



# Independence Association

Celebrating Ability Since 1966

2020-2021

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### ***Written Testimony in Support of LD 415: Resolve, Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case Management to Reflect Inflation***

***April 15, 2021***

*Good afternoon, Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee. My name is Christine Walker and I am a Program Manager for Children's Case Management Services at Independence Association. I appreciate the opportunity to come before this committee in support of LD415.*

*Case managers are so often the first point of contact for many families, the 'boots on the ground,' so to speak. And, very often too, we are the ONLY service in the home for a client and family. The service system is very large and it's constantly changing. It is my job to keep up with those changes so that I can better inform and support my clients and their families.*

*Case managers offer information about what services and supports are available, as well as provide resource coordination, referral and linkage, monitoring and advocacy. There are five full time children's case managers and myself as the program manager at Independence Association.*

*Case Management is a professional position, requiring at least a Bachelor's Degree in a related field AND one year's field experience. This is the **minimum** required of staff. However, case managers need much more in their arsenal in order to best support these youth and families. We are facing more and more complex cases while at the same time, needing to be creative with dwindling resources, increasing unfunded mandates, minimal or fragmented natural supports and lengthy wait lists for services. In my career, I have seen years without raises, and a continued reduction of benefits. I have witnessed case managers leaving for higher paying jobs with better benefits elsewhere. Despite the fact that my peers and I have advanced education and the experience that has literally changed the lives of children in a meaningful way, the fact is we barely earn more than an individual in a fast food restaurant. Rates paid for this vital service have not kept up with inflation and not kept up with the recent changes in minimum wage. Once your food is packaged and given to you, the fast food employee is done. Their impact on humanity is minimal. Our work with kids lasts a lifetime.*



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*Last year, I shared that I met with a parent to work on her son's MaineCare applications, as he was recently found ineligible for the coverage. Her son has severe Intellectual Disabilities and exhibits behavioral and safety challenges at home and in the community. He's impulsive, wanders away from caregivers and has poor judgment. The son has since attained MaineCare coverage due to our efforts, and he is now eligible for in home supports to address skills building, behaviors and safety skills. However there is a very lengthy wait list for in home supports, regardless of a child's level of need. The Mother continues to work 60 hours per week, now an hour away from home (to and from) and is still the primary caregiver in the home. In addition, the family is being evicted due to the landlord selling their home; they have one month to leave their home of 8 years. The son is 18 years old now, is still accessing needed special education services in school (and he can through age 21 yrs of age, if needed). Amidst all of the day to day tasks this parent needs to worry about, she also is working with case management to explore and pursue guardianship of her son, apply for his adult Social Security disability benefits, explore work opportunities for him, manage his safety and more.*

*Case Management is vital for families like this to explore, pursue, refer, advocate and monitor basic needs, education, medical, in home, mental health and other services and supports. This family situation is very typical of what case managers see daily.*

*There are many ongoing training requirements and clinical oversight expenses necessary for case managers. I work for a nonprofit agency where a full caseload is about 18 – 20 clients with at least 60% billable productivity per week in order to just maintain the program. Managing utilization care units (KEPRO) are time consuming and nonbillable. There is a huge amount of documentation that is required with each intake and discharge; sometimes this might occur multiple times within the same year for a client due to the nature of 'episodic care.' There are also regular reauthorizations and assessments within this process which are also unfunded.*

*Children's Case Managers need to know all areas of the service system to best support their client / family in accessing what they need. Those services change often, and it's important that we stay on top of service and support information and resources to best support these families. We have youth and families who are just getting by, day to day, and are in need of case management services for much of their emotional, medical, basic and physical needs. We truly are the bridge for so many of these youth and families to get their needs met and move forward toward progress, positivity and hope.*

*Our rate for TCM's hasn't been adjusted since 2009, despite rising costs of health care insurance, technology, gas and travel, wages and associated taxes and more. Please. It's time to bring case management wages to a rate that actually reflects inflation and the importance of the work we do.*

*Without an increase to offset a decade of inflation, providers like us are unable to maintain the capacity needed to ensure individuals with disabilities have access to the care and support they need to live and thrive in the community.*



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*Please pass this bill; help us keep our service to clients focused on quality. We need your support for LD415.*

*Thank you for your time and consideration.*

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