Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



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Senator Baldacci, Chair Representative Michelle Meyer, Chair Members, Joint Standing Committee on Health and Human Services 100 State House Station Augusta, ME 04333-0100

Re: LD 539 – An Act to Provide Substance Use Disorder Counseling for MaineCare Members with an Acquired Brain Injury

Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

This letter is to provide information neither for nor against LD 539, An Act to Provide Substance Use Disorder Counseling for MaineCare Members with an Acquired Brain Injury.

This bill adds substance use disorder counseling to the comprehensive neurorehabilitation service system administered by the Department and directs the Department to include counseling for substance use disorder in rehabilitative services for MaineCare members who have sustained an acquired brain injury. This bill would create a specialized substance use disorder service as an interdisciplinary treatment option for individuals with co-occurring substance use disorder (SUD) and acquired brain injury through Maine's neurorehabilitation services.

The Maine Acquired Brain Injury Advisory Council worked with Representative Hepler to submit LD 539 with the goal to add a specialized prevention and treatment model for brain injury and substance abuse disorders.

The council's report to the Commissioner and the Legislature outlines this goal as a top priority for them. Their arguments to add SUD treatment to Section 102 clinics are mainly quality based, with a belief that Maine's SUD providers lack expertise in providing treatment for individuals with cognitive and neurobehavioral deficits that would make any talk based or cognitive based treatment unsuccessful in supporting prevention and treatment. Maine's TBI grant does include training on identification of brain injury and advocacy for brain injury.

If the Department's assumptions are correct on the intent of the bill, MaineCare providers delivering Rehabilitative Services would be able to deliver and bill for SUD counseling services. The Division of Licensing and Certification states it would be acceptable for these providers to deliver SUD counseling, without requirement of an SUD agency license, if the provider has appropriate licensure/certification and education. It seems reasonable to assume that traditional cognitive behavioral therapy (CBT) type approaches that most SUD clinicians use would be less effective for clients with TBI and that providers with specialized training/experience could better meet needs.

This bill would require state rulemaking, changes to the Medicaid State Plan, and billing system configuration changes.

If you have any questions, please feel free to contact me.

Sincerely,

Michelle Probert

Director

MaineCare Services