

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services - Value-Based Purchasing
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Augusta, Maine 04333-0011
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)
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Meeting name:	MaineMOM Clinical Committee Meeting (#1)		
Date of meeting:	June 16, 2020	Time:	8:00am – 9:00am
Minutes prepared by:	Liz Remillard, Office of MaineCare Services	Location:	Zoom Video Call
Meeting Objective			
To review MaineMOM Proposed Services and Year 1 Timeline, advising on the care delivery implications including promising practices and barriers.			
Attendees			
<p><i>Aroostook County Action Program: Addy Beck-Bell; Bridgton Hospital: Catherine Heffernan; Groups Recover Together: Gus Crothers; Maine Chapter of American Academy of Pediatrics: Steve Meister; Maine CDC: Dara Fruchter, Kelley Bowden; Maine DHHS: Lisa Letourneau, Amy Belisle; Maine Family Planning: Leah Coplin; MaineGeneral: Kelley Harmon; Maine Health: Caroline Zimmerman; Mid Coast Health: Leah Bauer, Maggie Jansson, Jamie Leavitt, Christine Wyman; Northern Light: Eric Brown, Sveva Brown; Office of MaineCare Services: Maya Cates-Carney, Rachel McLean, Alane O'Connor, Michelle Probert, Liz Remillard, Michaela Rice; Penobscot Community Health Center: Michelle Hansen; Pines Health: Traci Rogers</i></p>			
Notes, Decisions, Issues			
Topic	Discussion	Follow-up	
MOM Model Proposed Services	<p>Alane O'Connor, DNP, MaineMOM Clinical Advisor and Liz Remillard, MaineMOM Program Manager reviewed MOM Model Proposed Services:</p> <ul style="list-style-type: none"> • MaineMOM is a 5-year initiative that was awarded to MaineCare in January of 2020. Over the course of the 5 years, successes and performances will be shared in the advisory group meeting setting. • Due to COVID-19, CMS granted a 6-month extension to the initiation of MaineMOM services to July 1st, 2021. • Services for MaineMOM include 4 coverage areas through a team-based model: <ul style="list-style-type: none"> ○ Screening for <ul style="list-style-type: none"> ▪ Pregnancy ▪ Substance Use Disorder (SUD), specifically Opioid Use Disorder (OUD) ▪ Health-related Social Needs ○ Parental Care <ul style="list-style-type: none"> ▪ Integration of Medication Assisted Treatment (MAT) for pregnant women ▪ Group treatment model 		



- Labor, Delivery, & Inpatient Care
 - Partner with birthing hospitals that practice Eat, Sleep, Console
 - Coordinated care between outpatient and inpatient
- Post-partum Care
 - Integration of Medication Assisted Treatment (MAT) for pregnant women 12-month post-partum care
 - Group treatment model
 - Coordination with Pediatrics
 - Plans and processes for the provision of Long-Acting Reversible Contraception (LARC)
 - Referrals to long-term OUD treatment

The group discussed current barriers, practice needs, and innovations in delivering integrated/coordinated prenatal and substance use treatment including:

- COVID 19 has presented gaps and barriers not identified pre-pandemic, including issues with access to cell phone data and internet technology
 - Virtual group meetings using telehealth presents issues with privacy and safety
 - One Care Delivery Partner shared they acquired a grant to pay for phones and data plans to help enrolled patients communicate with their providers. /data to help moms better communicate with their providers.
- Food insecurity is an identified issue across care delivery sties
 - One Care Delivery Partner indicated a partnership with WIC to provide bags of food when leaving a visit

The Care Delivery Partners discussed enrollment activities and identifying eligible patients for the model:

