

Written Testimony in Support of LD 415:
*Resolve Directing the Department of Health and Human Services To Increase
MaineCare Reimbursement Rates for Targeted Case Management Services To Reflect
Inflation*

April 15, 2021

Good afternoon, Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee. My name is Amanda Parker, and I am the Program Manager for the Community Case Management (CM) Program at Living Innovations. I have been working in case management since 1999, with experience in children's mental health, Wraparound, and both children and adults with IDD and Autism. I have been with Living Innovations in the adult case management program for the past 11 years.

Living Innovations has been providing services to individuals with Intellectual Disabilities and Autism for 25 years. We are a certified provider of Section 13, providing Case Management services to adults with Intellectual Disabilities. We currently serve 224 individuals, covering 14 of the 16 Maine counties. We provide Case Management services in some of the most rural areas of Maine and offer representative payee services to 13% of the people we support. Living Innovations currently employs 10 Case Managers, with 6 additional full and part-time positions that support the Community Case Management program.

We are each able to carry caseloads of up to 35 individuals. In order to provide quality services, maintain paperwork requirements, training requirements, maintain quality supervision, complete unfunded mandates, and travel, our typical caseloads are between 18 and 25 individuals. Our case managers must each maintain a minimum billing of 25 hours per week, in order to maintain budgetary requirements. Case Managers are a vital part of the team. They assess needs, goals, community connections and resources, and then connect people to resources. These connections meet the food, housing, employment, medical care, and services need, fulfilling their health and safety requirements.

We are requesting your support of LD415, which will increase the MaineCare reimbursement rates for Targeted Case Management Services and reflect rises in costs due to inflation over the years.

This rate has not been adjusted since 2009, though the price of health insurance, technology, wages, and travel expenses have all risen significantly. In that time, the requirements of IDD case managers have also increased to comply with OADS mandates, many of which are not billable or reimbursed.

The rises in costs have made it challenging for us to continue serving individuals in rural areas. We have had to stop serving some outlying areas and have been unable to pick up referrals in other areas. Recently we have had to refuse several referrals. They all report that any of the agencies they have contacted are also stating that they are not able to serve them. In addition, we also had to refer out 10 individuals we support due to losing 2 case managers recently. Many agencies are reporting that they do not have capacity to accept our referrals.

The rise in cost has also contributed to wage compression. There is a cap on what we can pay case managers, but we have had to raise the rate at which we can hire new case managers. While we have a team of case managers who are committed to the work they do, rate compression has created tension as we hire new people closer to the same rate of pay as those who have been with us for several years. Due to this, well-educated and trained case managers are now leaving case management to work in other industries where they make the same or more money, yet do not require a degree with its student loan debt, or the worries we take home with us at night as a case manager.

Case Managers must have a tenacity and dedication to the work we do, and never be willing to give up. Here is a success story about a woman we support in our case management program, whom we will refer to as Anna:

When we first started working with Anna, she was living with a boyfriend and his mother. They were both verbally abusive to her. They eventually kicked her out and she had to go back to live with her mom and her brother. This was another verbally abusive relationship. Anna and the case manager spoke about Shared Living, and she was so excited about the thought of living with a “real family”. After several meet and greets with potential families, Anna found one that had a connection to a distant relative of hers and she decided that this was where she wanted to live.

The case manager supported her with getting all her belongings moved in. After several months of living there, Anna began expressing to CM that she was having a hard time in the home and just did not feel as though she belonged. Anna also stated that the family was often putting her down because of her weight. She expressed being thankful for the good relationship she had built with her case manager, as she felt comfortable and open to talk about it. Anna quickly moved to a temporary Shared Living Home while the CM helped her do meet and greets for a permanent placement.

One day Anna and her case manager went to visit another potential SLO provider named Alyssa. We sat at Alyssa’s home talking with her for quite some time. She was a stay-at-home

mom with 1 son and a dog. Anna's whole face was smiling, and we could see the connection right away. Before we left Anna asked, "so when can I move in?"

Anna has been living in this SLO provider's home for 1.5 years. The relationship between Anna and her SLO provider has blossomed. While there have been many bumps in the road, the team has met several times a month to help the SLO provider and Anna navigate the bumps. Anna has gained confidence in herself, prompting her to want to begin working on goals for her future. The case manager was able to help her start a new doctor that she trusts, engage in weight management programs, complete a sleep study, and access treatment, which have overall improved her mood.

Anna also started an adult Education class, to improve her confidence with school. She meets weekly with a new counselor and has made so much progress. Anna has begun to work with Voc Rehab to seek employment and has found a boyfriend with whom she has a healthy relationship. She is currently in the midst of doing her doggy sitting service for 10 days, her first independent job. The case manager meets with Anna at least once a week during COVID and facilitates several team meetings a year. The case manager states "When I first met Anna she was in a dark space, depressed in life and had no family. I look at her now and I see her smile, her happiness, a "family" she loves and in a healthy relationship with her boyfriend."

Living Innovations asks for your support of LD 415, a raise in Case Management rates. The professional expectations, demands of the work, productivity expectations, and training requirements will make it challenging for this service to continue at a rate that that not been changed in over 10 years.

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

Respectfully,



Amanda Parker

Living Innovations – Program Manager

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