Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Director of Government Affairs at MaineHealth, and I am here to testify in support of LD 1940, “Resolve, Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case Management Services to Reflect Inflation.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare (MBH), is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

MBH provides targeted case management to approximately 60 adults with developmental disorders through the Center for Autism and Developmental Disorders. Our case managers manage all waiver services for Section 21 and Section 29, including coordinating providers, ensuring services are appropriate and being executed correctly, and that person-centered plans (PCP) are updated by each individual on the team on an annual basis. They also navigate medical needs and medical appointments.

Additionally, they assist clients with annual MaineCare review and help them to navigate Social Security benefits. Our clients often have a difficult time understanding these benefits, how they work, how to obtain them, and the necessary paperwork needed in order to maintain them. Case managers walk their clients through this process annually in order to ensure they maintain these benefits.

Targeted case management is an invaluable service for these individuals, who vary in age and need, but for our older clients or those without family support, these services are even more critical. For example, MBH currently has a client in his 60s whose guardian often travels out of state and he relies on his caseworker to coordinate his healthcare appointments, drive him to these appointments, and help him to understand what is discussed during these appointments. She also reminds him to take his medication, and explains why
certain medications are prescribed and what they are taken for. Change causes him great anxiety and she is a constant in his life, providing stability during high stress moments.

There are over 40,000 people in Maine affected by autism or intellectual disability, but emotional and behavioral health services for this population and the reimbursement rates to support these services have not kept up with demand. Targeted case management is one such example and MBH continues to absorb a loss every year to maintain this essential service. With that said, I urge the Committee to support LD 1940, “Resolve, Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case Management Services to Reflect Inflation.”

Thank you and I would be happy to answer any questions you may have.