

TO: Maine State Legislature Health and Human Services Committee

RE: LD 415 - Resolve Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case Management Services to Reflect inflation

DATE: 04/15/2021

Good afternoon, Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee. Thank-you for the opportunity to present my testimony in support of LD 415.

The situation we are faced with right now begs the question, is the State of Maine prepared to rehire qualified people to provide TCM services? If yes, how much will it cost the State of Maine to resurrect TCM service provision?

My name is Frances B. Cartier. I'm the Executive Director/owner if ISC for ME, LLC (Independent Service Coordination of ME, LLC.) ISC for ME, LLC opened and started accepting clients as of 12/05/2011.

Before opening ISC for ME, I was employed as an ISC (Individual Support Coordinator) DHHS (Department of Health and Human Services.)

I have 25 years' experience working with these services. Initially personally as a mother, and aunt of autistic children. My professional experience started as Behavioral Specialist for children with a diagnosis mental health or autism, DSP (Direct Support Professional) & House manager, CIW (Community Integration Worker) for Adults, working for the State of Maine as an ISC before being approved by MaineCare to provide Case management services as of 10/2011.

Today ISC for ME, LLC provides services for about 200 clients in over 50 towns and 6 counties in Maine. ISC for ME, LLC focuses on providing TCM (Targeted Case Management) services only. We choose to offer representative payee services for our clients only at no cost to them. This is a non-billable service. We choose to provide the service because supporting our client to learn budgeting skills is essential for them to become more independent which means they will less service in the future.

The ISC for ME, LLC has one source of revenue, section 13 TCM for adults diagnosed IDD (Intellectual and Developmental Disability) and/or Autism. The people we provide services to must be preapproved by DHHS to receive the service and they must request the service. Once the service is requested it **MUST** be provided per section 13 MaineCare regulations.

In practice, TCMs are the equivalent of a general contractor. TCMs are responsible for the overall coordination of services. TCMs, assure they understand the client's goals, organize team meeting to determine how to support the client's goals, document the goals in the PCP (Person Centered Plan), prepare an authorization for the services to submit to DHHS so providers are paid. Finally, TCMs meet with the client regularly to verify the service which is being provided is the service they want and is meeting their needs.

ISC for ME, LLC has grown from 2 case managers starting 2011 to 6 case managers in 2017. We added 3 more case managers working full time when DHHS suddenly chose to discontinue case management services in 2017.

At that time, ISC for ME, LLC as well as many other agencies providing TCM services stepped up to the plate and managed to find, hire, and train the personnel needed to accommodate the approximately

1200 clients who were receiving the services from State of Maine employed as TCMs within that year. A few agencies chose to stop offering TCM services.

In 2011 the ISC for ME, LLC was able to pay case managers double the minimum wage. Since the minimum wage has been increased but the rate of reimbursement for TCM services hasn't benefited from any increase in rates, not even the COL (Cost of Living) rate increase, wage and benefit increases have been exceedingly difficult for TCM providers to offer. Therefore, today a person starting as a case manager is offered a few dollars more than McDonald's is offering as an entry level job with a high school diploma as the educational requirement!

Case Managers are required to meet the qualifications under Section 13 and 14-197 Chapter 10: Bachelor's Degree from an accredited four (4) year institution of higher learning with a specialization in psychology, mental health and human services, behavioral health, behavioral sciences, social work, human development, special education, counseling, rehabilitation, sociology, nursing, or closely related field to be eligible for employment.

People who have invested their time and resources to earn bachelor's degree need to be paid a wage which reflects their investment. Low wages due to the reimbursement rate from MaineCare based on 2010 income makes recruiting and retention of employees extremely difficult.

High turnover rate of TCMs creates an unstable service delivery system. A workforce which is always in "training mode" is less efficient at handling routine tasks, and less able to deal with complex, one-of-a-kind cases.

TCMs can't afford to stay on the job long enough to become comfortable and proficient at the job or even to know whether they want to pursue case management as a career. Right now, CCM's pay is not much more than what the local grocery store or McDonald's offer and the level of responsibility for a grocery store clerk or wait staff is significantly less than TCMs.

Low pay rates, high turnover, and high caseloads for the TCMs reduce the quality of the service provided. This creates an atmosphere of frustration, stress, and disappointment for the workers who choose to keep their job because they can't provide each client as much support as they need. Clients become agitated due to more staff changes. The current system is on the brink of collapse.

40% to 50 % of a TCM's time is spent completing non-billable activities. Translated, case managers must work 2 hours to be paid for 1 hour. Is there another profession that is in this condition?

Non-billable activities such as documenting every 15 minutes of client contact in the data base maintained by DHHS, travel time, scheduling meeting and training and representative payee requirements account for time worked and not reimbursed.

Agencies which provide a variety of services have multiple sources of revenue which offset revenue deficiencies for providing TCM services. It is unclear how long any agency whether providing a single service or many services can or will choose to continue to retain staff to provide TCM services.

In Conclusion, without an increase in the MaineCare reimbursement rate for TCM services I am concerned private sector agencies will not be able to survive. Again, is the State of Maine prepared to resurrect TCM service provision and how much will it cost now and into the future?

