

## **131st MAINE LEGISLATURE**

## FIRST SPECIAL SESSION-2023

**Legislative Document** 

No. 1617

H.P. 1042

House of Representatives, April 11, 2023

**Resolve, to Increase Access to Brain Injury Waiver Services** 

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative LIBBY of Auburn. Cosponsored by Senator GROHOSKI of Hancock and Representatives: HEPLER of Woolwich, LANDRY of Farmington, PERRY of Bangor, RANA of Bangor, SARGENT of York, SKOLD of Portland, TERRY of Gorham. 1 **Emergency preamble. Whereas,** acts and resolves of the Legislature do not 2 become effective until 90 days after adjournment unless enacted as emergencies; and

3

4

5

6

**Whereas,** this legislation must take effect before the end of the 90-day period in order for the Department of Health and Human Services to submit a request to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to request approval to amend the brain injury waiver as soon as possible; and

Whereas, in the judgment of the Legislature, these facts create an emergency within
the meaning of the Constitution of Maine and require the following legislation as
immediately necessary for the preservation of the public peace, health and safety; now,
therefore, be it

Sec. 1. Department of Health and Human Services to increase MaineCare 11 12 rates. Resolved: That, upon approval of a waiver amendment from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, 13 14 the Department of Health and Human Services shall amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 18, Allowances for Home and 15 Community-Based Services for Adults with Brain Injury, to increase rates for Home 16 17 Support (Residential Habilitation) Level I by an amount in the same proportion as the difference between the Chained Consumer Price Index on the date the rate was last adjusted 18 and the Chained Consumer Price Index on the effective date of this resolve. The rules must 19 20 specify that the increase in reimbursement rates must be applied to wages and benefits for 21 direct support employees. For the purposes of this resolve, "direct support employees" 22 means all employees who work directly with individuals on the waiver and receiving services in the home but does not include administrators and contract labor, and "Chained 23 Consumer Price Index" has the same meaning as in Maine Revised Statutes, Title 36, 24 25 section 5402, subsection 1. Rules adopted pursuant to this section are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A. 26

**Sec. 2. Care coordination services units. Resolved:** That, by January 1, 2024, the Department of Health and Human Services shall amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 18, Home and Community-Based Services for Adults with Brain Injury, to allow for 400 units of care coordination in each year rather than limiting it to 200 units after one year. Rules adopted pursuant to this section are routine technical rules pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

**Sec. 3. Department of Health and Human Services to explore telehealth opportunities. Resolved:** That the Department of Health and Human Services shall explore opportunities to provide additional reimbursable services using telehealth to members currently receiving services under the brain injury waiver administered by the department's office of aging and disability services, including care coordination services, that could be provided by health care providers, including licensed medical personnel and nonlicensed personnel.

Sec. 4. Department of Health and Human Services to submit waiver
amendment. Resolved: That the Department of Health and Human Services shall
submit a request to the United States Department of Health and Human Services, Centers
for Medicare and Medicaid Services no later than October 1, 2023 to request approval to

amend the brain injury waiver, rule Chapter 101: MaineCare Benefits Manual, Chapter III,
 Section 18, Allowances for Home and Community-Based Services for Adults with Brain
 Injury, to increase MaineCare reimbursement rates pursuant to section 1.

4 Sec. 5. Increase to employee wages. Resolved: That, to qualify for the rate 5 increase pursuant to section 1, an agency providing direct support employees must 6 demonstrate, to the satisfaction of the Department of Health and Human Services, that an 7 increase in wages and benefits for direct support employees has been granted that equals 8 the amount of increase received as a result of the increased reimbursement. The increase 9 must be granted or paid out retroactively from the date the department begins reimbursing 10 at the increased rates.

Emergency clause. In view of the emergency cited in the preamble, this legislation
 takes effect when approved.

13

## **SUMMARY**

14 This resolve directs the Department of Health and Human Services to seek approval 15 from the United States Department of Health and Human Services. Centers for Medicare 16 and Medicaid Services to amend the brain injury waiver, rule Chapter 101: MaineCare 17 Benefits Manual, Chapter III, Section 18, Allowances for Home and Community-Based 18 Services for Adults with Brain Injury, to increase Home Support (Residential Habilitation) 19 Level I rates for services provided to MaineCare members by an amount in the same proportion as the difference between the Chained Consumer Price Index on the date the 20 21 rate was last adjusted and the Chained Consumer Price Index on the effective date of this 22 resolve. It requires the increase in reimbursement to go to direct support employees. It also 23 allows up to 400 units of care coordination each year rather than only in the first year of receiving services under the waiver. The Department of Health and Human Services is 24 25 directed to explore opportunities to provide additional telehealth services, including care coordination services, provided by both licensed medical personnel and nonlicensed 26 27 personnel.