criteria requirements; but if we file an iSPA or HCBS waiver, we will. DHHS is still waiting for clarification and guidance from CMS on what this will mean for Maine. Treatment foster care is likely to meet the criteria for "homelike settings". CMS will only pay for medically-necessary services; other services necessary but not *medically* necessary are not reimbursable by Medicaid in any way.	
Provider Consensus Draft	The document/discussion in progress by Ken Olson's group is meant to be information DHHS could use in conversations with CMS. The group will look more at DHHS corrective action plan, and need DHHS input on what information and what services/outcomes the Department wants.	
Fall Regional Forum Data Review	At the fall forums, four questions were posed to participants regarding services that should be provided in a PNMI model. Patty has color coded the first question that addresses services essential to the model by payment/reimbursement source. Milieu therapy as a model of care combines levels of care and was discussed as an area the committee thought needed further exploration to see if it could be an approvable medically necessary service covered under the state plan. Also discussed was 24-hour supervision. Guidance from CMS is that there is a level of supervision required for any child; children in the foster care system are already being covered for 24-hour supervision as well. DHHS and providers will need to identify clearly how 24-7 supervision would be medically necessary due to a child's behavioral health condition. .	**Adjustment**: R&B is covered by IV-E. at a 64-44% match, for 50% of the children served. Bob has other changes.

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	Committee discussed a known evidence-based model based on children in the juvenile justice system and the elements of that system that are challenges/differences for treatment foster care.	
Next meeting	Using the color coded chart, participants were asked to build a draft model. Providers were asked to make the recommendations, then DHHS will study whether to create an iSPA or SPA. After that work begins, the group will be brought back together for a progress report. Next meeting, we will look a models presented by Committee members. The next meeting will be extended to 90 minutes - confirmation will be sent electronically.	