Jeanne M. Lambrew, Ph.D. Commissioner



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April 2, 2021

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

Re: LD 432 – Resolve, To Improve Behavioral Health Care for Children

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

This letter is to provide information on LD 432, *Resolve, To Improve Behavioral Health Care for Children*.

This resolve requires the Department of Health and Human Services to amend rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65 to reimburse for additional collateral contacts for children's home and community-based treatment between the child's mental health professional and parents, medical providers, psychiatric providers, residential providers, case managers and school personnel without affecting the maximum number of hours of collateral contacts that may be reimbursed under the rule.

The Department finds the mechanics of this bill confusing. The Department's policy, Chapter II, Section 65.06-10, states:

Collateral Contact is a face-to-face contact on behalf of a member by a mental health professional to seek or share information about the member in order to achieve continuity of care, coordination of services, and the most appropriate mix of services for the member.

Discussions or meetings between staff of the same agency (or contracted agency) are considered to be collateral contacts only if such discussions are face-to-face and are part of a team meeting that includes professionals and caregivers from other agencies who are included in the development of the Individual Treatment Plan (ITP).

Section 65.08-10, states:

For the purposes of Collateral contacts for Children's Home and Community Based Treatment, MaineCare reimburses only up to forty (40) units or ten (10) hours of billable face-to-face collateral contacts per member per year of service.

The bill states, "[t]he rule must be amended to reimburse for additional collateral contacts..." but also provides that "[t]his resolve does not affect the maximum number of hours of collateral contacts that may be reimbursed under the rule."

The Department's best reading of the intent of the bill is that is would expand the definition of a collateral contact to include additional contact types, but would not allow for additional billing beyond current limits. Any changes of this nature, while not increasing the limit, would still likely incur a fiscal impact through increased utilization below the limit.

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,

Michelle Probert

Director

MaineCare Services