



Attendance:

Patty Dushuttle, DHHS, MaineCare Policy Director  
 Dan Despard, DHHS, Child & Family Services  
 Stephanie Barrett, DHHS, Child & Family Services  
 Therese Cahill-Low, Director, DHHS, Child & Family Services  
 Bob Blanchard, DHHS, Child & Family Services

Christa Elwell, DHHS, Child & Family Services  
 Jo Bradeen, SMART Child and Family Services  
 Beverly Daniels, Families and Children Together  
 Mark Millar, Casey Family Services  
 Ken Olson, KidsPeace

Agenda	Discussion	Next Steps
<b>CMS Updates</b>	DHHS has requested an extension of the deadline for submitting its IMD analysis to CMS, 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 probably be early November, at which time the Department will need to provide updates on all the Appendixes.	
<b>Bundled Rates Update</b>	DHHS had also asked for more information on bundled 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 one scheduled call is confirmed for 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 going forward.	
<b>Stakeholder Proposal Overview</b>	Ken Olson presented a proposal (see website) in response to the Department's request for support for Medicaid reimbursement for therapeutic foster care. Ken pointed out that child welfare placement, foster care recruitment, and other things CMS will not pay for, are not addressed in the proposal.	

	<p>The group discussed work being done in North Carolina and DHHS will arrange a conference call for staff with North Carolina's DHHS staff to discuss their PNMI activities to date, including a draft plan that they have submitted and since withdrawn from CMS. The white paper describes treatment components of the treatment foster care model and a list of service components the Stakeholders believe should be funded by Medicaid. The document also addresses a list of concerns expressed by CMS and includes rationale for allowing bundled rates for TFC.</p> <p>Patty reminded the group that CMS has asked us what the medically necessary treatments are in treatment foster care. Other states are going through the same thing; the state of Georgia went through unbundling services and some programs had to be closed.</p> <p>The Stakeholder group has reviewed the service component list from the Fall Forum and identified treatment services, their possible funding mechanism, the justification for those services and the qualifications needed by the provider(s).</p> <p>The group discussed habilitative versus rehabilitative services as applies to children in treatment foster care. Habilitative services needed by children in this Appendix may be construed as rehabilitative by definition, but if a child has never learned certain skills due to neglect/abuse, habilitative services are new skills learned.</p>	<p><b>DHHS:</b> Schedule call with North Carolina</p>
<p><b>Potential iSPA Services</b></p>	<p>Patty summarized services for Appendixes and categorized them under the types of potential iSPAs that might cover them.</p> <p>CMS has given no firm timeframe; the Department has begun to develop timelines in internal staff meetings; unbundling would take at least until 1/2013, and iSPAs and some other waivers would probably take till 7/2013.</p>	
<p><b>Next Meeting</b></p>	<p>Going forward, DHHS has a meeting with CMS on May 31<sup>st</sup>. The next steps for this Appendix include work beginning within the Department to outline the new model in whatever form(s) that will take in the area of state plan amendments, iSPAs or waivers. The website will be maintained with all the public working documents and the communication portal will remain in place.</p>	