



Alliance for Addiction and Mental Health Services, Maine
The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

~ Officers ~

Dave McCluskey, President
Community Care

Greg Bowers, 1st Vice-President
Day One

Bob Descoteaux, 2nd Vice-President
MaineGeneral Behavioral Health

Kara Hay, Secretary
Penquis CAP Inc.

Ellen Bemis, Treasurer
Aroostook Mental Health Center

Eric Meyer, Past President
Spurwink

~ Board Members ~

Alternative Services, NE, Inc.
Androscoggin Home & Healthcare

ARC at Mid Coast Hospital
Assistance Plus

Brighter Heights Maine
Catholic Charities, Maine
Co-occurring Collaborative
Serving Maine

Christopher Aaron Center
Common Ties Mental Health
Community Caring Collaborative
Community Concepts, Inc.

Community Health & Counseling
COR Health

Crisis & Counseling Centers
Crossroads Maine

Kennebec Behavioral Health
KidsPeace Maine

Maine Behavioral Health
Organization

Maine Behavioral Healthcare
Milestone Recovery

NFI North, Inc.

Northern Light/Acadia
Pathways of Maine

Portland Recovery Community
Center

Progress Center

Rumford Group Homes
Sunrise Opportunities

Sweetser

TriCounty Mental Health Services
Wellspring, Inc.

Wings for Children & Families
Woodfords Family Services

Testimony in Support of LD 2243

Resolve, Directing the Department of Health and Human Services to Amend MaineCare Rules Governing Certain Types of Behavioral and Mental Health Services and to Form a Stakeholder Group to Study Methods for Improving Those Services

Sponsored by Senator Stewart

3.7.2024

Good afternoon Senator Baldacci, Representative Meyer, and esteemed members of the Joint Standing Committee on Health and Human Services. My name is Malory Shaughnessy, I am a resident of Westbrook, and the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community-based providers of these much-needed services, providing care annually to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance and the tens of thousands of adults, youth, and families that they serve, I am here today to speak in support of LD 2243 **Resolve, Directing the Department of Health and Human Services to Amend MaineCare Rules Governing Certain Types of Behavioral and Mental Health Services and to Form a Stakeholder Group to Study Methods for Improving Those Services.**

This legislation before you has several parts, but the focus is largely on MaineCare Section 97 residential services, and specifically Appendices E and F which are residential services for adults that are challenged by mental illness, intellectual disabilities, autism and brain injuries. Maine calls these facilities Private Non-Medical Institutions or PNMI's.

This legislation is intended to stop the potential loss of these critically needed services, these beds. We thank Senator Stewart for bringing this legislation forward.

Over the past few years, providers have lost hundreds of thousands of dollars while actually providing these services for hundreds of Mainers. They are having to pay back six figure amounts when the costs are settled each year due to the outmoded and illogical rate formula that is not based on actual operational costs, but tied to a percentage ratio of the staffing costs. As we know staffing issues have changed dramatically over the past few years, with workforce shortages becoming a major barrier across the healthcare industry.

I would be happy to bring to the work session more exact figures on the losses sustained over the past several years. We are gathering that data now.

The bottom line is that these providers have been subsidizing the state's obligation to meet the needs of these Mainers (many of them a part of the Consent Decree population) and they cannot continue to do so. The margins after years of losses are far too slim.

We also have a question about the monies that end up being paid back to the state under the current formula. We know that millions have been paid back over the past few years. Are the 2/3 of federal matching dollars that had been drawn down also paid back to the federal government?

In December 2022, providers were heartened by the fact that these services were on the MaineCare rate review calendar to be addressed this year, and that kept them holding on. So, to see these services taken off of the calendar when it came out last December was devastating.

The Office of MaineCare Services has told us they need to further review and make changes to update not only the rate, but the actual rules and guidelines for these residential services and they need more time. We can understand that, but providers need immediate relief if they are going to continue to provide access to these services and these beds...and this Committee has already heard many times how these beds are limited and not available to all those that need them, leaving many stranded in emergency rooms and psychiatric hospital units when they would otherwise be ready to step down into a less restrictive setting in the community.

This legislation in Section 1 offers a lifeline to providers to keep them from sinking, to keep them open until the Department finishes its rate review and service evaluation for PNMI E and F services. Section 4 says that this lifeline must remain in place until this process is done. And finally, Section 5 directs the Department to include stakeholders in this work of review and evaluation, and report back to this Committee how that work is coming.

The Alliance cannot speak to Section 2 as that largely pertains to PNMI F, and that is outside of the work that we do. PNMI F covers residential services for adults with intellectual disabilities, autism and brain injuries, while Appendix E covers residential services for those with mental illness.

Section 3 is an anomaly in this legislation, but a nod to a growing concern that has arisen over the past year. We know there is a growing need for school-based outpatient services as the mental health of our youth has suffered through the Pandemic and post-Pandemic times. School-based outpatient services however, are classified as office-based services rather than community-based services, and as such are paid at a lower rate under the newly released rates that became effective a year ago in January. You can see this in the chart below.

Service	Billing Unit	Current Rate	Draft Rate	% Change	
Independent Psychologist, One-to-One	Office	15 Min.	\$23.55	\$31.75	35%
	Community		\$38.37	63%	
Psychologist, Group, Office	15 Min.	\$5.89	\$10.34	76%	
Ind. LCSW/LCPC/LMFT, One-to-One	Office	15 Min.	\$14.72	\$25.73	75%
	Community		\$31.26	112%	
LCSW/LCPC/LMFT/APRN, Group, Office	15 Min.	\$3.68	\$8.41	129%	

Given that many social workers or other clinicians providing services to youth in schools often travel from school to school they should be classified as community-based services and receive the rate that incorporates the need for travel. If we want to grow access to this service it must be fully covered and this is a simple adjustment that would allow for that growth.

Please consider these concerns, especially around continued access to PNMI E and F beds.

As providers we are trying to work with the Department within the newly created rate reform process and in many ways, it is working well. But to have these MaineCare Sections pulled from the calendar at the last moment felt like watching Charlie Brown and Lucy, and the football. We waited with hope and anticipation for change to sustain these services, only to see it disappear into the air.

Please vote Ought to Pass on the amended version of this legislation to keep beds open for those in need of residential services. Thank you.