- Referrals from SUD treatment sites and jails

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	<ul style="list-style-type: none">○ Most substance use treatment sites (e.g. OHH) identify a patient as pregnant and complete a referral for obstetric services and assume conversation regarding prenatal concerns are discussed during those sessions.● Universal substance screen on prenatal patients● One prospective MOM site currently partners with the labor and delivery nursing staff to meet with the patient prenatally to set expectations after delivery	
Overview MaineMOM Year 1 Timeline	<p>MaineMOM is in the first year of designing the treatment details and coverage plan for services to treat pregnant and post-partum women with opioid use disorder prior to July 1, 2021.</p> <p>The Clinical Committee and Advisory Group will meet quarterly to discuss topics relevant to the MOM delivery model including:</p> <ul style="list-style-type: none">● Reviewing and proposing care team roles and credentials● Services delivered and determination which will be integrated or coordinated services● Policies and protocols that should be encouraged statewide including pain management protocols	
Snuggle ME Guidelines	<p>Dara Fruchter, Project Manager for Substance Exposed Infant efforts at the Maine CDC shared information regarding the SnuggleME Guidelines update occurring throughout 2020, with an anticipated 3rd Edition in early 2021.</p> <p>SnuggleME is a resource tool offering evidence-based information for providers in the care and critical screenings of pregnant women and newborns including substance use, mental health, and domestic violence.</p>	<p>For more information or question related to the SnuggleME Guidelines, contact dara.fruchter@maine.gov</p>

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Meeting name:	MaineMOM Advisory Group Meeting (#2)		
Date of meeting:	June 16, 2020	Time:	9:00am – 10:30am
Minutes prepared by:	Liz Remillard, Office of MaineCare Services	Location:	Zoom Video Conference and Call
Meeting Objective			
To review the MaineMOM Proposed Services and the Year 1 Timeline and advise on programmatic design and changes needed within the MaineCare program to support model goals and inclusion of community partners.			
Attendees			
Aroostook County Action Program: Addy Beck-Bell; <i>Certified Nurse Midwives</i> : Nell Tharp; <i>Maine CDC</i> : Kelley Bowden, Dara Fruchter, Tammy Hatch; <i>Maine DHHS</i> : Amy Belisle; <i>MaineHealth</i> : Caroline Zimmerman, Eisha Kahn; <i>Mid Coast Health</i> : Jamie Leavitt, Christine Wyman; <i>Northern Light</i> : Crystal Richard; <i>Maine Legislature</i> : Tiffany Roberts; <i>Office of Behavioral Health</i> : Stephanie Kallio; <i>Office of Child and Family Services</i> : Bobbi Johnson; <i>Office of MaineCare Services</i> : Kaley Boucher, Maya Cates-Carney, Loretta Dutill, Rachel McLean, Alane O'Connor, Liz Remillard, Michaela Rice; <i>Penobscot Community Health Center</i> : Noah Nesin; <i>Qualidigm</i> : Kayla Cole; <i>University of Maine</i> : Jennifer Maeverde; <i>University of Southern Maine</i> : Martha Elbaum			
Notes, Decisions, Issues			
Topic	Discussion		Follow-up
MOM Model Proposed Services	<p>Alane O'Connor, DNP, MaineMOM Clinical Advisor and Liz Remillard, MaineMOM Program Manager reviewed MOM Model Proposed Services:</p> <ul style="list-style-type: none"> • MaineMOM is a 5-year initiative that was awarded to MaineCare in January of 2020. Over the course of the 5 years, successes and performances will be shared in the advisory group meeting setting. • Due to COVID-19, CMS granted a 6-month extension to the initiation of MaineMOM services to July 1st, 2021. • Services for MaineMOM include 4 coverage areas through a team-based model: <ul style="list-style-type: none"> ○ Screening for <ul style="list-style-type: none"> ▪ Pregnancy ▪ Substance Use Disorder (SUD), specifically Opioid Use Disorder (OUD) ▪ Health-related Social Needs ○ Parental Care <ul style="list-style-type: none"> ▪ Integration of Medication Assisted Treatment (MAT) for pregnant women ▪ Group treatment model ○ Labor, Delivery, & Inpatient Care 		MaineMOM will identify and deliver information on the services and program at partner associations (e.g. Midwives, Nursing, Pediatrics) to further engage these provider communities

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 - Referrals to long-term OUD treatment

The group discussed current barriers, practice needs, and innovations in delivering integrated/coordinated prenatal and substance use treatment including:

- COVID-19 social distancing rules and the effect on group-based treatment
 - Some sites and patients lack technology to do virtual visits (e.g. cell phone data plans)
 - Some patients experience domestic and relationship violence which can cause barriers to treatment from home
- Transportation is inconsistent and often a barrier for mothers with multiple children
- Care coordination between Family Practices and SUD treatment providers will be key to collaboration on the MOM model services
 - The group encouraged adding additional representatives from the nurse midwife community and family practices to the Advisory Group meeting

