

Brenda Smith
Waban Projects

Written Testimony in Support of LD415
Resolve, Directing the Department of Health and Human Services
To Increase MaineCare Reimbursement Rates for Targeted Case Management
To Reflect Inflation
4/15/2021

"Imagine that you were getting paid 2009 wages but paying 2021 prices for gas, rent, groceries and day care. That's what our case managers are having to do"

Under MaineCare Section 13, Waban provides case management for children with behavioral health needs or developmental disorders. Waban also provides case management services for adults with intellectual disabilities and/or autism. We currently serve over 370 individuals. Case management works with families and individuals to access medically necessary services and supports, enabling them to remain safe and healthy and in their communities. The reimbursement rate for targeted case management services has not been adjusted since 2009, despite rising costs of wages, taxes and benefits, health insurance, technology, travel, and other costs. This has caused wage stagnation, which has resulted in high turnover due to worker burn out and the need for a living wage. Turnover causes increased stress for families, clients, and caregivers, and a new case manager does not know their needs or service history. Additionally, due to the rural nature of the state, many hours of travel are required to attend meetings and health and safety visits. Use of a personal vehicle is required but travel time is not billable time under MaineCare rules.

Newly hired case managers are often just entering the field and lack the knowledge and expertise that comes with years of navigating the complex mental health and developmental service systems. They often lack the high level of skill needed to effectively engage and assist individuals who are highly stressed and overwhelmed due to their or their child's extensive needs. Hiring and training new case managers is expensive and time consuming, typically it is three to five months before they can work independently and bill for services. Lack of adequate staffing results in high caseloads, reducing service efficacy and contributing to worker burnout and turnover. Current regulations require agencies to employ a supervisor with an advanced clinical degree and these supervisors require a higher rate of pay than is supported by the current rate.

Children's case management requires navigating and entering information to KEPRO, KEPRO is the Administrative Services Organization (ASO), hired by the Department of Health and Human Services (DHHS) to review and approve billing for behavioral health (mental health), intellectual disabilities, and substance abuse services in Maine. Agencies will provide services without the ability to bill as they wait for authorization for services. Agencies often provide services without reimbursement due to lapsed Maine care coverage or lack of authorized units because to deny care would put the client at risk. Case managers are required to complete many applications and assessments for other providers and services as well as our own case notes; documenting all interactions and paperwork completed, in addition to the creation and updating of the Personal Care Plans for clients, quarterly plan reviews, and yearly assessments justifying clinical need for services.

Section 13 case management for adults with ID/DD is required for an individual to access and retain access to needed services and supports. For those on state waitlists for Section 29, case management is the only supportive service they receive. Maine discontinued the provision of state case workers for ID/DD a few years ago. Now community case managers are charged with many responsibilities outside of the original scope of community case management, including providing OADS with the information they need to regulate and maintain quality residential and community program services under sections 21 and 29. Some examples include, having the case managers report rights violations in EIS and contact Disability Rights Maine when other agencies are not following the mandates. Case managers must assist completing the Individual Experience Assessments and assure that community and residential programs are following the Home and Community-Based Rule. This includes assuring that agencies are staffing the clients appropriately. The system is highly complex and cumbersome to navigate. The trainings required by OADS within the first three months of hire and annual training requirements are time consuming and overly burdensome.

OADS completes a rigorous recertification process for agencies that provide case management ID/DD services every three years. This process is more onerous and time consuming than the mental health licensing process required for other section 13 providers, requiring many hours of agency administrative time which is not reimbursable. ID/DD Section 13 case managers are also required to enter all data, notes, and assessments into the state's EIS system, however, this system does not allow agencies to calculate and submit billing to MIHMS, so agencies must duplicate and track billing entries elsewhere to bill. The entry of notes and the steps needed to duplicate notes so billing can occur is not funded. Since the state is no longer providing case management services for ID/DD clients, agencies are also tasked with providing the representative payee services many clients require to assure that

their room and board payments and other necessary daily monetary needs are met. This requires a great deal of administrative oversight and is not considered a funded service under section 13. We also have many clients with complex medical and behavioral needs. When a client is hospitalized, we are not able to bill but agencies will continue to provide service to assure continuity of care and a safe discharge plan.

The increase of the rate would allow for the continued provision of case management services, allowing for more effective service delivery so Maine's most vulnerable citizens can continue to receive this necessary service and remain safe in their communities.

Thank you for your time and consideration.

Respectfully submitted, Brenda Smith Waban Projects Sanford Maine