

April 15, 2021

To: Health and Human Service Committee  
From: Madolyn Buckless  
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Subj: LD 415 Resolve, Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case Management Service to Reflect Inflation

Good afternoon Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee. My name is Madolyn Buckless, a Maine resident living in York, Maine. Thank you for the opportunity to testify in support of LD 415, Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case Management Service to Reflect Inflation.

I am a parent of a 28 year old who lives with a diagnosis of Autism Spectrum Disorder, anxiety, and a seizure disorder. Robert was diagnosed in 1994 and began receiving services through Child Development Services beginning in 1995. He attended public school in the York School Department from kindergarten through grade 12, earning a high school diploma. With many years of hard work and starts, stops, and starts, Robert earned his BS in Computer Science from USM in 2020. We celebrate his accomplishments.

While raising a child with a developmental disability I am blessed to be surrounded with very talented, skilled, and well-connected people across disciplines. We have often crossed state lines and paid out of pocket for consultation and support. Our biggest hurdle has been accessing services for our adult child living with a lifelong development disability in Maine. Inconsistent case management has hampered us from accessing quality programming and support.

Robert works with the Maine Vocational and Rehabilitation system; became eligible for MaineCare and entered the Adult Services system in 2011. I know we are not addressing the cumbersome nature of the system we work with here, but understand that our family works with Maine Voc Rehab, Living Innovations, CASA, ME Health Vocational, Creative Works, and TechHire.

People who choose to work in case management are required to have a certain level of professional credentials and education to secure these positions, many with masters degrees. Over time their duties and responsibilities have grown to meet the demands of the people they serve. They must be available in times of crisis and in our experience, they have made themselves available outside of normal working hours. These are not 9 to 5 jobs.

Our society now recognizes the need to provide support in our communities for people living with a broad range of disabilities. Building relationships with case managers is key for people living with disabilities. It is essential to maintain stability with case management and this cannot be achieved if we do not provide them with a living wage. It is so disturbing that the reimbursement rate for targeted case management services has not been adjusted since 2009. An ah-ha moment came for me when I discovered that the person who was tasked with providing workplace exploration opportunities for my son was earning far below the potential earnings my son would earn as a computer professional. This person was barely earning minimum wage. This absolutely contributes to the high turnover with support staff and case management. It makes it impossible to attract people to this type of work if they cannot be assured a salary that will keep up with inflation and keep them in these positions long term. It takes time to build relationships and time for us families to trust those who are supporting our family members.

In my written testimony dated January of 2020, I stated we worked with 4 agencies and 5 different case managers in five years and we were often without case managers. We have added an additional agency to the team in the last 14 months and we have lost three additional case managers. This turnover leads to a great deal of frustration, stress, and sadness and gaps in getting information. A recent example is Robert needed a letter from MEVR on their letterhead with specific wording in order to apply for a position at the Portsmouth Naval Shipyard as a person with a disability. Our MEVR case manager left the position in June of 2020 and had not been replaced and it took several days to get the letter from MEVR, only to find the position had been closed. I know my son is missing out on opportunities and experiences he needs to access to continue to grow and be able to have some meaningful life experiences which include being safe, having rewarding employment, social engagement, and some level of independence.

As my husband and I are aging, now in our 60s and retired, we have had to lean more on these services. I view our relationship with case managers as a partnership, often taking a great deal of time bringing the new hires up to speed not only on my son's needs, but I try to help them understand what we as families have to do to navigate a cumbersome system of agencies and reimbursement procedures. When transitioning to new staff we must convene lengthy meetings, adding to my son's anxiety that gets in the way of him forming relationships, especially when case managers cannot be retained. Remember my son has autism; not only has he worked to know when he needs help, he has worked to learn to ask for help, but this can't happen when your disability hampers your ability to make connections and your resource person is changing so frequently.

From where I stand, we are incurring a greater cost by DHHS not amending its rules governing MaineCare reimbursement for targeted case management services. The support they provide is essential to the health and wellbeing of our very vulnerable people living with intellectual and developmental disabilities in our communities. They deserve to be compensated accordingly.

Thank you for your service, time and consideration.



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