



04/15/2021

Re. LD 415: Resolve, Directing the Department of Health and Human Services
To Increase MaineCare Reimbursement Rates for Targeted Case Management
To Reflect Inflation

Good afternoon, Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee. My name is Vincent Renteria and I am the Senior Community Case Manager for OHI. I appreciate the opportunity to come before the committee in support of LD 415.

OHI has provided over 40 years of supporting and serving adults with intellectual and developmental disabilities in Maine. At OHI we meet people where they are and support them to where they would like to be. I have been with OHI for 8 years in the Bangor Area. I became a case manager in 2016 and am currently serving 33 individuals on my case load. I also provide support in our Residential Group Homes as a Direct Support Professional on the weekends. Working as both a case manager and a DSP has allowed me to see first hand how a plan of care is created, received and implemented. Case Managers coordinate with all members of the team from Guardians, Members, Home/Community/Work/Medical/State/Housing and many other providers to facilitate the highest level of services and supports possible for each individual. Case Managers are the bridges that connect children and adults to the critical services they would otherwise be without. Often times, Case Managers are the only contact a member may have with the community, we use this connection to monitor services, a persons health and safety, while also encouraging and fostering growth and personal development.

A member I support had been struggling with staying in her apartment and distancing from others after Covid hit Maine last March. Her desire to leave grew after she began to believe that bugs were biting her in her apartment. An exterminator evaluated her apartment a couple of times and could not find any bugs but the belief was so strong she began leaving her apartment to spend the night outside. Her behavior was reported by her home supports to the doctors in the ER after she was brought for an evaluation by the police. After she was released she fired her supports and desperately wanted to move. Thankfully her name came up on a subsidized housing waitlist she had been on for two years and after working to submit all the paperwork for the apartment she was able to move however with no supports and having to use a walker there was no way for her to move everything on her own. As her Case Manager I am obligated to support this member so I went to work to hire a moving company, assisted with the move and monitored and supervised the moving. Following the move I also supported the member to clean her old apartment to secure her deposit. She is now settled into her new place, working with a new home support agency and is getting ready to begin a community support program of her choosing. She feels safe, seeing her doctors, making friends and has a growing relationship with another tenant. Without Case Management services this story could have had a very different and tragic ending.

Targeted Case Management plays a vital role in not only connecting families of children and adults with Intellectual and Developmental Disabilities and Mental Health afflictions to necessary services but also maintaining and monitoring those services so that no individual is left behind and members are satisfied with what is being provided. Financial compensation is not always the reason a person chooses to be a Case Manager but it is often the reason why a person leaves the position. Despite the rising costs of living, working, traveling and operating such a monumental service Targeted Case Managers have not seen a reimbursement adjustment since 2009. The situation has become dire for many agencies tasked with serving individuals with special needs, without greater incentive to build that workforce tragedies will happen. Case Managers are carrying greater case loads impacting the quality of services, further eroding the confidence in the System, the maximum number a case manager can serve is 35. OHI has not been immune to staff burn out, high turn over rates, frustrated families, ever growing non-billable responsibilities, and the rising costs of travel, training and operation. Without an adjustment members will have to wait for support or worse, go without. Please help us support Maine's most vulnerable. I implore you to support LD415.

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

Sincerely,

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