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February 5, 2021

Senator Claxton, Co-Chair  
Representative Meyer, Co-Chair  
Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, Maine 04333-0100

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

This letter is written to provide the Committee with information as it relates to LD 17, *Resolve, To Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program.*

The Department is neither for nor against this bill.

This resolve requires the Department of Health and Human Services to develop a pilot project lasting 18 months that provides up to \$2,000 in non-medical transportation services to each member receiving services pursuant to Chapter 101: MaineCare Benefits Manual, Chapter II, Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities. This resolve also requires the Department to submit a report regarding the costs, effectiveness and future viability of the pilot no later than January 30, 2023.

In order to implement this pilot as written, under the Section 19 program, it would require both changes to the Section 19 rule and Section 19 waiver, approval from the Centers for Medicare & Medicaid Services (CMS), and changes to the service authorization process. In addition, an amendment to MaineCare's Non-Emergency Transportation (NET) 1915(b) waiver may be necessary if non-medical transportation services covered through this pilot were to overlap with non-medical transportation services already provided under MaineCare's NET brokerage system. However, relying upon federal funding would make a short-term pilot program more challenging to implement, as CMS generally does not approve pilot projects outside of an 1115 waiver, which requires the state to demonstrate cost neutrality or cost savings. Funding a pilot with state funds would allow more flexibility to prove or disprove the concept. The Department's fiscal estimate assumes using all state funding for a pilot covering 10% of the Section 19 client population. Using all state funding for this pilot would also alter the regulatory changes that the Department would need to make.

The concept of a defined, per-person, non-medical transportation benefit exists in other states, such as New York, for behavioral health programs. The Department is in the process of

completing an independent evaluation of the Department's current transportation programs, and that evaluation will contain more information about the New York model as well as other transportation models. Current information would suggest that a pilot program of this model is worth exploring, provided that adequate funding were available to do so.

Through this letter, we want the Committee to be aware of the above information as it considers this bill moving forward. If you have further questions, please feel free to contact me.

Sincerely,



Michelle Probert, Director  
Office of MaineCare Services



Paul Saucier, Director  
Office of Aging and Disability Services