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March 16, 2023

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

Re: LD 619 – *An Act to Ensure Coordination of Care for MaineCare Members*

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

This letter is to provide information and share the Department's concerns with LD 619, *An Act to Ensure Coordination of Care for MaineCare Members*, as drafted.

This bill requires the Department of Health and Human Services to provide nonemergency transportation services to MaineCare members regardless of whether a member resides in a rural or nonrural setting; reimburse providers of behavioral health services and providers of physical health services for time spent engaged in coordination of care for MaineCare members, including for critical collateral care coordination for hospitalized members; reimburse for representative payee services to members eligible for targeted case management and community support services; reimburse for transportation to and from psychosocial clubhouse services; and provide certified recovery coach and certified intentional peer support specialist services to MaineCare members eligible for targeted case management or community support services.

The proposed bill is vague and broad reaching, and the Department already meets several of the requirements the bill outlines. The Department addressed each section to the extent possible below.

Section 1: Nonemergency transportation (NET) as described in the proposed bill is already a reimbursable service available to MaineCare members, regardless of rural or non-rural residence. Chapter II, Section 113 of the MaineCare Benefits Manual (MBM), *Non-Emergency Transportation (NET) Services* covers transportation solely to and from MaineCare covered services. MaineCare already provides transportation to MaineCare covered services, regardless of rural or non-rural location.

Section 2: MaineCare reimburses for care coordination as a covered service under Ch. II Section 13, *Targeted Case Management*; Section 17, *Community Support Services*; Section 91, *Health Home Services – Community Care Teams*; Section 92, *Behavioral Health Homes*; Section 93, *Opioid Health Homes*; and Ch. VI Section 3, *Primary Care Plus*. Aside from the aforementioned services which are largely reimbursed through bundled rates which incorporate other costs of care beyond those associated strictly with care coordination, MaineCare does not reimburse for a

standalone care coordination service. The Centers for Medicare and Medicaid Services (CMS) has established requirements for states to ensure non duplication of payment and services, so providers delivering other services to members receiving the above care coordination services would not be able to receive reimbursement for care coordination. MaineCare members under the age of 21 need not be included as care coordination services are available through Section 94 of the MBM, Early and Periodic Screening, Diagnosis and Treatment Services (EPDST). In addition, there is a requirement for hospitals to provide care coordination as part of the services they currently deliver.

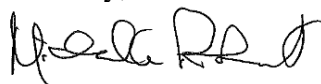
Section 3: Benefits from the Social Security Administration are separate from Medicaid. As the bill is written, such inclusion of representative payee services as a Medicaid reimbursable service would not be federally permissible. The Department requires additional information regarding who would be considered a designated rep payee under this proposal.

Section 4: For members receiving mental health psychosocial clubhouse services, transportation that takes place as part of the covered service is already built into the bundled rate under MBM Section 65. In addition, MaineCare already covers NET to and from MaineCare-enrolled Clubhouse service locations.

Section 5: Recovery coaching and peer support services are provided through bundled, team-based service models and are not eligible to be billed as standalone services. These services are currently supported through reimbursement under MBM Ch. II, Sections 17, 65, 92, and 93.

As this bill develops, the Department would like to emphasize that significant clarity is required for all sections. Additional detail surrounding the intended service offerings, populations, and providers is required to further identify implications and impact. We wanted you to be aware of the above information as you consider this bill going forward. If you have any further questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert".

Michelle Probert  
Director  
MaineCare Services