



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

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Testimony in support of LD 432
“Resolve, To Improve Behavioral Health Care for Children”

Sponsored by Representative Colleen Madigan

April 2, 2021

Good morning Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services. I am Malory Shaughnessy, a resident of Westbrook, and the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the state association for Maine's community based mental health and substance use treatment providers. 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.

Thank you for the opportunity to speak on behalf of the Alliance in support of LD 432.

This resolve requires the Department of Health and Human Services to amend Chapter 101 of the MaineCare Benefits Manual, Chapter II, Section 65 to reimburse for additional collateral contacts for children's home and community-based treatment. Those additional collateral contacts could be between the child's mental health professional and parents, medical providers, psychiatric providers, residential providers, case managers and school personnel as long as the goal of the collateral contact is included in the goals of the individual treatment plan.

Our reading of this resolve would be to expand the definition of a collateral contact to include additional contact types. We wholeheartedly agree that this is in the best interest of the child and the child's treatment outcomes.

We live in an increasingly complex world and our children interact within many settings. This expansion makes sense.

However, this resolve does not affect the maximum number of hours of collateral contacts that may be reimbursed annually under the rule.

The MaineCare Manual, 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 Alliance would weigh in to state that this cap should be reconsidered. In order to provide effective treatment to a child with complex needs and a myriad of potential providers and caregivers, an annual 10 hour maximum seems to be limiting.

Thank you for considering these comments, and we would be happy to provide any additional information.