

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
Thursday, April 15th, 2021

Good afternoon, Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee. My name is Andrew Taranko and I am a Director for Living Innovations, A Service of Mosaic. Living Innovations is a multi-state non-profit agency serving children and adults with intellectual and developmental disabilities and autism. I am also a Board Member and Chair for Targeted Case Management Committee for the Maine Association for Community Service Providers (MACSP), the statewide association of more than 75 organizations providing services and support for thousands of children and adults with intellectual and developmental disabilities.

I am here today to offer testimony in support of LD 415, a Resolve, Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case Management Services to Reflect Inflation.

I have worked in the developmental disability and autism field for the last 23 years. I have been a child and adult Community Case Manager, worked as a supervisor of both child and adult Case Management and started the adult Case Management program at Living Innovations. In those years, I have seen the system go from completely state provided IDD/Autism case management for children and adults to nearly 100% community-based agencies providing the MaineCare Section 13 services. During this time, I have seen payment methodologies that were different by disability category, and payment methods that were based on per member per month change to fee for service. Through all of this change, case management and the delivery of community and conflict free services, along with the philosophy that makes it work and be successful remain dear to me.

Today you've heard many stories about how important case management services are and how underfunded these services have become over time. Just imagine being asked to run a business, not be able to set your rates and use 2008 revenue, but incur 2021 costs.

20 years ago, the concepts around case management in Maine for adults and children with IDD and Autism were ahead of the nation. Now case management services are lumped together in regulation with delivery methods and DHHS oversight remaining separate and distinct. This, while payment methodology remains the same for all disability categories and each disability delivery system is managed by a different division of the Department of Health and Human Services with different individual expectations. Currently, there are six systems for Targeted Case Management (TCM): children with behavioral health disorders, development disabilities, chronic medical conditions, and adults with developmental disabilities, substance use disorders, HIV, in addition to members experiencing homelessness. They all remain different and distinct. Now take that and add years of DHHS asking more of community agencies in certain systems, more than was expected when they provided the service themselves.

As you have heard through previous testimony, we at Living Innovations and within MACSP's family of agencies are concerned about workforce, expectations placed on certain parts of the case management system and the expenses we are asked to continue to endure at the same reimbursement rates.

We urge you to support this bill and to implement a rate that is fair and equitable and reflective of current costs.

I'm happy to provide any further information you might need.

Respectfully Submitted,

Andrew Taranko
Maine Director
Living Innovations, a service of Mosaic.