



Written Testimony of Sandra LaBelle, Community Case Manager, Spectrum Generations (the central Maine Area Agency on Aging)

To the Joint Standing Committee on Health and Human Services

In Support of LD 415 - *Resolve, Directing the Department of Health and Human Services To Increase MaineCare Reimbursement Rates for Targeted Case Management To Reflect Inflation*

Delivered electronically on April 8, 2021

Thank you, Senate Chair Claxton and House Chair Meyer, and members of the Health and Human Services Committee for this opportunity to bring support to LD 415 and what it could mean for Mainers. My name is Sandra LaBelle, Case Management Director at Spectrum Generations, one of Maine's Area Agencies on Aging.

Spectrum Generations provides case management as part of our mission to promote and advance the well-being and independence of older and disabled adults, with the support of their care partners, to live in their community of choice.

Spectrum Generations' Case Management program presently serves individuals with intellectual and developmental disabilities; 265 consumers across 7 counties and employ 9 case managers. Administrative costs are extremely high to support this service, particularly around the rep payee service that we provide, as this is a non-billable service, as well as the lengthy billing process for MaineCare reimbursement (15 minute billing increments). Also worthy of noting is that travel time, documentation time, and trainings are time consuming and not accounted for in the present rate. Given that Maine is a rural state, travel is an important factor to consider into rate setting.

Case managers are vital to coordinating and connecting adults and transitioning children to critical services and supports, as well as to help them navigate a complex system to link to waiver funding and resources that enhance the quality of their lives. Rural resources are often limited and much more difficult to access than those in more heavily populated areas.

The reimbursement rate for targeted case management services has not been adjusted since 2009, despite rising costs of wages, health insurance, technology, travel, and other costs. For the more than 250 plus families on the Section 29 waitlist, targeted case management is the only connection to support and guidance.

Despite stagnant rates, case managers' duties and mandates continue to increase, including required activities that are unbillable and therefore unreimbursed. Our agency is one of the few that offers

representative payee services, which help consumers *manage their monies*. This service is greatly needed but due to it being a non-billable activity, most agencies do not provide the service.

In recent months, case managers have been tasked with additional follow up on reportable events, scheduling National Core Indicator surveys, Individual Experience Assessments and working with consumers around Supported Decision Making, all of which take up a significant amount of time lessening the time being spent to link to resources. With high waitlists for waiver funding, case managers must be diligent in finding natural supports or other resources to attempt to fill the gap until funding becomes available for much needed resources such as community supports, home supports, work supports, housing, and assistive technology.

Case Management is an invaluable service. Maine presently has an Executive Order in place that allows for increased caseloads as the demand for case managers is critically high and recruitment is difficult at current rates. As we set rates we must consider strongly increasing the rate of pay for case managers in an effort to retain these valuable workers and to meet the ever growing need in the State of Maine.

Since 2017, when the State discontinued its own case management services, more than 1200 adults with intellectual and developmental disabilities have been moved to community providers. Without the increase to offset a decade of inflation, fewer agencies are opting to provide the service resulting in a great need for community case managers. Also noted is the increase in dually diagnosed consumers (complex cases).

Having been a Director of a case management program for 14 years, I can remember a time when billing was done monthly at a flat rate per consumer. This allowed for monthly contact with each consumer and also more frequent contact for consumers with greater needs. It also lessened the time spent on documentation considerably, as well as far less time of Administrative time billing for the service.

Maine is a unique state that cannot be compared to other states as it is very rural and has a high percentage of elderly consumers that are IDD. It is imperative that we allow for consumers to live in their communities of choice and receive quality services.

Without an increase to offset a decade of inflation, providers are unable to maintain the capacity needed to ensure individuals with disabilities have access to the care and support they need to live and thrive in the community. The present rate also does not allow agencies to compensate case managers and directors adequately making retention nearly impossible.

I urge you to support LD 415.

Thank you for your time and consideration of this testimony. Please contact me with any questions you may have.