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|  | **SIM Leadership Team****Friday, April 4th 2014****12:00 p.m.-1:30 p.m.****Main Conference Room****221 State Street** |

Attendance: Absence:

Holly Lusk, Senior Policy Advisor, Governor’s Office, Chair Terry M. Hayes, Representative, Maine State Legislature

Stefanie Nadeau, Director, OMS/ DHHS Richard Rosen, Deputy Commissioner, DAFS

Anne Head, Commissioner, Professional and Financial Regulations Michael D. Thibodeau, Senator, Maine State Legislature

David Simsarian, Director, Business Technology, DHHS Kevin S. Flanigan, MD, Medical Director, OMS/DHHS

Jim Leonard, Deputy Director, OMS/DHHS

Randy Chenard, SIM Program Manager, DHHS

Mary Mayhew, Commissioner, DHHS

| **Agenda** | **Discussion** | **Next Steps** |
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| **Review and Acceptance of Meeting Minutes**  | * Minutes were accepted as is; no edits or changes were recommended other than to change Richard Rosen’s title as he received a promotion.
 | Change Richard Rosen’s title.  |
| **March Steering Committee Report- Randy Chenard**  | * Randy summarized that the process of SIM governance has passed through several phases and has now reached the intervention phase. The risk log was reviewed with the Steering Committee and they were asked to provide some direction on the mitigation of some of the Risk items. Randy also stated that the discussion of SIM Governance and Oversight also went very well, and the Coalition endorsed the approach. Commissioner Head asked for clarification on how SIM is providing oversight and governing the work streams. Randy outlined the approach being taken, that SIM will be staffing different Coalition work groups and committees to ensure that SIM governing presence is stressed. Dave added that having a voice in those groups was important as SIM can choose a separate path from the Coalition in certain areas. If they do differ on a specific item, whatever the activities the Coalition choices to pursue solely, they will not receive SIM funding for those activities
* Commissioner Head asked how funding would be controlled in order to stop and not fund non-SIM-approved activities? Randy stated that there is a process in place to allow for proper and correct allocation of funds.
* Jim stated that he was very impressed with the response of Mr. Webber, CEO of the Coalition. He said Mr. Webber showed he was open to addressing the concerns of other partners and put an olive branch out to accept further involvement of SIM in the Coalitions activities. Showed that he was very onboard with providing transparency. He said the presentation also helped to alleviate other partners concerns. Randy stated that they are still working out the details of certain processes with the Coalition. Director Nadeau said she was concerned about not having a defined mechanism on public reporting for SIM deliverables. She wanted to see a delineation between Coalition activities in order to be sure they are not using SIM fund before getting those activities endorsed by SIM.
* Randy discussed the question Steering Committee members had about risk mitigation for the risk issue on AG’s rule-making and MaineCare’s Accountable Communities. He mentioned that one of the suggestions was for the Steering Committee to write a letter to the AG’s office. He said on the whole it was a great transition from an informational meeting to a productive one.
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| **Behavioral Health Curriculum Development Recommendation** | * Jim advised that this topic relates to an issue outlined in the Risk Log. They have not developed a strategy and named a vendor for getting curriculum in place. He was asking for SIM funding for development of the curriculum. He stated that this was part MaineCare’s work plan, they previously hadn’t identified how to reach objective but have since developed the plan and now are approaching MLT to fund it. Randy specified that this was a subtask for MaineCare Objective 2 under BHHI.
* Director Nadeau asked if the intent was to Sole Source. Jim said that it was recognized that there was specific training required for children with Developmental Delay/Autism. He advised that the plan was to leverage relationships already in place with OCFS and SAMHS and AdCare Educational Institute of Maine. He said it was preferable to sole-source with them rather than amending existing contracts. Commissioner Head asked if there were already experts in DHHS that could provide what was needed. Jim said it would be expanding on existing contracts in SAMHS. Holly asked what exactly this was about. It was specified that this was to support curriculum development for “mental health technicians” which were bachelors or masters level providers working with a specific pediatric population and trying to fill an identified gap in their training.
* Commissioner Mayhew stated that she found it very odd for the Department to be “developing” curriculum. She asked what the “gap” is. It was advised that this member population had specific needs that must be addressed if they were to be included in the integrated health approach through the BHHs and currently those specific needs are not addressed under the mental health work at this time. Commissioner Mayhew expressed her hesitance to fund this curriculum development without reviewing what is already in place. There may only be a need to strengthen current curriculums that are already in place. Jim stated that what was identified as a “gap” had taken into account what was already being offered and what is necessary. Quality Counts had suggested that OMS get in a discussion with SAMHS and OCFS on what was in place already. Commissioner Mayhew asked how OMS would address this issue if they were told that there was no money. Jim stated that he was under the assumption that they were farther down the road in this discussion than they actually seem.
* Dave said he had looked back at the original plan and thought the issue was the delivery of a curriculum rather than development. Randy advised that originally it was assumed that they were focusing on delivery, but then the need for development was realized. Holly asked if there were other deliverables from us or other entities relying on this getting done in a specified timeframe, because it’s clear that review may be necessary. Jim stated that the BHHs will still be able to serve specified population in the meantime; the question was how well they could accomplish this until this gap was addressed. Commissioner Head asked if this subject was directly focused on children with disabilities in the home. It was stated that no, it was focused on the training of certain providers. Jim stated he will follow-up with a document providing answers to the MLT’s members.
 | Jim will provide a written response to questions from the MLT, with the gap in training defined and what is exactly being asked for by OMS.Holly requested that current contracts in place between DHHS entities and ADCARE be reviewed. This item will go back on agenda for next meeting.  |
| **Review Risk Log** | * Randy stated he actually didn’t have any new information pertaining to the Risk Log, had planned to review in case anyone needed to get caught up to speed but everyone in attendance has heard his spiel. This item was skipped.
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| **Risk #12/5 -AAG Rulemaking Objections/Delays** | * Randy said it was decided to combine Risks 12 and 5 and they were highly prioritized. Jim advised that the issue is that the Accountable Communities was supposed to launch on 5/1/14, for that to occur they need a rule to be approved, as well as getting contracts in place with the 5 ACs and the Department. At this point the process is stalled. The AGs has promised to show a draft rule sometime in the next week. Commissioner Mayhew said that the AG’s offices has had a draft rule since December. Director Nadeau said that the AAG’s did not like the draft rule as written by OMS and decided it would be best that they write it themselves. They did promise have the draft rule done by next week, but nearing the end of April both AAGs will be unavailable. So if any changes are required they can’t be addressed until after the 5/1 deadline.
* Jim said that there was a meeting to go over drafts of the contracts. Director Nadeau stated that her concern with creating a contract before a Rule was finalized; if the two are drastically different it will lead to having to change the contracts. Commissioner Mayhew asked what the contracts were based on if not the Rule. Jim said they have been modelling them after basic CMS contracts and examples of ACO contracts from other states. It’s just the skeleton of a contract. Director Nadeau said that the AAGs are of the opinion that if a rule is implemented they would only need “Provider Agreements” in place of an actual contract. But OMS is not in agreement, as a lot of ACs will need some sort of narrowly focused contract that specifies certain quality metrics, etc. Jim stated he is concerned that the lead entities of these organizations are going to balk at entering into this new and complex system if they see that the Department can’t even execute a basic contract. He also stated the need for a communication strategy to go public with the delay of the AC initiative because there are a lot of participating providers under the impression that they are launching as of 5/1.
* Holly asked if they had an idea of where the AG’s office was currently at with writing the rule. Director Nadeau said it was unclear. Holly asked what the original draft Rule created by OMS was based on. Director Nadeau said it mirrored the SPA, as well as elements of the Rule for Medicare ACOs and Minnesota’s Rule.
* Randy advised that this Risk could impact a lot of deliverables. Dave questioned how funding could be affected, when does this become truly risky. Jim stated that October was basically “risky” time. There is no cost extension for the SIM grant, and they would be pushing farther outside of Federal funding cut-off date. The three partners under SIM have fixed costs built into a budget for the work they are doing, if that has to extend past when the grant funds en then that is a problem.
* The question as to what the options are at this point was posed. Holly asked if the Department has met with the AG’s office to re-prioritize the Rule-making. Director Nadeau said the AAGs are going to the Sr. Management Team meetings to go over priorities. She stated that the biggest concern for the AAGs is the ability to defend this Rule in court years later.
* It was recommended offering the involvement of contacts in CMMI, that Fran has stated she would be willing to speak with the AAGs. Once the SPA is approved it should prove helpful in demonstrating necessary language for the AAGs. Jim said they will be having a discussion with CMS on the SPA on 4/14, when Michelle is back. Jim reiterated his point that there needs to be talking points outlined to discuss the delay in launching the initiatives.
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| **Leadership Development RFP Direction** | * Randy said this was referring to the Leadership development program sourcing options. They could “Sole Source” with Hanley, use a Pre-Qualified Vendor List that is in the possession of the CDC, or they could go with a full RFP. Jim stated that he felt it would be best to open up the Pre-Qualified Vendors from CDC’s list. Holly asked what it was they were pre-qualified to do. Jim said they were pre-qualified for training and development. Dave said it would be a good route because it is a shorter process than a full RFP, but gives them all a chance to bid. Randy asked for the endorsement of the MLT for the approach of requesting CDC’s vendor list. Jim said that Kevin Wells would need to say that OMS can legally use CDC’s list. Holly said she wants confirmation from general counsel about the preferred approach before anything is endorsed.
 | Randy or Jim needs to seek confirmation on the legality of this approach before SIM MLT will endorse.  |
| **Leadership Team’s Next Regular Meeting** | May 2nd, 2014. Main Conference Room, 221 State Street, Augusta |  |