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To: Senator Baldacci, Representative Meyers, and distinguished members of the Joint Standing Committee on Health and Human Services.

From: Alli Vercoe, Director of Case Management, Independence Association

Subject: LD 473 Resolve, to Expand the Eligibility for and Increase the Number of Hours of Applied Behavior Analysis Services Authorized by the MaineCare Program

Date: March 28, 2023

Dear Senator Baldacci, Representative Myers and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Alli Vercoe and I am the Director of Case Management at Independence Association, in Brunswick, Maine. Independence Association is a non-profit organization that has supported people with Intellectual Disabilities since 1966. I am submitting written testimony supporting RE: LD 473: Resolve, to Expand the Eligibility for and Increase the Number of Hours of Applied Behavior Analysis Services Authorized by the MaineCare Program.

I have been working with children and adults with intellectual disabilities for almost 26 years, and truly, I feel that currently, the system of care for children and adults with intellectual disabilities is at a breaking point and that the state needs to ensure better clinical oversight and supports to these individuals. Most of the individuals that I see come through the system that we support have dual diagnosis of intellectual disabilities and mental health. In my role, I supervise case managers as well as have a caseload of adults with intellectual disabilities/mental health and or autism and what I experience over and over again is that providers are not willing to support the most challenging/vulnerable of clients, as they are not equipped with the resources to manage these most challenging of circumstances. In the state of Maine, if a client has challenging behaviors, there are rules in place which require a level 3-5 oversight clinical plan. In these cases, clinicians (LCSW or BCBA) are required to oversee these plans but are only authorized for 16.5 hours per year of support reimbursed through Maine Care. These clients require support from the clinician in developing a positive

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behavioral support plan, reviewing team's progress and the whole clients' treatment plan and history, overseeing monthly training and support to the direct support staff (DSP) and teams, documenting progress or steps to reduce these challenging behaviors and oversight to the state 3 person committee on a quarterly basis. 16.5 hours per year does not even skim the surface to support these individuals and at the current rate of reimbursement, there are very limited number of clinicians willing to even contract to provide this intense level of supports for intensity needed. Under the children services system, the hours are at 120 but yet, that same child who turns 18 and still requires that amount of BCBA support, once in the adult system, during transition which is the hardest time, will only receive 16.5 hours from an adult provider. We case manage several individuals that have been waiting for a long time to get these services but cannot access them as there are very limited resources of clinicians willing at this point to provide this extremely important service. I request the hours be amended to reflect a minimum of 120 per year and be extended to individuals on Section 29.

The state of Maine ID services is in a very reactive mode, where providers are trained to document reportable events, but given no resources to provide intervention or supports, or extremely limited resources. I have witnessed behavioral intervention, specifically ABA done successfully and for this to be done successfully, the hours need to be increased to match the current children's services model, in order that the clinician has time to meet with the team and adjust the plan as accordingly. Instead, currently, as most of these challenging clients have no behavioral oversight, the answer is that providers are not equipped for these clients, discharge them to ER's and they end up bouncing from placement to placement and back and forth to the ER and crisis system or sent out of state to placements that are willing out of state to fund the services needed to ensure success for this client. The system of care is imploding, and I am saddened that Maine's most vulnerable population is not being given the resources that they deserve, to ensure that they are successfully staying in places and not bouncing from provider to provider. The ABA model is a proven method that works, that I have seen work over and over again and I urge this committee to support this important legislation. Thank you for your time and attention to this matter.

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