

Rate Setting Agenda
311 W. Saratoga St., Room 508 B&C
Baltimore, MD 21210

September 26, 2013
10:00 AM – 12:00 PM
Meeting Minutes

The Rate Setting Committee met on September 26, 2013 to review the recommendations in the JCR Report and to plan the Work Plan.

Participant	Agency	Participant	Agency
Patricia Arriaza	GOC	Audrey McLendon	DHR/SSA
Linda Bluth	MSDE DSE/EIS	Linda Song	DHMH
Shanda Crowder	DHR/SSA	Shane Spencer	DBM
Godwin Ehirim	DHR/Budget and Finance	Susan Tucker	DHMH
Caroline Jones	DHMH	Anita Wilkins	DHR/SSA
Jeannette Kinion	DJS	Lynn Wisner	DHR/ OLM
		Al Zachik	DHMH

The Work Plan Time line was developed and the group determined the information to gather by the October meeting. Stakeholders, Communication Methods and Resources were identified as part of the initial Work Plan.

The Results:

Rate Setting Revision Work-plan

Phase	Included in this Phase	Start Date	End Date	Person/Group Responsible
Phase I Model & Methodology Development	<ul style="list-style-type: none"> • Look at other states models • Align with report recommendations • Research and align with Medicaid Rehabilitation Program 	October 2013	Spring 2014	Rate Setting Group
Phase II Legislation	<ul style="list-style-type: none"> • Take out specific agency cited; i.e., housed in IRC, not-licensing, non-contracting agency should not be options • Neutral convener language • More flexible, not prescriptive • Strip methodology from statute, make more general 	After Phase I is finished	Summer 2014	Legislative Liaisons
Phase III Regulations	<ul style="list-style-type: none"> • Person writing regulations should be brought in early in the process and discussions. • Assistant Attorney Generals from a Human Services Group • Put the method in regulations as a general method to follow • Also need to see Medical Assistance 	After Phase II is finished	Fall 2014	Rate Setting Group, Assistant Attorney General (AAG)

Phase	Included in this Phase	Start Date	End Date	Person/Group Responsible
	regulations and State Plan Amendment and Codes <ul style="list-style-type: none"> Review Medicaid and IV-E funding vs. other funding 			
Phase IV Policy Guidance	<ul style="list-style-type: none"> Policy Guidance Manuals for providers Detailed information Training 	After Phase III is finished	Fall 2014 (draft with the regulations)	Policy Guidance and IRC
Phase V Implementation	<ul style="list-style-type: none"> Demonstration year – First year of implementation engage a sample group Set up accounting system Provider training Standardized outcome measuring 	After Phase IV is finished	July 1, 2015	IRC

Tasks to complete prior to the October meeting:

Tasks:	Start Date	End Date	Person/Group Responsible
Provide details about the current rate structure			
What services does the rate currently include? <ul style="list-style-type: none"> Levels of Intensity based on provider delivery services Care and supervision Health, Medical, Education, Family Support Boarding rate (see provider instruction Nov. 2012) 	Immediately	October meeting 2013	Individual Licensing agencies, GOC - LOI
What are the details that go into determining the rate? (Budget Instructions) <ul style="list-style-type: none"> Look at / Develop a core group of Performance Outcomes that are overarching and then each agency would develop agency specific performance measures. IRC Approved methodology and approval annually by IRC agency representative Number of Children Intensity Rate of Living Unbundle Services Rates 	Immediately	October meeting 2013	Hire a consultant MSDE/IRC

Tasks: Provide details about the current rate structure	Start Date	End Date	Person/Group Responsible
What types of rates are set? (i.e.RCCs, CPAs, Non-Residential programs) <ul style="list-style-type: none"> • Consider IRC recommendations as the model is developed. • If a recommendation from the report is changed or deleted, give reasons • Potentially build in incentives (based on education) • Take inventory of current system to develop new system (by each agency; see spreadsheet from Rosalyn via Shanda) • Concentrate first on Residential Programs • Look at models in-depth, limit to 2-3 states (ask Casey to review) 	Immediately	October meeting 2013	MSDE (Roslyn)

Levels of Communication

Who/Target	Purpose	When/Frequency	Type/Method(s)
Providers	<ul style="list-style-type: none"> • Education • Outreach • Assistance • Buy in / support • Feedback • Guidance • Training of Providers • Oversight /Continuation 	Every other month	<ul style="list-style-type: none"> • Web sites at group specific with security levels • Webinars • Emails / meetings • Joint Meetings with providers or legislators • Conversations, letters through Medicaid with CMS through DHR with IV-E Feds
Stakeholders		Every other month	
Agency Leadership		Minimum monthly, ongoing	
General Assembly		Session / briefings	
Knowledge Leaders (other stakeholders and consultants)		Upfront: More frequently with a target of monthly contact	
CMS and IV-E Feds		As needed	
LDSS		As needed	
Local School Systems		As needed	
May determine other stakeholders based on defined model		As needed	

Determine Workgroup Participation

Stakeholder Representative	Role
Federal Agencies	Assistance, guidance, information Money and expertise Programmatic Determining service needs Determining Service Options Defining services clearly so services may be unbundled
Regional DJS/DSS/CSA Placements	
Casey	
MARFY	
Provider Agencies	
LDSS	
Youth Advisory Board	
Family Organizations	

Identify State Agencies and their role

Agency	Representative	Role
IRC		<ul style="list-style-type: none"> • Continuum of services • Financing • Programmatic • Determining service needs and options • Levels of needs • Staffing • Respond to recommendations
DHMH (Medicaid and MHA / DDA)	<ul style="list-style-type: none"> • Susan Tucker • Linda Song • Dr. Al Zachik • Caroline Jones 	
DHR	<ul style="list-style-type: none"> • Godwin Ehrim 	
MSDE		
DJS		
DBM		
OLM/SSA		
GOC		

Determine Resources needed

Workgroups needed	Purpose
Task oriented as needed, time limited with clear deliverable	<ul style="list-style-type: none"> • Research models (Casey, the Institute?) • Review levels of care/intensity • Review individual, program levels • Regulation Revision • Policy Development
Facilitation / Purpose	
Provide options / See what has worked	Look for funding for facilitators or look for existing contracts that could be used
Appropriate placements	Ask the Cabinet for funding for Facilitation
Input from local agencies	Rate Setting Consultant
Other states' agency/experience	Expert on Time studies

What Type of funding sources is available based on types of services?

- Need to explore other funding sources based on defined services after the rates are unbundled
- Grants
- Trusts
- Donations
- IV-E
- Medicaid
- DJS/DHR State only funding (CME)
- Federal funding (Waivers)

Next Steps

- Next meeting October 29, 2013, 1:00 – 3:00 PM at DHR, 5th Floor Conference Room A & B.