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<p>Overview MaineMOM Timeline</p>	<p>MaineMOM is in the first year of designing the treatment details and coverage plan for services to treat pregnant and post-partum women with opioid use disorder prior to July 1, 2021.</p> <p>The Clinical Committee and Advisory Group will meet quarterly to discuss topics relevant to the MOM delivery model including:</p> <ul style="list-style-type: none">• Reviewing and proposing care team roles and credentials• Services delivered and determination which will be integrated or coordinated services• Policies and protocols that should be encouraged statewide including pain management protocols<ul style="list-style-type: none">○ Alane O'Connor referenced the Opioid Advisory Committee developed a recommendation for perioperative care, contact alane.oconnor@maine.gov for this information○ SnuggleME Guidelines are also a reference for maternal and substance use treatment providers, these are available at the CDC website (https://www.maine.gov/dhhs/SnuggleME/) and currently in process for updates<ul style="list-style-type: none">▪ Questions and inclusion in the update process, contact dara.fruchter@maine.gov <p>Also discussed, was the inclusion of experiences from women who have received OUD treatment while pregnant. Additionally, it was recognized that different cultural and ethnic experiences are essential to design an inclusive and responsive program.</p> <ul style="list-style-type: none">• MaineMOM will develop a plan to engage women in recovery statewide to maximize the input and involvement in the design of the MaineMOM program.	<p>MaineMOM will develop a plan to include the voices and experience of pregnant and parenting women in recovery of OUD to inform the design of MaineMOM Services and communication materials.</p> <p>Questions about and inclusion in the SnuggleME update contact dara.fruchter@maine.gov</p>
<p>Plan of Safe Care Update</p>	<p>Dara Fruchter, Project Manager for Substance Exposed Infant efforts at the Maine CDC and Bobbi Johnson, Director of Child Welfare Services at the Office of Child and Family Services provided a brief overview of the development of Maine's Plan of Safe Care.</p> <ul style="list-style-type: none">• The Plan of Safe Care is a federal requirement from the Child Abuse Prevention and Treatment Act (CAPTA) to notify the Maine DHHS of the delivery and care of an infant with withdrawal symptoms resulting from prenatal substance exposure	<p>Maine DHHS will solicit input from maternal providers in the summer of 2020 on the design and content of the tool. Questions regarding Plan of Safe Care should be directed to Dara Fruchter at</p>

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	<ul style="list-style-type: none">• Comprehensive Addiction and Recovery Act (CARA) expanded “substance exposure” to include both illegal and legal substances <p>Maine DHHS anticipates implementing the process for the Plan of Safe Care notifications in the fall of 2020 with the intention to:</p> <ul style="list-style-type: none">• Include infants, children and families in the Plan of Safe Care• Support the health of the infant and mother, not to penalize the mother and family• Increase access to treatment <p>Maine is currently focused on developing the Plan of Safe Care tool to be used to support and de-stigmatize substance disorder in pregnant women and through their delivery and care for the infant.</p>	dara.fruchter@maine.gov
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Evaluation	<p>Martha Elbaum from the Cutler Institute of the Muskie School of Public Service, University of Southern Maine, presented the evaluation of the Maine Home Visiting program, also known at Maine Families, funded through the federal Health Resources & Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant.</p> <p>Key gaps identified to providing substance use treatment services:</p> <ul style="list-style-type: none">• Screening for mental health and mood disorders after delivery and post-partum• Suspension of in-home services due to COVID 19• Access to childcare when a woman is receiving treatment or other health services• Waitlists for counselling and psychiatric services• Level of expertise to treat a specialized population like pregnant women with substance use disorder <p>Key barriers to receiving SUD treatment and counseling:</p> <ul style="list-style-type: none">• Transportation is inadequate and not available or accessible for mothers and in rural areas• Referrals can be overwhelming and not consistent in quality	

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	Innovations: <ul style="list-style-type: none">• CHAMP Program in Bangor	
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Next MaineMOM Clinical Committee and Advisory Group Meetings: September 15, 2020

This program is managed by the Maine Department of Health and Human Services, Office of MaineCare Services Value-Based Purchasing Unit, funded by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS).