

MaineHealth

Testimony of Sara Schmalz, LCSW

Maine Behavioral Healthcare

In Support of LD 775

“An Act to Expand Community Support Services for Certain Adult Members of the MaineCare Program”

April 9, 2018

MaineHealth Member Organizations:

Franklin Community Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Sara Schmalz and I’m a licensed clinical social worker and a program manager at Maine Behavioral Healthcare. I am here today to testify in support of LD 775, “An Act to Expand Community Support Services for Certain Adult Members of the MaineCare Program.”

Part of the MaineHealth Family:

MaineHealth Accountable Care Organization

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, 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.

MaineHealth Affiliates:

MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

As part of this continuum, we provide case management services to more than 1,500 individuals. Individuals who come to us for this type of service are experiencing significant difficulties due to mental health symptoms, resulting in difficulty with self-care, managing daily activities, managing chronic health conditions, deteriorating relationships, jobs, living situations, and, more often than not, little to no support system.

The present Section 17 rules restrict services to people with diagnoses of schizophrenia and/or schizoaffective disorder or who are at imminent risk of homelessness, hospitalization, or incarceration due to their mental illness, or have been recently discharged from Riverview or residential treatment. People with other diagnoses like bipolar, PTSD, major depression and panic disorder do not necessarily qualify for case management even if they are experiencing significant functional impairment. To serve these individuals, case management agencies are allowed to offer services to clients for an assessment period and to begin to develop a plan of care. While this is a useful service, there is the risk that the person receiving this will no longer qualify after the 30 day assessment period because of their excluded diagnosis.

The most valuable and productive window of time in our work with clients is often the first 30-90 days. During this timeframe, case managers use their training to build trust, identify client strengths and needs, establish priority goals,

and develop an action plan that involves accessing resources, reducing barriers, and improving mental health.

If the client does not meet the current, strict eligibility criteria for Section 17 Community Supports, the case manager does not know if the client will be authorized for services beyond 30 days, making developing a realistic treatment plan extremely challenging. Significant time is spent on communicating with other busy mental health providers explaining the Section 17 rules and regulations, establishing if the current, strict clinical criteria is present, requesting and following up with the other provider to create and send the needed documentation, at which point there is often a disruption in service while the authorization request is reviewed and approval status is unknown. This is not therapeutic care for a vulnerable population. Broader diagnostic criteria would provide the context for effective treatment planning and interventions with the absence of the possible 30 day cut off.

As a program manager, direct service staff have brought to my attention the following frustrations and challenges with the current rule, in terms of clinical concerns and undue administrative burden:

- A case manager followed up with a clinician for over two weeks for a clinical letter of eligibility in order to submit an authorization request. Meanwhile, services were on hold.
- A client with Major Depression, history of PTSD and Substance Use Disorder, and chronic medical conditions was in need of case management to coordinate with psychiatric and medical providers. The client's mental health had impacted her ability to manage and maintain personal and professional relationships and to communicate her needs without alienating providers. The case manager provided coaching and worked with the client on following through with referrals and provided recommendations to improve her health, including chronic pain management. Without community support, the client would not be able to work productively with her care team. An authorization request for the client during the course of case management was denied, necessitating a formal appeals process. Due to the stress and uncertainty of the appeal, valuable time was spent on supporting the client with coping with stress and uncertainty about case management services rather than the important issues and needs for which she was referred.
- A client was referred to case management after one episode of psychosis, but without a qualifying diagnosis. She also had ongoing medical issues. She was in need of care coordination so that she could have support to stabilize and return to work. She had previously worked for 30 years and was now struggling financially and did not have knowledge of community resources. Case management for greater than 30 days would have increased her ability to regain employment and function in other important domains.

For those reasons, I urge the Committee to vote Ought to Pass on LD 775, "An Act to Expand Community Support Services for Certain Adult Members of the MaineCare Program." Thank you and I would be happy to answer any questions you may have.