

Senator Claxton, Representative Meyer and members of the Health and Human Services Committee:

My name is Charles Shaffer and I am here in support of LD 415. I am a Community Case Manager with ISC for ME, LLC. We are a Waiver Section 13 Targeted Case Management Agency. We serve approximately 200 clients and are located in Bangor but serve clients in 50 towns in 6 counties. In addition to yourself, our clients are represented by 4 other members of this committee: I am a former DHHS/OADS Advocate in the Bangor region, have approximately 40 years of experience serving individuals and families with mental health, substance abuse and intellectual disabilities/developmental delays and autism and am the parent of 2 young adults with Autism. In addition to my direct client experiences, I have a background in social service policy, compliance, investigations, contract management and staff training.

Adults with intellectual and developmental disabilities and adults with Autism are required to have Targeted Case Management in order to receive services under the HCBS waiver sections 21 and 29. As a field of practice, the role of TCM services is vaguely defined but in a [Congressional Research Service report](#) on the Medicaid Targeted Case Management (TCM) benefits, the role of the Targeted Case Manager is defined as:

Case management services assist Medicaid beneficiaries in obtaining needed medical and related services. Targeted Case Management (TCM) refers to case management for a specific Medicaid beneficiary groups or for individuals who reside in state-designated geographic areas. So, when used by Medicaid, TCM has to do with providing case management services to specific “target” populations.

Whether the phrase refers to targeting individuals or populations is less important than the fact that TCM is part of the individualized revolution in human services that is going on in society today. Today’s TCM’s are truly the bridge over troubled waters.

Social service providers at all levels recognize that a one-size-fits-all case management solution is outdated. Instead, by using targeted case management, case managers are starting to think in terms of solutions that are specific to the needs of the individual or group they are serving. In Maine, the ending of direct case management services provided by the Department of Health and Human Service in 2017, moved over 1200 adults with intellectual disabilities and autism to community providers, amplifying the need for TCM services. Since 2017, TCM providers have also become the default service for anything that DHHS/OADS does not want to do, including tasks that are mandated by Medicaid rule but which the department passes off to others. Often these tasks that are now being done by case managers are not billable by providers, essentially requiring that private agencies subsidize DHHS.

There remain significant waitlists for both children's and adult services. TCM is necessary to meet the needs of these individuals and for the 250+ families on the Section 29 waitlist, TCM is their only connection to support services. The rate paid to providers for these essential services has not changed in over a decade, even though the CPI Health Care cost index has increased by 30% and the CPI itself has increased by 20%. There has been no adjustment to the reimbursement rate paid to providers to compensate for the inflationary pressures of wages, health care insurance, worker's comp insurance and other regulatory mandates. In the current atmosphere of low unemployment and increasing wage pressure by businesses desperate for workers, it is difficult for agencies to recruit competent and knowledgeable staff and keep them. Given the complexities of the job, it can take over a year to train a new employee. Recruiting and retention is very difficult for many service providers, just check with DHHS (which pays approximately 25% more than the average private agency plus has a full benefit package including health care and retirement) and this lack of resources costs them the good employees they need in order to continue to provide these critical services.

I will be available if you have any questions, either after this session or for any subsequent work sessions. In the written testimony, I have attached a more detailed job description for a typical

TCM so that you might have a better understanding of how complex and vital this role is for this high-risk population.

Thank you for this opportunity to address this committee