|  |  |
| --- | --- |
|  | **SIM Leadership Team**  **Friday, May 2nd 2014**  **12:00 p.m.-1:40 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 Randy Chenard, SIM Program Manager, DHHS

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

David Simsarian, Director, Business Technology, DHHS Mary Mayhew, Commissioner, DHHS

Jim Leonard, Deputy Director, OMS/DHHS

Kevin S. Flanigan, MD, Medical Director, OMS/DHHS

Richard Rosen, Deputy Commissioner, DAFS

Interested Parties:

Sheryl Peevey

Michelle Probert

Kitty Purington

| **Agenda** | **Discussion** | **Next Steps** |
| --- | --- | --- |
| **Review and Acceptance of Meeting Minutes** | * Minutes were accepted without revision |  |
| **April Steering Committee Report**  **Objective: Review the April SIM Steering Committee Report** | * Dr. Flanigan summarized that the Steering Committee was now delving into identified risks as a governing entity. As risks are identified they will be presented, discussed, perhaps resolved and then sent back to the subcommittees. Now versed and involved in objective work and risk work. There are several work streams underway. The Blue Button project, the pilot that will allow patients to have access to their HIN data, is now underway. Dr. Flanigan explained that this was testing how having informed and engaged patients would affect their health outcomes. * Dr. Flanigan advised that they had created a weighting criteria document and presented that in the Steering Committee, as members had requested more information on how each of the objectives found on the SIM Status Model at a Glance sheet were weighted under their respective pillars. He also explained that it helped them to understand how risk weights were calculated. * Dave asked how the weighting impacts how work under the grant is accomplished. Dr. Flanigan stated that it helped dictate where the largest amount of resources will be allocated to, i.e. to the highest weighted objective facing the most risk. Dave asked if contract work had specific dates to report progress. Dr. Flanigan stated that Randy would be able to answer that question more adequately. Commissioner Head asked how the weighting criteria document had come into being. Dr. Flanigan advised that it was created at the request of the Steering Committee. He explained that Randy had established the weighting for the objectives and had altered them based on feedback from SIM partners. The Steering Committee wanted to understand the criteria that the weights were based on. Dave stated that he would like descriptors of how the objectives support the pillars. He gave the example of the CDC’s NDPP objective and why it was under “Development New Payment Models”. Jim answered that originally it was planning to partner with MaineCare to support this program, but there were complications around that and it was proposed as a VBID incentive program. Dave stated that he appreciated that explanation and added descriptors to the objectives would provide clarity for stakeholders that aren’t breathing SIM work on a daily basis. Holly asked if they already had another document that gives that information. Dr. Flanigan said the Strategic Framework document has a couple other supporting documents. Dave stated he thought it should be all laid out in one document for clarity. Commissioner Head agreed that would be helpful for the MLT, some of whom do not work with this stuff every day. Dave said he thought it would be helpful for everyone that is part of SIM, giving the big picture on a single document that provides a common understanding and gets everyone on the same page. Dr. Flanigan said he felt it would be difficult to tie SIM objectives down to a “two sentence tagline” because it is so huge and complex, but said that he would speak with Randy about how they could make the document more self-explanatory. Holly stated that this was not an actual Master Document and if that is something that the MLT wants, they would need to define what the important “need-to-knows” are at the MLT level. She felt that MLT needs to have a general knowledge on the objectives in order to answer any asks for help, but she was not comfortable making changes to a Steering Committee document. Dave reiterated that he would like to see a document that gives a consistent understanding on what we are attempting to accomplish through the work being done, something to drive the common understanding for everyone working under the SIM umbrella. | Dr. Flanigan will meet with Randy to discuss the creation of a document that clarifies the importance of the objectives under SIM. |
| **SIM Logo Discussion**  **Objective: SIM Steering Committee asked for SIM logo process review as current logo, with Partner co-branding, is confusing** | * Dr. Flanigan stated that the request for a specific SIM brand had come out of the last SIM meeting. It had been decided by the Department that we would be using the DHHS logo, but there was a concern raised in the Steering Committee meeting that it is very confusing trying to delineate between the work of the partners, the state, and what is actually applicable and funded by SIM. Dr. Flanigan handed out a few examples of some of potential logos, three of which were very similar to the actual DHHS logo, and one that was similar to the original SIM logo that had been put forth but was not approved. He advised that the Steering Committee really felt that it was an escalated issue. * There was some support from Jim for one of the logos that resembled the DHHS logo, but Dr. Flanigan stated that his largest concern was that it would be really easy to confuse the two logos and not be able to differentiate one from the other. Director Nadeau asked why it was so important to differentiate between DHHS and SIM initiatives, as SIM is part of DHHS and it’s an important part the Department’s healthcare reform. Dr. Flanigan advised that not every initiative if aligned with the Department’s goals and that some of the grant work is outside of the department. Dave asked what the core objective of a specific SIM logo was. Dr. Flanigan stated that it was supposed to immediately let the reader know that the document or work was funded and/or endorsed by SIM. Holly asked if there was propaganda out there. Dr. Flanigan stated that there will be. Director Nadeau stated that she just wanted to be very careful about setting some sort of precedent. Creating a specific brand for a grant is not something that is typically done. Holly said she was looking at this more as a program rather than a grant. Director Nadeau said they have worked hard to have all the units in the Department come together and align branding. * Richard asked if the intent was to show that SIM was a bigger than just Medicaid, if so then it would make sense to put have its own logo. Michelle Probert, interested party, stated that she agreed with Dr. Flanigan about the logos that were very similar to the DHHS one, they won’t automatically see SIM and would just assume that it was the DHHS logo. She drew a sort of hybrid between the DHHS logo and the colorful SIM one. Commissioner Head said that SIM is bigger than DHHS but it is important to highlight its ties to the Department. Director Nadeau said that it is important to think about what happens after SIM, as it’s only a three year grant. It was decided that this topic will be addressed at the next meeting. | Dr. Flanigan and Randy will make a computerized version of the SIM/DHHS hybrid logo for the MLT to consider next meeting. |
| **Behavioral Health Curriculum Development Recommendation**  **Objective: Present additional info as requested by MLT during April MLT meeting to enable MaineCare to move forward with RFP or contracting for curriculum development** | * Michelle Probert advised that the integration of behavioral and physical health is foundational to SIM. A lot of the work being done is in PCP and Behavioral Health Organizations and integration of healthcare. On the Behavioral Health side there is a large part of the workforce that does not have physical health training. The intent for the ask is to ensure that this workforce has the training on what physical health questions to ask their consumers, how to discuss issues with the PCP offices, recognition of major side effects of common medications. She advised that there is currently a physical health component for the DSPs that work with adults, but not the case for people that work with children. There are currently some trainings but no certification program. The idea is to sole source with AdCare to develop a certification training for behavioral health professionals that work with children. * She also mentioned that the I/DD stakeholder group is also considering doing the same sort of thing so there may be some overlap. Director Nadeau asked if what she was asking is that they sole-source with AdCare. Dave asked if the current contracts be amended. Michelle advised that she was under the impression that this would burden SAHMS and OCFS and change the date of procurement. Holly stated that part of the previous conversation was that the current contracts be analyzed. Director Nadeau stated that it should be placed in the current contracts because even after SIM, they are going to want that component be added to the curriculums, whether or not there is a burden to SAHMS and OCFS. Michelle had Kitty Purington join the conversation and asked what the concern about amending the contracts was. Kitty advised that it would put the BH WF (I don’t know what this is Randy) collaborative on a different RFP cycle, and amending it would expedite the RFP cycle. She asked if she should follow up with SAMHS about that. Director Nadeau stated that yes, they need to follow up internally to get a handle on what is going on with the contracts. Holly asked to be sent a copy of the current contract to review. * Director Nadeau said at this point if it’s a decision to amend or sole-source then the MLT has reached the limit of what they can do until the contracts have been reviewed. Dr. Flanigan advised that the MLT cannot approve an amendment to a contract, can only approve the sole-source or RFP route. Holly reiterated that she really needs to see a copy of the contract to see if they can be expanded. She stated that having more money in the SIM budget to be moved to other projects or deal with issues that come up is a positive. She stated that if it is an amendment to the contract, the Department has to be comfortable covering the additional costs. Commissioner Head asked if this was an issue that needs to be addressed again next meeting. Holly stated that the current contracts need to be reviewed and if they can’t be leveraged any further than they will need to consider doing an RFP or sole source. Kitty advised that she has not seen the current contracts but that she is fairly certain that the language is not as specific as they would like it to be when it comes to integrated healthcare. Holly asked if this was to develop a curriculum or to develop AND train. Kitty advised that it was for both, and also for an element of family support training. Holly asked to be sent the number of the contract and stated she would also speak with Guy Cousins about it. | Holly will review existing contracts to see to what extent they can be leveraged, before going forward with approving a sole source with AdCare. |
| **Leadership Development RFP Direction**    **Objective: Update SIM MLT regarding ability to use the PQVL process to source for Leadership Development RFP** | * Dr. Flanigan summarized that this Leadership Development ask was introduced a while ago, being done in hopes that these initiatives will really take hold from the top of the organizations on down. Had planned on using CDC’s pre-qualified vendor list. The CDC wasn’t entirely in agreement with that idea. * Sheryl advised that the CDC’s initial objection was that they didn’t want to be responsible for a contract with one of their vendors that the CDC wasn’t taking out. She pointed out that the CDC had already gone through the RFP process with these vendors which means they have been deemed competent in the areas of project management, training, workforce development, etc. They could put out an RFP to just these bidders and it would take only one month to be conducted instead of the usual 9 month process. Karen Kalka in contracting thinks that it makes the most sense to leverage resources already in place in the Department. * Holly asked if they have an answer yet from Kevin Wells on whether it was appropriate to use the CDC’s pre-qualified vendor list. Director Nadeau asked that Dr. Flanigan get written confirmation on this from Kevin. Holly stated that if Kevin says it is ok, then the MLT is on board with using the list. | Dr. Flanigan will get written confirmation from Kevin Wells okaying the use of the CDC’s prequalified vendor list. |
| **SIM Funding Request**  **Objective: Obtain MLT approval/direction for SIM funding allocation** | * Sheryl stated that she was asked to help with SIM, getting the project management clarified. She has also been involved with Developmental Systems Integration, an initiative that is a mini-SIM. She advised that it was developed to do developmental screenings for children 1-3 years old. It is a multi-stakeholder initiative involving healthcare providers, social services, Child Development Services, Central Maine Educare, etc. They started to meet in order to reduce the duplication of services, improve workforce, and reach more children. She stated that before DSI took off they were only screening about 2% of the target population, which has increased to about 12% after they started working together. She stated that she was asking for $50,000 out of the $450,000 of unallocated funds in the SIM budget. She said that there was a direct line between improved screening rates of children and MaineCare’s core metrics. * Jim said that he was under the impression that SIM’s budget was locked down and all the funds had been allocated already. Director Nadeau said they would have to know where the budget is at currently. Sheryl stated that due to some contract bids coming in under budget, they currently have $450,000 in unallocated funds. The funding of DSI is an ask outside of the initial budget. Dr. Flanigan said they would have to talk about this project, and think about how this new project would be rated. Jim advised that with the delay of launching the AC initiative it is likely that they will need extra funds for actuarial work. * Commissioner Head asked if there was a methodology in place for people to come and ask for funding. Dr. Flanigan stated that all the funds were initially allocated to specific projects. However, some initiatives have changed or were not pursued. Holly asked to what extent SIM needs to consult federal partners about changes of projects. Sheryl advised that at 15% of change of category they need to let federal partners know. Commissioner Head requested to have something in writing for them to review in order to decide to allocate funds. Holly stated that they need to have some sort of defined process in order to consider future funding requests. Commissioner Head said they also need to get an idea of what is going on with the budget and the current status of this $450,000 | Sheryl will return with additional information about DSI for the MLT to consider.  There needs to be a process developed for the MLT on how to allocate funds to new projects or additional funding requests. |
| **Health Home expansion - support of the additional 23 HHs**    **Objective: Inform MLT that DHHS is looking into long term direction of HH support and is asking MQC for a breakdown of the menu of services** | * Dr. Flanigan stated that there were a number of new Health Home practices that enrolled when they opened up the application process again a couple months ago. They will need to allocate funds for tech support and learning collaboratives. He said it was not part of the original budget. Director Nadeau said she didn’t want to purchase “platinum-level” support for HHs across the board. It should be tiered support based on what each practice needs. Sheryl advised that she and Randy met with MQC and asked if they could scale back support for some of the more advanced practices and MQC’s original response was that they couldn’t scale it back. She stated that other payers should also be helping, because they were also benefiting from this and MQC has other funding sources other than the state to do the same work. | Randy/Dr. Flanigan will get a breakdown of the menu of services to share with the MLT before deciding how funding will be allocated. |