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April 15, 2021

Senator Ned Claxton, Chair  
Representative Michelle Meyer, Chair  
Members, Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

Re: LD 582 – *An Act To Support the Fidelity and Sustainability of Assertive Community Treatment*

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

While we share the goal of increasing access to primary care and behavioral health services, we are offering information in opposition to LD 582 – *An Act To Support the Fidelity and Sustainability of Assertive Community Treatment*. This bill modifies the definition of "assertive community treatment" (ACT) to better align the definition with an evidence-based treatment model. The bill adds definitions of "psychiatric provider" and "medical assistant" and changes the description of the composition of the multidisciplinary teams that provide assertive community treatment. The bill also requires the Department to increase the MaineCare reimbursement rates for assertive community treatment by 25% immediately to allow providers to continue to offer the service. The bill also requires the department to adopt rules to transition to a per member, per month payment (PMPM) model and to reform the criteria and operation of the program to ensure its fidelity to the evidence-based model for assertive community treatment services.

We do not believe an increase in rates is appropriate at this time. Our recently completed Comprehensive Rate Setting Evaluation (RSE) was inconclusive regarding how our rates compare to other states, since only one other state used the same code as MaineCare. The RSE recommends that the Department conduct a rate study to develop new rates across the entire section of policy (Section 17, along with the related Sections 65 and 28) as a high priority; we are currently in the process of reviewing the RSE recommendations to determine our own plan. We are interested in exploring a PMPM approach to reimbursement for ACT, based on conversations with the Department's Office of Behavioral Health and providers of ACT services. Developing a PMPM rate and rulemaking within 6 months is unrealistic, as it will require a rate study.

The Department is unclear of the goal of two of the bill's provisions. With respect to Section 5,2, no limits currently exist on ACT; individuals receive services as long as medically necessary and the ACT team is generally the primary provider. With respect to Section 5,6, there are very few diagnoses that are excluded from the eligibility criteria, so the intent of this provision is unclear.

Finally, Section 5,4 would allow billing when the recipient of those services is temporarily admitted to a hospital or resident in a jail or prison. Such allowances would face obstacles for federal approval.

We wanted you to be aware of the above information as you consider this bill going forward. If you have any further questions, please feel free to contact me.

Sincerely

A handwritten signature in black ink, appearing to read 'Michelle Probert'.

Michelle Probert  
Director  
Office of MaineCare Services