The Maine Long-Term Care Ombudsman program

The Maine Association of Area Agencies on Aging

ELDER INDEPENDENCE OF MAINE (EIM) MAKES A DIFFERENCE FOR HOME CARE CONSUMERS IN CUMBERLAND COUNTY

Helping a mother to keep her daughter at home

A 33 year old woman with cerebral palsy has such extensive needs she is nursing facility eligible but she wants to stay at home with her family. Her mother is very supportive in providing care but help is needed. EIM's care coordinator is working with this woman and her family arranging personal care, nursing services and life line. EIM's support has made it possible for this lady to remain as independent as possible.

Helping a family take care of their 87 year old mother at home

An 87 year old woman suffers from Parkinson's disease. This illness has been debilitating to the extent that she requires 24 hour care and supervision. She is nursing facility eligible. Her family assists with her care but they also have jobs. EIM's care coordinator has arranged personal care assistance so that she can remain at home with her family.

Helping a husband keep his wife at home

A 69 year old woman needs help because of a stroke she suffered years ago. She lives with her husband who also has health problems. She is nursing facility eligible but she wants to be at home with her husband. With EIM's help, personal care, homemaking and laundry services are making it possible for this couple to remain together.

Helping a wife keep her husband at home

A 77 year old man with a traumatic brain injury and left-sided paralysis wants to remain at home. His wife provides most of his care though he requires extensive assistance and meets nursing facility eligibility criteria. It would be impossible for this man to remain at home without a great deal of help. For example:

He is transferred using a mechanical lift and he requires total care. EIM's care coordinator provides support to his wife through visits and phone calls. Nursing and personal services and transportation have been arranged by EIM so that nursing facility admission is not required.

NAMI Maine
Advocating for Healthy Minds

OFPR
2007 MAR 26 PM 12:23

March 20, 2007

Hon. Margaret Rotundo
Hon. Jeremy Fisher
Members, Appropriations Committee
State House Station
Augusta, Maine 04333

Dear Chairs and Members:

As you continue to refine the budget, I write to ask that you consider adding language that would require an external evaluation of the outcomes of managed behavioral health care. **NAMI Maine supports the introduction of managed care, but only if we can review its impact on beneficiaries and on other areas of the budget**. We will want to know what happens, if people are managed, do they end up in more expensive places like emergency rooms, hospitals, or jails. We very much want to be able to understand the real outcomes beyond a single funding silo.

I have attached a legislative check list for publicly managed mental health services copied from "Managing Managed Care for Publicly Financed Mental Health Services", a November 1995 report from the Bazelon Center for Mental Health Law. As noted above, the recommendation for "**independent** monitoring of services by consumers" is most important to the people we represent.

NAMI Maine hopes that you will add language to the budget that requires the hiring of a private evaluation firm and a report back to the committee of jurisdiction or to OPEGA on an annual basis for the first five years.

Thank you so much for considering this input.

Sincerely,

Carol Carothers

Carol Carothers
Executive Director

cc. Richard Thompson

1 Bangor Street
Augusta, Maine 04330
Phone: 207-622-5767 Fax: 207-621-8430
Email: info@namimaine.org Http://www.namimaine.org

EIM CARE COORDINATORS:

Call to check in answering questions, providing reassurance, assessing needs.
Make home visits.
Adjust care plans as needs change.
Connect agencies and services.
Make sense of a complex long-term care system
Problem-solve.

The Maine Association of Area Agencies on Aging

Aroostook ♦ Eastern ♦ SeniorsPlus ♦ Senior Spectrum ♦ Southern Maine

TESTIMONY ON LD 499

Before the
Committee on Appropriations & Financial Affairs
and the
Committee on Health & Human Services

Presented by
Graham Newson, Executive Director, M4A

February 23, 2007

Senator Rotundo, Representative Fischer, Senator Brannigan, Representative Perry, members of the Appropriations and Health and Human Services Committees:

I am Graham Newson, Executive Director of the Maine Association of Area Agencies on Aging (M4A).

M4A advocates for social and economic policies, as well as resources, that promote independence, dignity and self-sufficiency for Maine's older adults. Thank you for this opportunity to testify concerning the proposed budget presented in LD 499.

Home Care Coordination Services for Long Term Care Consumers Served in the Community

M4A is very concerned that the budget (LD 499) does not provide for a rate increase for home care coordination services for long term care consumers served in the community. This is the second year in a row without such an increase. No rate increase means further cuts to staff, and combined with the fact that providers of home care services have also gone without an increase, weakens our current system's ability to provide the quality service Mainers depend on.

One Weston Court ♦ P.O. Box 5415 ♦ Augusta, ME 04332
(Phone) 207-626-0972 ♦ 207-622-7857 (Fax)

As you know, Maine is the oldest state in the union with a median age of approximately 41.2 years, while the national average is 36.4 years. In addition to being the oldest state in the nation, Maine's population is aging faster than any other state's. Given that demographic trend, this is not the time to begin the dismantling of Maine's home care coordination services. Instead, we should be building on those efforts that have proven so successful.

A major theme that emerged from the Blaine House Conference on Aging was that people want to be able to stay in their homes for as long as they possibly can. Our experience confirms this. The fact is, home care coordination services play a key role in providing seniors with the choice to stay in their own home.

Elder Independence of Maine (EIM), working as part of Maine's Long Term Care System, has over ten years of experience connecting people throughout Maine with important home care services. EIM serves approximately 3,000 consumers statewide and has a network of 200 contracted providers.

A division of SeniorsPlus, an area agency on aging, EIM has been nationally recognized for achieving quality outcomes by highly cost-effective means for coordinating the care consumers receive in their own homes rather than in a more costly, institutional setting. For example, one-third of EIM's clients are at nursing facility level of care but can choose to safely stay at home instead.

Without a rate increase for EIM:

- Current case loads will increase either because of less staff, or because they have the same amount of staff with higher caseloads
- Quality oversight of the EIM Provider Network would be reduced (EIM used to audit 20% of providers, now they audit 5%)
- It will be very difficult to maintain the level of service for those consumers who are at nursing facility level of care, but choose to stay at home
- The system will be further weakened.

Insufficient funding over the years has taken a heavy toll on EIM. We must act now to strengthen Maine's home care coordination services. As you consider the budget, M4A urges you to address this critical issue.

<u>Adult Protective Services</u>:

M4A is also very concerned that the budget (LD 499) provides no increases for services or staff for Adult Protective Services (APS).

Everyone should feel safe and secure. Yet, sadly, that isn't always the case. Elder abuse is a growing national concern. Maine's own Blaine House Conference on Aging featured a workshop on the issue of elder abuse.

That is why the work of APS is so important. As you know, APS is the agency designated to investigate and assist with elder abuse cases, yet with no additional case workers provided for in the budget, the agency is stretched to the limit. Add to that the fact that Maine's population is aging faster than any other state's, and the need for more case workers takes on a new sense of urgency.

An understaffed APS has led to some situations where there are too few case workers to respond when an individual in need is identified. It should also be noted that there is a need for emergency beds for these individuals if they need to be removed from their homes. This situation must be addressed.

An educational effort by many organizations has shed new light on the issue of elder abuse. More and more, people are willing to come forward and ask for help. We must ensure that their needs are met. We support increasing funding for APS to provide at least three additional case workers and some emergency beds to help this situation.

Volunteer Medical Ride Network:

Many of Maine's elders face a major challenge in getting to critical health care appointments. M4A is supporting a one-time General Fund appropriation in fiscal year 2007-08 for direct grants to local Area Agencies on Aging to support the volunteer medical ride network.

The funds will be used to support and expand a volunteer medical ride network focused on using volunteers to transport Maine's elderly to essential health care services such as kidney dialysis and cancer therapy.

For example, the Aroostook Area Agency on Aging currently has eight community coalitions with 57 volunteer medical ride drivers. Many of these volunteers are older Mainers themselves relying on a fixed income to meet living expenses. Volunteers limit their service to people age 60 or older who have no other resource to travel to essential medical appointments. During the six-month period 7/1/06 – 12/31/06, volunteers in Aroostook reported service to 136 individuals with 1,270 medical trips. In August 2005, these coalitions in Aroostook County had 128 volunteer drivers and, in the aftermath of gasoline price increases following Hurricane Katrina, they were down to 74 drivers by November 2005. With continued high fuel costs, the number of volunteers has dwindled.

Funding for this program to help with mileage reimbursement would make it easier to recruit volunteers and expand this all-important state-wide effort.

Supplemental Funding for Mileage Reimbursement for Volunteers for Meals on Wheels Programs

M4A thanks the State Legislature for providing $75,000 in supplemental funding last year for mileage reimbursement for Meals on Wheels volunteers. It played a key role in helping Maine's Agencies on Aging retain their volunteer drivers, despite the increased cost of motor fuel.

As you know, Meals on Wheels not only serves a vital nutritional need, but the daily visits provide important social contacts as well for many of our meal recipients.

Without such assistance, Agencies on Aging would, in some cases, have to reduce Meals on Wheels deliveries from five days to four days per week. Although a frozen meal is given to the senior for use on the day the hot meal isn't available, the loss of daily contact with the volunteer driver reduces the level of reassurance the daily visits offer to the individuals we serve.

Given the continued need, we are once again requesting funding to reimburse our volunteer drivers for the Meals on Wheels program for increased travel expenses resulting from increased motor fuel costs.

Thank you.

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The Maine Long-Term Care Ombudsman program

P.O. Box 128 • Augusta, Maine 04332
(Voice/TTY) 207-621-1079 • (Voice/TTY) 1-800-499-0229
Fax 207-621-0509 • MLTCOP@MaineOmbudsman.org

LD499

"An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2008 and June 30, 2009"

Testimony of the Long Term Care Ombudsman Program

Before the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services
Date of Public Hearing: February 23, 2007

Good Morning Senator Rotundo, Representative Fischer, Senator Brannigan, Representative Perry and Members of the Appropriations and the Health and Human Services Committees, my name is Brenda Gallant and I am the Long Term Care Ombudsman. The Ombudsman Program is a statewide, non-profit organization that investigates complaints on behalf of older and disabled recipients of long-term care services, including residents in nursing homes, assisted housing programs, assisted living facilities, as well as consumers who receive home care services.

Rebasing the Maine Care Reimbursement Rate for Nursing Facilities

We support an increase in Maine Care funding for the 112 nursing facilities across the state. As you consider this proposal please keep in mind that Maine nursing facilities provide care to elderly and disabled residents with a higher acuity level than most other states in the country. In fact, June, 2006 data from the Centers for Medicare and Medicaid Services (CMS) indicates that 59% of Maine nursing facility residents suffer from some form of dementia, which is the highest percentage in the country. More than 76% need help in four or more activities of daily living, such as bathing, dressing, walking, transferring and eating. This is well above the national average. Because of

their high acuity, the average nursing facility resident in Maine receives four hours of direct care per day. Only Alaska nursing homes provide more, at five hours.

Because of the high acuity of residents served in Maine nursing facilities, great demands are placed on the CNA's who provide care to these residents. Unfortunately the median hourly wage for these front line workers is only $10.08 (from MDOL 2005 data).

We support an increase in Maine Care funding especially if it results in an increase in wages for these workers. We also want to assure that sufficient funds are provided to support quality standards.

Funding for Critically Needed Home Care Coordination Services provided by Elder Independence of Maine.

While we support an increase in funding for Maine's nursing facilities, we are very concerned that the proposed budget does not include an increase in funding for the home care coordination services provided by Elder Independence of Maine (EIM). This non-profit agency serves as the State's home care coordination agency. 2,940 elderly and disabled home care consumers throughout the state rely on the support provided by Elder Independence of Maine's care coordinators. These consumers have a wide range of needs for home care services. Approximately one third meets nursing facility eligibility criteria but has chosen to remain at home. Some have complex medical needs and may for example, be dependent upon a ventilator.

What all these consumers have in common is that they want to remain in their homes. The care coordination services provided by Elder Independence of Maine are a critical link in helping consumers remain in the community. Care coordinators help by monitoring consumer's conditions through phone calls and visits making adjustments in services as consumer needs change. They also assist in accessing support services such as meals on wheels and transportation. They help when home care staffing is inconsistent or unavailable. I have attached letters from family members who describe what EIM's services have meant to consumers and their families.

We understand that without a funding increase consumer caseloads will increase, provider audits will decrease substantially, less support will be given to consumers who

choose the family provider service option. In short the quality of home care coordination services will be eroded. We urge you to consider an increase in funding for Elder Independence of Maine's care coordination services.

WAGE INCREASE FOR DIRECT CARE STAFF

There is a great need to increase wages for direct care workers in nursing facilities, residential care, assisted living, and home care and in the homemaker program. Maine Department of Labor 2005 data list median wages for these workers as follows:

Nursing facility/Residential Care/Assisted Living - $10.08/hr.
Consumer Directed - $9.00/hr.
Home Care - $8.58/hr.
Homemaker - $8.58/hr.

One result of low wages is the chronic waiting lists for staffing in critical programs. At present there are 348 consumers waiting for homemaker services. There are an additional 518 homecare consumers waiting for staffing.

Thank you and I will be attending the work session.

To whom it may concern. 2-21-07

I am writing this letter to let you know how much I appreciate Elder Indepence of Maine. My wife and I are both in our 80's and she is in last stages of Alzheimers. I am allowed 50 hours a week from Elder Care and have a wonderful P.S.S. to care for my wife. That still leaves me 118 hrs. a week alone to care for my wife. Believe me, it's a full time job. Recently, I had to have a hip replacement. I couldn't and I wouldn't have had it done, were it not for Elder Care. They granted me enough hours to hire another P.S.S. to care for my wife while I recuperated. I would have been lost without them. They do so much good for the elderly, and allow us to stay in our own home. Please do what you can to help these wonderful people help us. Please pass a fair budget that will help these people stay on the job.

Respectfully

Henry Senecal
1 Marsh View Ave
Kennebunk, Maine 04043

From: Shawn Lewin

For Written testimony to the Appropriations Committee.

I am sorry that I was unable to attend the hearing on Friday 2/23, but I will be out of town on that day.

I hope you can include my thoughts as an example of one of the families whose lives you touched and supported during a very challenging time.

As I presented to the Elder Issues Partnership earlier this month, my sister and I were overwhelmed with the needs of our Mother, after her health began to fail in 2000. Even the smallest of tasks became a huge project, and she needed someone with her most of the time.

We were referred to Elder Independents of Maine, where we were able to get a variety of services and support, which helped determine what needed to be done to allow Mom to stay in her home. We learned what resources were available and what level of assistance we would be entitled to.

Knowing we had access to this help gave us encouragement and confidence to work with Mom's needs and to assure she was safe. We believe that EIM's help for our family resulted in a couple years of quality living at home, which we likely would not have been able to provide for her without their help.

Ultimately, a couple bad falls resulted in two fractured vertebrae in her lower back, and by the time those stabilized and the pain was managed, her muscle tone had left her unable to get around for herself, and with a high exposure to more falls. At that point it was no longer safe to have her at home, and we made other arrangements for her care.

So, we are deeply grateful for the services we received from Elder Independents of Maine, and we would encourage the Appropriations to provide the funding necessary to allow the program to be maintained, and hopefully expanded.

This problem will not go away for many years. And, I assure you, if you have not taken advantage of their service, your day will be coming. You can assure that they will be there to help your families as they were for mine, by supporting their funding requests.

Shawn

Shawn Lewin
PO Box 8026
Bangor, ME 04402
207-478-5874

9/19/05

Dear Ruth,

On behalf of the [redacted] family, I am writing to say "thank you" for all the care and services that you provided for our mother, Genevieve "[redacted]". You made it possible for Mom to live independently for several years. We appreciate your patience and kindness that you showed to Mom. Elder Independence of Maine is a wonderful service to the citizens of Maine. We thank you.

Sincerely,

Cathie [redacted]

November 4, 2005

Elder Independence of Maine
465 Main Street
P.O. Box 659
Lewiston, ME 04243-0659

To whom it may concern:

I am writing this letter to commend two of your outstanding employees, Linda Innis, and Dana Morrell. My husband, Joe [redacted] is under the care of your agency and these two women have made our lives so much better by their caring and consideration each and every time I have dealt with them.

I have had many questions in going through this process and I have always felt as though my questions have been answered with the utmost concern and care given to both my husband and I. It is frightening to be at this very dependent time in our lives, but just knowing there are people like Linda and Dana there, working to make sure people are safe and have their needs are met, has just meant so much to us.

We thank you both from the bottom of our hearts for the work that you do, but more importantly, for the people that you are and all that you have done. God bless you both.

Sincerely,

Beth [redacted]

BA

MEDICARE SAVINGS PROGRAMS

- What are the benefits and eligibility criterion for QMB?
- Are Medigap premiums paid for by QMB, SLMB or the QI program?
- What are the benefits and eligibility criterion for SLMB?
- What are the benefits and eligibility criterion for QI?
- Do the income levels change each year to qualify for these programs? If so, when?

For more information, follow one of the links below or scroll down the page.

QMB, SLMB, AND QI PROGRAMS:

Assistance with Meeting the Costs of Medicare Premiums and Deductibles

The Qualified Medicare Beneficiary program (QMB), Specified Low-Income Medicare Beneficiary program (SLMB), and Qualified Individual program (QI), help Medicare beneficiaries of modest means pay all or some of Medicare's cost sharing amounts (ie. premiums, deductibles and copayments). To qualify an individual must be eligible for Medicare and must meet certain income guidelines which change annually. The income guidelines change **April 1** each year.

QMB (Qualified Medicare Beneficiary Program)

The QMB program provides the following benefits:

- Payment of Medicare Part A monthly premiums (when applicable).
- Payment of Medicare Part B monthly premiums and annual deductible.
- Payment of co-insurance and deductible amounts for services covered under both Medicare Parts A and B.

Note: Medigap premiums are not covered by QMB, SLMB, or QI.

Eligibility criteria for this program require that:

- The individual must be eligible for Medicare Part A insurance, (even if not currently enrolled).
- The monthly income must be at or below 100% of the annual federal poverty level. The federal poverty level is announced early each year. Income eligibility levels for the Qualified Medicare Beneficiary program changes to reflect that figure each April.*
- Personal assets, including cash, bank accounts, stocks and bonds must not exceed $4,000 for an individual and $6,000 for married couples.

Note: Individuals who are eligible for Medicare Part A but not enrolled, may conditionally enroll in Medicare Part A at any time during the year and then apply for QMB to cover the cost of the Medicare Part A premium which must otherwise be paid by voluntary enrollees (those not automatically eligible for Medicare Part A through Social Security or Railroad Retirement entitlement).

If an individual is eligible for this program, purchasing additional Medigap coverage for Medicare premiums, deductibles, and/or co-payments may be unnecessary. To determine whether or not to retain a Medigap policy, a review of the benefits covered by the Medigap policy must be made to see if the Medigap plan covers services other than the Medicare cost-sharing that may be useful to the person.

QMB Provider Certification for Title 19

The QMB program will pay the 20% Medicare Part B co-insurance only if the provider of services is certified as a Medicaid provider.

Note, however, a provider may choose to treat only QMB patients and not all Medicaid recipients and only the QMB patients he chooses to see. Providers have no obligation to treat Medicaid patients or anyone in particular.

Physicians and other Part B providers may become Medicaid certified by calling the State Medicaid contractor, EDS, at (860) 832-9259. EDS will send a provider enrollment package. The provider only has to fill out a form in order to become Medicaid certified. DSS also has a Medicaid provider relations department.

SLMB (Specified Low-Income Medicare Beneficiary Program)

The SLMB program provides the following benefits:

- Payment of the Medicare Part B monthly premium only.

Eligibility criteria for this program require that:

- The individual must be eligible for Medicare Part A insurance, (even if not currently enrolled).
- The monthly income must be between 100% and 120% of the annual federal poverty level. The federal poverty level is announced early each year. The income eligibility level for the Specified Medicare Beneficiary program changes to reflect that figure each April.*
- Personal assets, including cash, bank accounts, stocks and bonds must not exceed $4,000 for an individual and $6,000 for married couples.

QI (Qualified Individual Program) - Limited Expansion of SLMB

The Balanced Budget Act of 1997 expanded the SLMB program for certain "qualified individuals" by increasing the income guidelines, **but** Congress only appropriated a limited amount of funds to each state to pay for this expansion. Once a state's appropriated money is gone, even eligible individuals will not be able to get into the program.

- Individuals with incomes between 120% and 135% of the federal poverty level may be eligible for payment through the SLMB program of their Medicare Part B premium for the calendar year.
- No asset limit (as of 4/1/01)
- Individuals must apply every year for these benefits;
- It is important to apply early to have a better chance of obtaining these benefits. Applications from those meeting the eligibility requirements will be granted on a first come first served basis;
- Priority for the following year will be given to those who received the benefits during the previous calendar year;
- These benefits are not available to those who qualify for any other kind of Medicaid (T19).

Obtaining QMB, SLMB, and QI Benefits

Requests for applications for QMB, SLMB, or QI benefits are made to the state Department of Social Services (DSS) office serving the town of residence and may be conducted over the telephone. Eligibility for QMB is effective on the first day of the month following the month in which DSS has all the information and verification necessary to determine eligibility. This should not take more than 45 days. SLMB entitlement may be retroactive up to three months prior to the date of application if the person is otherwise eligible.

Remember income levels change April 1st each year.

For more information, please telephone your district DSS office.

* This amount includes an unearned income disregard of $207.00/month per person. (Anyone who receives any unearned income is entitled to an automatic disregard of $207.00/month. Examples of "unearned income" are Social Security and a pension.)

SAVINGS PROGRAM ARTICLES AND UPDATES

- 2007 Poverty Levels Will Affect Eligibility Levels For Many Federal Health Programs - January 25, 2007
- January Begins Limited Opportunity To Expand QMB Coverage In Certain States - December 28, 2006
- QI Program Saved... Again - October 21, 2005
- QI Program Update - October 13, 2005
- QI Program Ends As Of October 1, 2005 - October 6, 2005

- Good News! Additional Funding For Part B For Part B Premiums For Some Medicare Beneficiaries (.pdf) - August 25, 2005
- Intake For CT's QI/ALMB Program Closed (.pdf) - July 7, 2005
- May Means Medicare Prescription Drug Low-Income Subsidy Month (.pdf) - May 19, 2005
- Time Running Out On Opportunity For Some To Enroll In QMB Program - January 5, 2005
- QI-1 Program, Which Pays Part B Premium For Some Low-Income Individuals, Extended Through September, 2005 - November 30, 2004
- QI-1 Program, Which Pays Part B Premium For Some Low-Income Individuals, Extended Through November 2004 - October 1, 2004
- CMS Targets Low-Income Beneficiaries For Discount Drug Cards: Group To Be Mailed Information - September 23, 2004

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Crosswalk 2-23-07

RECOMMENDED

Major Budget Initiatives for Fiscal Years 2008-2009
LD 499 02/01/2007

Bill Page #	Committee Page #	Page # in LD 499	Change package #	Program Name	Fund	Program #	Description	Positions	FY 2007-08	FY 2008-09
A-342	17-212	310	CA7011	Bureau of Medical Services	010	0129	Total Care Management		2,600,000	2,700,000
A-342	17-212	310	CA7011	Bureau of Medical Services	013	0129	Total Care Management		2,600,000	2,700,000
A-400	17-220	363	CA7008	Medical Care - Payments To Providers	010	0147	Total Care Management		(20,360,000)	(27,440,000)
A-400	17-220	363	CA7008	Medical Care - Payments To Providers	013	0147	Total Care Management		(35,116,839)	(47,348,771)
							Total General Fund		(17,760,000)	(24,740,000)
							Total Federal Fund		(32,516,839)	(44,648,771)
A-401	17-221	363	CA7010	Medical Care - Payments To Providers	010	0147	Adjusting rates to standard rates per service		(2,000,000)	(2,000,000)
A-303	17-61	265	CA7010	Mental Health Services - Child Medicaid	010	0731	Adjusting rates to standard rates per service		(4,000,000)	(4,000,000)
A-308	17-72	272	CA7010	Mental Health Services - Community Medicaid	010	0732	Adjusting rates to standard rates per service		(4,000,000)	(4,000,000)
A-401	17-221	363	CA7010	Medical Care - Payments To Providers	013	0147	Adjusting rates to standard rates per service		(17,247,956)	(17,255,383)
							Total General Fund		(10,000,000)	(10,000,000)
							Total Federal Fund		(17,247,956)	(17,255,383)
A-292	17-45	254	CA7009	Departmentwide	010	0019	Managed care effort for behavioral health services		(5,000,000)	(6,500,000)
A-400	17-220	363	CA7009	Medical Care - Payments To Providers	013	0147	Managed care effort for behavioral health services		(8,623,978)	(11,215,999)
							Total General Fund		(5,000,000)	(6,500,000)
							Total Federal Fund		(8,623,978)	(11,215,999)
							General Fund		(32,760,000)	(41,240,000)
							Federal Fund		(58,388,773)	(73,120,153)

Testimony Against LD 499: An Act Making unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2008 and June 30, 2009.

"Senator Rotundo, Representative Fischer, Senator Iranian, Representative Perry, members of the Appropriations and Health and Human Services Committees. My name is Toby Simon and I am here today as Coordinator and co-founder of the Augusta Area Elder Abuse Task Force and the Elder Victim Referral Project. I am also the Vice President of Community Services for Senior Spectrum, the Central Maine Area Agency on Aging. I am testifying against the proposed budget presented in LD 499. I am opposed to the proposed budget because it does not include increases for services or staff for Adult Protective Services.

The Augusta Elder Abuse Task Force was formed in 2004 as a response to the need for a more coordinated effort to provide education, awareness and advocacy for vulnerable elders at risk for abuse and exploitation in our community. This past January, the Task Force launched a new project called the Elder Victim Referral Project. The role and mission of the Elder Victim Referral Project is to make a multidisciplinary resource team of elder service professionals available to area service providers who are concerned with problematic cases of potential elder exploitation, neglect and abuse. This multidisciplinary team includes professionals from the areas of law enforcement, domestic violence, elder outreach services, legal professionals, long-term care, adult protective and family caregiver programs.

The Elder Victim Referral Project is not intended to replace existing and critical services provided by Adult Protective Services, it is intended to provide consultation and assistance to providers when navigating referrals, and accessing needed services for their clients who may be at risk of abuse or exploitation. Within a week of launching the Elder Victim Referral Project, we received our first two referrals. Both of those referrals came from area providers who had attempted to refer the cases to APS, but both were told that APS would be unable to take those cases because **1)** they are understaffed and do not have enough caseworkers to take on the cases and **2)** APS could not take these cases because they were assessed as being less "at risk" than other cases.

Because of insufficient casework staffing at Adult Protective Services, the APS supervisors are compelled to look at the potential risk factor of cases referred to them. Any cases deemed to be *less* at risk are the cases that are screened out and not assigned a caseworker. In one of these cases just mentioned, the individual deemed "less at risk" is a resident of a senior housing site who has been consistently observed as over-medicating herself, displaying erratic behavior, and has even been observed walking down the middle of the town's main street in traffic.

In consideration of the proposed budget I would quote a member of our Task Force - an elder law professional, who recently posed the question, ***"I wonder if the legislature understands that APS is the net below the frayed social safety net that catches the most fragile and vulnerable of an already vulnerable population?"***

If the safety net provided by Adult Protective Services is also frayed and strained to the point of tearing, then these most fragile and vulnerable elders will continue to fall, and who will catch them? There will be no intervention to stop the abuse, exploitation and neglect. It is imperative that funding be increased for Adult Protective Services to allow for, at minimum, 3 additional caseworkers to enable Adult Protective Services to respond adequately to these cases. Additionally, there is a critical need for funding for emergency beds for elder victims of abuse and exploitation so they can be removed from extremely dangerous and abusive environments. Emergency beds would provide elder victims and their advocates access to a safe temporary place for them to reside.

This is a significant opportunity for the legislature to allocate funds to help our most vulnerable citizens gain access to enhanced and vital supports and services they desperately need. Thank you for your consideration, and I would be glad to provide any further information you may need.

AARP
The power to make it better.

Testimony Against LD 499: An Act Making unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2008 and June 30, 2009.

Presented by Betsy Cantrell on behalf of AARP, Maine TRIADS, and Elder Abuse Task Forces.
February 23, 2007

Senator Rotundo, Representative Fischer, Senator Brannigan, Representative Perry, members of the Appropriations and Health and Human Services Committees, I am Betsy Cantrell from Bath, Maine and I am here today to testify against the proposed budget presented in LD 499.

I am opposed to the budget because it does not include adequate funding for Adult Protective Services. In fact, there are no increases for services or staff in that section of the budget. Quite frankly, I was surprised and deeply concerned when I heard about it.

Why do I care and what would I know about that area of state government? For the past eight years, I have worked as a volunteer for Maine TRIADS, Elder Victim Assistance Teams, the five Elder Abuse Task Forces across the state, and for AARP. My interest both professionally and personally has always been in the area of protecting our elders from abuse. I was lucky enough to move to Maine in 1998 when my husband began working for BIW. Prior to that, I was very active on the national scene in working to prevent elder abuse. I was the national Crime Prevention Director and then TRIAD Director for the National Sheriffs' Association.

Here is what I know from my daily work on this issue. Elders we know are, this very day, in peril. And one of the agencies, whose budget you are considering today, is struggling against tremendous odds to help. This agency is Adult Protective Services - APS.

Through this work I have become acutely aware of the need for prompt, thoughtful assistance from APS. I've taken part in numerous situations where the heartbreaking complications of elder abuse are highlighted. When vulnerable, fragile elders are identified, probably needing assistance, not only are there frequently too few case workers to respond in many cases, but there are no emergency beds available for these elders if they need to be removed from their homes.

You know what's happening here in Maine.

- Maine's elder population is increasing steadily; already Maine is the oldest state in the nation.
- An estimated 14,000 older persons in Maine are victims of exploitation, neglect and abuse – financially, emotionally, physically, even sexually. These facts were

highlighted at last September's Blaine House Conference on Aging. Those who attended were deeply concerned.

- I take this personally, and I know you do too. We have many volunteers offering training and information to law enforcement, EMT's, doctors, attorneys, bankers, and others about how to recognize and report elder exploitation and abuse. And when they *do* make the calls to APS, what then? "Sorry, we will just have to get to you when we can" ? Obviously I'm exaggerating – but not much. When there is no staff to go, investigate, and help, do we intend for these vulnerable elders continue to suffer?
- What are we talking about?
    - An older woman in the southern part of the state who was kept locked in an upstairs room with no means of communication with the outside world and marginal provision of food and other necessities
    - A woman whose nephew moved in to "take care of her," and who proceeded to go through her life savings and then to berate and abuse her
    - An elderly man whose son will not provide care for him but refuses to allow him to be placed in a residential care facility because he needs his father's income.
    - We're talking about people in each of our communities. People as vulnerable as any child.
- Adult Protective Services is the agency designated to investigate and assist in these cases. With the growing numbers of elders, and no additional case workers in the 2005 budget or now, the agency is grossly understaffed.
- More cases – more reporting – more public concern and an overburdened APS forced to prioritize cases and hope they can get to those elders needing assistance before it's too late. From what I see, APS supervisors are already constantly balancing caseloads and juggling schedules – and when one of those valuable workers is (heaven forbid) ill or on leave – the situation is dire.

At a minimum, this state must have at least three additional case workers AND some emergency beds to alleviate this situation. More funding would mean that fewer elders in three critical areas of the state wouldn't have to be put in ever-lengthening waiting lists. Vulnerable older persons would not need to suffer in silence, continuing to be exploited and abused by (alas – in most cases) family members or caregivers. And emergency beds could be provided on a temporary basis, in situations where an older person needs special care.

I come here today to ask you to increase the funding for APS for additional case workers and emergency beds. This is an urgent matter. Elder abuse is intolerable and something we all abhor. Now is the time to do something to turn the problem around. Helpless elderly Mainers need and deserve our attention.

Thank you and I will be glad to answer any questions now or at the work session.

SENIORSPLUS

Senator Rotundo, Representative Fischer, Senator Iranian, Representative Perry, members of the Appropriations and Health and Human Services Committees, I am Vivian Howe from SeniorsPlus and the Lewiston/Auburn Elder Abuse Task Force and I am here today to testify against the proposed budget presented in LD 499."

An obvious project for an elder abuse task force is to educate the community about elder abuse and publicize the Adult Protective Service's number to call to report suspected abuse. There is no point in doing that if APS has difficulty taking care of the cases it has now.

As an Area Agency on Aging, we make referrals to APS and we know first-hand the difficulty APS has to get to all of the reports that come to them. We know they have to strictly prioritize and only the worst cases can get timely attention.

The elderly population is growing; there will be even more cases of elder abuse; and APS needs enough workers to do the job.

2/23/07

Testimony Against LD 499: An Act Making unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2008 and June 30, 2009.

February 23, 2007

Senator Rotundo, Representative Fischer, Senator Brannigan, Representative Perry, members of the Appropriations and Health and Human Services Committees:

I am Martha Cushing, a resident of Bowdoinham, Maine and Coordinator for the Aging and Disability Resource Center at Senior Spectrum and I am here today to testify against the proposed budget presented in LD 499

As initiator (5 years ago) and Chair of the first Elder Abuse Task Force in Maine I am here to express my deep concern for our Elders who are victims of abuse.

The Elder Abuse Task Forces have worked diligently to educate the community about the horrible, many times hidden secret of Elder abuse.

We have just begun to give Elder Victims a ray of hope for a different and hopeful life of safety.

But without adequate case workers and emergency beds, these elders will be forced to remain and/or return to their original environment of exploitation and abuse.

I do not want to see this happen and therefore I oppose the proposed budget presented in LD499.

Testimony Against LD 499: An Act Making unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of state Government for the Fiscal Years Ending June 30, 2008 and June 30, 2009.

Presented by Director Peter Lamarre, a Law Enforcement Officer **with** thirty four years of service as a Public Safety Officer.
February 23, 2007

Senator Rotundo, Representative Fischer, Senator Brannigan, Representative Perry, members of the Appropriation, and Health and Human Services Committees, I am Peter Lamarre of West Bath, Maine and I am here to testify against the proposed budget presented in Legislative Document 499.

I feel that it is an honor to be recognized and heard by this committee, so let me start with a promise to be mercifully brief. I consider it my moral duty to convey to you my sincere concern for the ramifications of LD 499 as it is presently written. I have had the pleasure to serve as a law Enforcement Officer for over **thirty four years** in Maine. In the course of my service, I have several opportunities to work with members of our Adult Protection Services. I am truly amazed at the challenges these men and women face, and the case load they are charged with handling. My sincere concern is with the challenges that lay before the Division of Adult Protection Services. I compare their challenges to that of a Police Officer on a severe **"Bad Weather Day"** with dozens of accidents happening in very short order, the theme is "I'll get there when I Can". I have seen first hand the ever growing demand for Adult Protection Agents, and without question, their calls for service are rising at a significant rate, consistent with our aging society here in Maine. APS is about to face, ever increasing **"Bad Weather Days"**.

Two significant cases from the MidCoast Region are paramount in my mind, one case is the 76 year old woman confined to her bed. When her severe illness came to the attention of Emergency Medical Personnel, they found that the springs from her mattress had actually grown into the flesh of her back. Chain saws were required to cut a hole in her bedroom wall large enough to evacuate both her and the attached mattress from her residence to the hospital via a truck, she died days later in the hospital.

The second incident that I personally investigated was the case of "Bill" who had fallen down his cellar stairs while attempting to retrieve a pail of water from his water supply in the cellar. Bill died of hypothermia at the base of the cellar stairs because he was unable to crawl up the stairs to the warmth of his kitchen. The need for additional Adult Protect Workers is without question, both warranted and urgent.

I promised to be brief, I will now conclude with a heartfelt plea, please listen closely today, and in your wisdom, Do The Right Thing, Reject LD 499 as it is written, and take whatever steps are necessary to provide funding for a **MINIMUM** of three additional Adult Protection Workers. Thank you for your time, attention and patience.

ELDER ABUSE INSTITUTE OF MAINE

Written Testimony regarding LD 499
February 23, 2007

Honorable Members of the Appropriations and Health and Human Services Committees:

Elder abuse is a serious and widespread problem in our state. Though disturbing, it is a fact that perpetrators of crimes against frail elderly and disabled people are most often members of the victim's own family. Many incidents of abuse go unreported because the victim is ashamed to admit that a loved one has hurt them or taken their money. Victims are often dependent on their abuser for shelter, food, and medical care, and they are afraid of retribution if they speak up.

Existing services in our state are not adequate to protect those individuals brave enough to report what is happening to them. There are no emergency shelters designated for use by older and dependent victims of domestic abuse, and there are a limited number of caseworkers who can respond. Maine's adult protective service workers are already stretched to the limit in terms of the number of people they can serve. Referrals must be prioritized so carefully that only the worst of the worst cases can remain open. Where does that leave the other reported cases? What happens to the people whose stories are very bad or even shocking, but still not the worst of the day? If there were more adult protective caseworkers available in Maine, more abuse victims could be helped once they do decide to break their silence.

The Elder Abuse Institute of Maine and other task force groups around the state are working to raise awareness about elder abuse, including issues of domestic violence grown old. We are encouraging victims to report incidents of abuse, neglect and exploitation when they occur. People will feel safe reporting abuse, only if there is an adequate number of trained staff available to help them when they do.

Maine's elderly population is one of the fastest growing in the nation. The incidence of elder abuse is expected to grow with it. This is not a time to merely flat fund services that protect vulnerable adults from abuse. We are asking the committees to please consider approving the modest funding increase required to add three human service caseworker positions statewide, and to provide some emergency beds for elderly and disabled victims of abuse.

Sincerely,

Linda Weare

Linda Weare, President
Elder Abuse Institute of Maine

2 Fort Road, South Portland, ME 04105

sions, inappropriate referrals to the public mental health system, delays in prior approval decisions and payments to providers.

- ❒ A series of intermediate sanctions for various contract violations should be established, such as monetary penalties, appointment of temporary management to oversee operation of the plan or provisions permitting individuals to disenroll without cause.
- ❒ The state should use the ultimate sanction when necessary. For extreme cases, or in the event of repeated substandard performance, the sanction should be cancellation of the contract.

MAKING A START: TACTICS AND STRATEGIES

It is clear that managed care for people in the public mental health system should be developed with considerable care. As the payor, the state has the right and responsibility to design a managed care system that address all issues in a manner that ensures value for the taxpayer and good outcomes for consumers.

What to Legislate

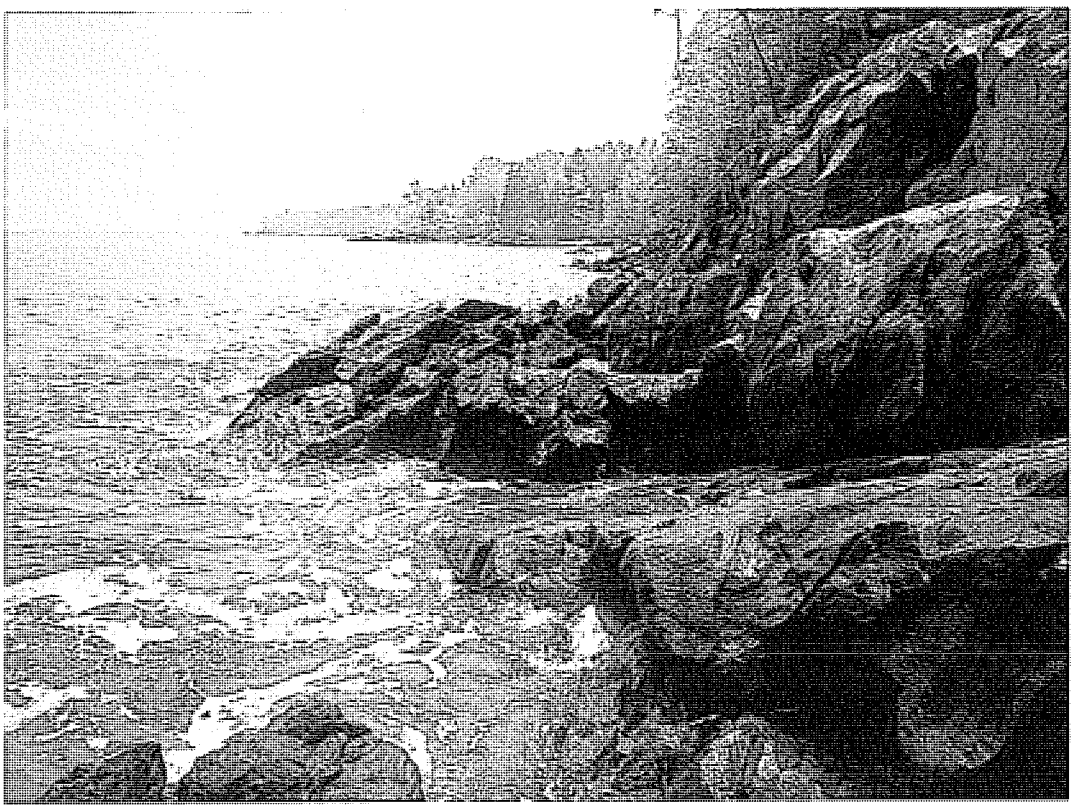
Initially, certain basic aspects of the managed care plan could be required through state legislation so as to protect the public and provide guidance to the state Medicaid agency. Consumers, families and advocates should be involved in any legislative process authorizing or mandating managed care for the public system.

Such legislation should set goals for a quality health care plan to meet the needs of adults with serious mental illness and children with serious emotional disturbance. The plan should not be viewed as just a way to save money. At a minimum, such legislation should:

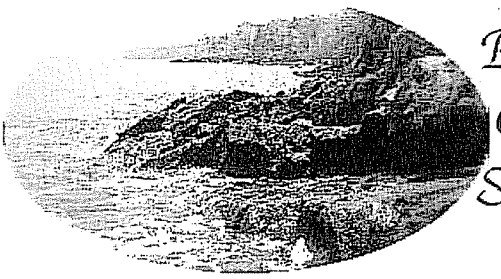
- ❒ Define and protect basic consumer rights—to nondiscrimination, to be involved in treatment decisions, to appeal and to refuse treatment.
- ❒ Require coverage of a specific range of comprehensive services and inclusion of appropriate existing community mental health agencies in any managed care network. The state mental health authority should be given the responsibility of designating agencies to be essential providers of community care.

- ❒ Establish meaningful and ongoing mechanisms for input from consumers, advocates and families so they can participate in the design and development of the managed care plan.
- ❒ Require geographic and cultural access to services.
- ❒ Fix a point of responsibility within the state (such as the Medicaid agency director) for the managed care plan, and delineate a clear and specific role for the state mental health authority (including its children's specialists) in designing, approving and monitoring mental health managed care.
- ❒ Clarify the role of the state mental health authority to oversee and monitor managed mental health care and its continued responsibility for other mental health and support services that the state must provide.
- ❒ Require the state agency to develop quality-assurance mechanisms for managed care.
- ❒ Require the state agency to define outcome goals for the managed care system and to develop appropriate outcome measures and an information management system to ensure that data collection and analysis are reported to the public.
- ❒ Require managed care plans to release data concerning access, quality and outcomes.
- ❒ Require both the state agencies and the managed care plans to establish mechanisms for ongoing active, independent monitoring of services by consumers. Consumers, families and advocates should have a central role in monitoring the new system and providing feedback to state policymakers and legislators.
- ❒ Require managed care plans to establish—and have working before the plan takes effect—a system to educate consumers on the health plans, including how to access services, what is covered and how service decisions are made.
- ❒ Require all managed care plans to have consumer advisory boards.
- ❒ Require that the state agency develop specific limits on profits by any outside managed care firm and set an administrative fee for managed care.
- ❒ Require the state to set up a system to educate existing public-agency providers of services about the new expectations of managed care.
- ❒ Require managed care entities to reach out to underserved and hard-to-reach groups in the state.
- ❒ Require managed care plans to link with other state agencies that provide essential services to Medicaid recipients, such as housing, special education, child welfare, vocational rehabilitation, etc.

Possibilities Counseling Services



A Vision Of Something Possible



Possibilities Counseling Services, Inc.

A vision of something possible

April 11, 2007

Dear Senators and Representatives,

Two weeks ago we brought a packet of material that included information about our company, a letter from our CEO, a fact sheet, and numerous testimonials and petitions to stop the MaineCare Rate Reduction for Section 65: Adult and Child Outpatient Therapy. Today we are back to offer more testimonials and petitions which we have received over the past two weeks. These new additions are from outpatient therapists, physicians, other health and mental health practitioners, consumers, and the state of Maine at large. We have been astounded by the response across the state of your constituents asserting their rejection of the rate reduction for outpatient therapy. We feel the need to pass this additional information on to you in the hope that you will see how great the need for continued access to outpatient therapy is. We believe that there is still an opportunity for you to hear our voice and hope that you take into consideration before you make recommendations that *thousands* of Maine residents have spoken out about the need for this service. Please, Stop the MaineCare Rate Reduction for Section 65: Adult and Child Outpatient Therapy. The Mental Health of thousands depends on it.

Sincerely,
Possibilities Counseling Services

P. O. Box 958 ~ Lewiston, ME 04243-0958
Phone: 207-333-3833
Fax: 207-333-6939
Email: info@possibilitiescounseling.com
Web: possibilitiescounseling.com

ADDITIONAL TESTIMONIAL LETTERS AND PETITIONS

PETITION TO STOP THE MAINECARE RATE REDUCTION FOR SECTION 65: ADULT AND CHILD OUTPATIENT THERAPY

This is a Petition to stop the MaineCare Rate Reduction for Outpatient Adult and Child Therapy Services. The proposed Rate Reduction will detrimentally impact MaineCare clients receiving outpatient therapy from community based clinicians. These clinicians provide outpatient therapy in urban areas, and more importantly, in rural locations throughout the state where mental health resources are scarce or nonexistent. My signature below asserts that I adamantly reject the State's proposed reduction and strongly urge my Senators and Representatives to STOP the MaineCare Rate Reduction for Outpatient Therapy.

SIGNATURES

Lorraine Lattin, LCSW
[illegible]
[illegible] LSW MHRT 2
Rebecca Bussiere MHRT II
Theresa Phillips LSW / MHRT-C
[illegible] LCPC
Sheri Wright LSW
Holly A Smith Bagley MHRTC
Kathleen M Perkins MHRT II
Angela Plourde MHRTC
Cheryl Bowman MHRT-C
Tammy Dean MHRT/LSW

March 22, 2007

APR 0 5 2007

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SIGNATURES

LaurenComo 3Pinette Ave. Biddeford me 04005

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SIGNATURES

[illegible]

* [illegible] L.C.P.C. 878-1176

* [illegible] LCPC 848-5114

[illegible]

[illegible], 44 [illegible] St, Kennebunk 985-4857

March 22, 2007

[illegible], LCSW — 69 Federal St. Portland, Maine 04101

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SIGNATURES

Nicole Richman, LCSW	839-3535
Jennifer Finck LCSW	839-7049
[illegible] LCSW	839-8005
[illegible] LCSW	284-1173
[illegible] LCSW	207 854 5411
[illegible] LCSW	773-2408
[illegible] LCSW	207 883-9737
[illegible] LCSW	662-3978
[illegible]	775-0195
[illegible]	642-5198
[illegible] LCSW	892-7430
[illegible] LCSW	294-7794
[illegible] LCSW	846 8960
[illegible] LCSW	592-6802
[illegible]	282-8146
[illegible]	268-3284
[illegible]	846-3900
[illegible] LCSW	799-9198
[illegible] LCSW	662-7073
[illegible]	207-286-3327
[illegible]	207-286-3324
[illegible]	207-828-7517
[illegible] LCSW	207 782 1051
[illegible] LCSW	207 782 1051
[illegible] LCSW	207-782-3900
[illegible]	207-772-6611
[illegible] LCSW	207-846-6046

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SIGNATURES

Michael Bowe LCSW 48 Union St Belfast ME 04915
[illegible] PO Box 263 Kennebunkport, ME 04046
(LCSW) Wendy Lewis 2 Balsam Lane Freeport, ME 04032
Carol Zack LCSW 75 Exchange St. Portland ME 04101
[illegible] 261 Main St. Yarmouth, ME 04096
[illegible] LCSW Gwynmoor Drive Scarborough
[illegible] 217 Commercial St Portland me 04101
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[illegible] 179 S. Freeport Rd Portland, ME 04032
Charmain L West LCSW 21 Buswell Ave. So. Portland, me 04106
[illegible] Thompson LCSW 212 Rowe Station Rd New Gloucester, ME 04260
[illegible] LCSW 233 St. John St #114 PTLD ME 04102
Carol Crosby 6 Gaia Lane Gorham. 04038 LCSW #3376
[illegible] LCPC LMFT 3 Cove Point Road, Southport. me 04576
[illegible] 93 Silver St. Waterville 04901
[illegible] LCPC 393 Sabattus St Lewiston 04243
Sarah C Bellows PhD 8 Cumberland St. Brunswick ME 04011
David Margolis PhD 30 Exchange St. Portland ME 04101
[illegible] 188 S. Pleasant St Bowdoinham ME 04008
[illegible] LCPC 147 Riverside Dr. Ste 2B Augusta ME 04330
Pamela [illegible] APRN-BC 24 Riverbend Drive Yarmouth, ME 04096
[illegible] LCSW 28 Winter St., Unit 2 Norway, ME 04268
[illegible], LCSW, 333 Lincoln St. Saco ME 04072
[illegible] LCSW 526 Ferry Rd Saco ME 04072
[illegible] LCSW 46 Prospect St Portland ME 04103
Elizabeth M Anderson LCSW 12 Parsons St, Kennebunk, Me 04043
[illegible] LCSW 1866 Clary Hill Rd. Union ME 04862

March 22, 2007

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Penny R Rubin

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SIGNATURES

Ann Barclay	338-5425	Searsport-Me 04974
[illegible]	322-8884	Belfast ME 04915
[illegible]	338-2022	Searsport Me
[illegible]	930-7000	Searsport Me 04974
[illegible] LADC	930-7005	Belfast ME 04915
[illegible]	322-2588	Searsport, ME 04974
[illegible]	323-4668	Winterport - Me
[illegible]	567-3082	Stockton Springs Maine
[illegible]	338-0162	Brooksville Me
Karen Kelly, MS, LCPC, LADC	338-6704	Searsport, Me 04974
Elizabeth [illegible] LPC, MA, CCS	338-1070	Belfast Me 04915
Jane S Lowry, LADC	667-3100	Ellsworth, ME 04605

March 22, 2007

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SIGNATURES

100 Maple St. Cornish, ME 04020

100 Maple St Cornish, ME 04020

March 22, 2007 Fax to: 207-333-6939

APR 03 2007

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Christa Lee

March 22, 2007

APR 0 3 2007

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SIGNATURES

(4/3/07)

Broad Patten LCSW PhD
Jane S McCarty LCSW (4.03.07)
Barbara B Sweeney 4.05.07
Steve Young 4/3/07
Laura Rancourt 4/3/07
[illegible] LMFT 4/3/07

APR 0 3 2007

March 22, 2007

PETITION TO STOP THE MAINECARE RATE REDUCTION FOR SECTION 65: ADULT AND CHILD OUTPATIENT THERAPY

This is a Petition to stop the MaineCare Rate Reduction for Outpatient Adult and Child Therapy Services. The proposed Rate Reduction will detrimentally impact MaineCare clients receiving outpatient therapy from community based clinicians. These clinicians provide outpatient therapy in urban areas, and more importantly, in rural locations throughout the state where mental health resources are scarce or nonexistent. My signature below asserts that I adamantly reject the State's proposed reduction and strongly urge my Senators and Representatives to STOP the MaineCare Rate Reduction for Outpatient Therapy.

SIGNATURES

Sandy S. Fox	Clarke 5 Ohio St Bangor ME 04401
Daniel G Clarke	125 Ohio St Bangor ME 04401
Susan Richard	11 Sunset Dr Veazie ME 04401
B. Allen	372 Mt Hope Rd Hampden, ME 04444
Margie Mann Patterson	9 Twining Lane, Winterport, ME 04496

APR 03 2007

March 22, 2007

PETITION TO STOP THE MAINECARE RATE REDUCTION FOR SECTION 65: ADULT AND CHILD OUTPATIENT THERAPY

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SIGNATURES

Christa Lee

APR 0 3 2007

March 22, 2007

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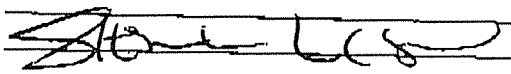
SIGNATURES



March 22, 2007

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SIGNATURES

Maine Ellyson LCPC	S. Portland, ME 04106
Joanna Flood LCPC	Portland, ME 04103
Peggy Dunn LSW	Bowdoinham, ME 04008

APR 02 2007

March 22, 2007

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SIGNATURES

Elizabeth N. Lander
Barbara Borrican
[illegible] Brown
Jeanie Mercato
Michael Mercato
Patricia A. Traaf
[illegible]
Terri M. Pope
Sarah C. Plante
Donna Peelle
Christ M. [illegible]

March 22, 2007

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SIGNATURES

Carol Zarcl LCSW
~~John Ansfield~~ Ph.D P.A.
~~Thomas~~ Fitzgerald MA,
Suzanne Sitra LCPC
Valerie ~~Jones~~ MSW Intern
~~William~~ Gilshee MFT, RC
~~Jim Mundell~~
~~Kimberly~~ Marshall, Psy.D
~~Lisa Dress~~
Becky Clark LCSW

March 22, 2007

APR 0 2 2007

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SIGNATURES

N Marcia Baker po Box 223 Rangeley Me 04970

March 22, 2007

APR 0 2 2007

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SIGNATURES

Jody Tolfan-Richards PhD, CLC

Peggy Oakley, LCSW

March 22, 2007

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SIGNATURES

Judy Sidney, LCSW, P.O. Box 120, Windsor, ME 04363

March 22, 2007

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SIGNATURES

Jane A Clark 16 Farm Hill Rd Cape Eliz ME 04107
Jane Clark

March 22, 2007

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SIGNATURES

Christine Kimball LCSW

March 22, 2007

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SIGNATURES

Greg Patterson	Greg Patterson	Northfield, ME
LeeAnn Maloney	LeeAnn Maloney	Northfield, ME
Deborah Correll	Deborah Correll	Machias, ME
Deborah Seeley	Deborah Seeley	East Machias, ME

March 22, 2007

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SIGNATURES

Kathy Klein	Kathy Klein	73 Wilderness Dr. Medway, ME
Robert Duval	Robert DUVAL	P.O. Box 73 Millinocket ME
Lisa Wiley-Ayotte	LISA WILEY-AYOTTE	21e Hook Street, Millinocket, ME
Viola R. DeWitt	Viola R. DeWitt	48 Elm Street, East Millinocket ME
Kathy Noyes	Kathy Noyes	61 Pamela Dr Cedar St Millinocket ME
Julia C. Cochran	Julia C. Cochran	2 1/2 spruce st. E. Millinocket ME
Adam Cullen	ADAM T CULLEN	180 BROADWAY DRIVE SHERMAN ME
Susan Buzzell	Susan Buzzell	PO Box 531 Millinocket Me
Diane Bellfleur	DIANE BELLFLEUR	6 UNION ST E. Millinocket, Me 04430
Alison Federico	Alison Federico	6e Silverwood Ct. E. Millinocket ME
Nancy Federico	NANCY FEDERICO	39 INDEPENDENCE LANE EAST MILLINOCKET MAINE
Amy Lowe	Amy Lowe	PO Box 52 Sherman 04776 04430
Jennifer Saucier-White	Jennifer Saucier-White	387 Chestnut St. Mkt. Me 04462
Gerry Gagnon	Gerry Gagnon	48 Coffin st. Howland, Me. 04448
Beverly McGreevy	Beverly McGreevy	138 Lincoln St. Millinocket, Me

March 22, 2007

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SIGNATURES

Judith A. Nanney (Retired LCSW)
Terry K. Nanney LCSW

March 22, 2007

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SIGNATURES

Berna T. Andrews, L.C.P.C.
BERNA T. ANDREWS
378 W. POWNAL RD
N. YARMOUTH, ME.
04097

March 22, 2007

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SIGNATURES

Michelle Cone LIBBEY CONE 124 Ocean Ave Portland ME 04103

March 22, 2007

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SIGNATURES

Michael Rowe LCSW

March 22, 2007

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SIGNATURES

Margery B Pattison	Margery Pattison
[illegible]	Cynthia J. Sortwell
[illegible]	Joseph Roberts
[illegible]	Nicole Denner
Clark Gregory Byrer	Clark G Byrer

March 22, 2007

MAR 3 0 2007

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SIGNATURES

Nicole Richman, LCSW

MAR 3 0 2007

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SIGNATURES

Ricky Cavers Oakfield ME
Sherry Cavers Oakfield ME
Cathy Littlefield Caribou ME
John R. Littlefield Caribou ME

MAR 3 0 2007

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SIGNATURES

Janet M Kennard	Auburn ME
Linda Bailey	Auburn ME
Stan Vail	Auburn, ME
Corey Vail	Auburn, ME
[illegible]	Auburn, ME
[illegible]	Auburn, ME
[illegible]	Auburn, ME
[illegible]	Auburn, ME
[illegible]	Auburn, ME
Carla Wells	Auburn, ME

MAR 3 0 2007

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SIGNATURES

Terri Bellas Terri Bellas 757 Main St. So. Portland 04106
Joan Mansfield Joan Mansfield 32 Belgrade Rd Manchester
Keith T. Bellas Keith T. Bellas 757 Main St. S. Portland 04106
MATHEW BELLAS 104 HALL ST SO. PORTLAND ME 04106
Sarah Waite SARAH H. WAITE 44 Wellstone DR Portland 04103
Suzanne Laberge SUZANNE LABERGE 742 Cumberland Ave Ptld 04101

March 22, 2007

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Susan Richard	11 Sunset Dr Veazie ME 04401
D. Allen	32 TOWNHOUSE RD KENDUSKEAG, ME 04450
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SIGNATURES

Priscilla B. Smith
Deborah L. Buscaniera
LCSW
Thompson-McKinley LCSW
Nancy Bennett
Joanna Kelley

MAR 29 2007

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SIGNATURES

RaDumont, MD

RAYMONDE H. DUMONT, M.D.
TAMARACK PL. P.O. BOX 470
HANCOCK, ME 04640

3-29-07

March 22, 2007

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SIGNATURES

Judy Muller LCSW

I have many clients that can work, parent and be productive only with the support of mental health services in the community.

March 22, 2007

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SIGNATURES

Tonia A. Rube, MPC Aroostook County

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SIGNATURES

WARREN HOULETTE

Pat Carr, LCSW Patricia A. Carrara

March 22, 2007

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SIGNATURES

1. Steven D. Robertson - MSW, Psy.D. Lic. Clinical Social Worker (674-2983)

March 22, 2007

APR 0 2 2007

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SIGNATURES

Matthew Deming
Joseph B. Tinkham
Melissa Cathlin
Corey Walmer
STUART BEDDOE

APR 0 2 2007

March 22, 2007

Ray Smith 3/30/07

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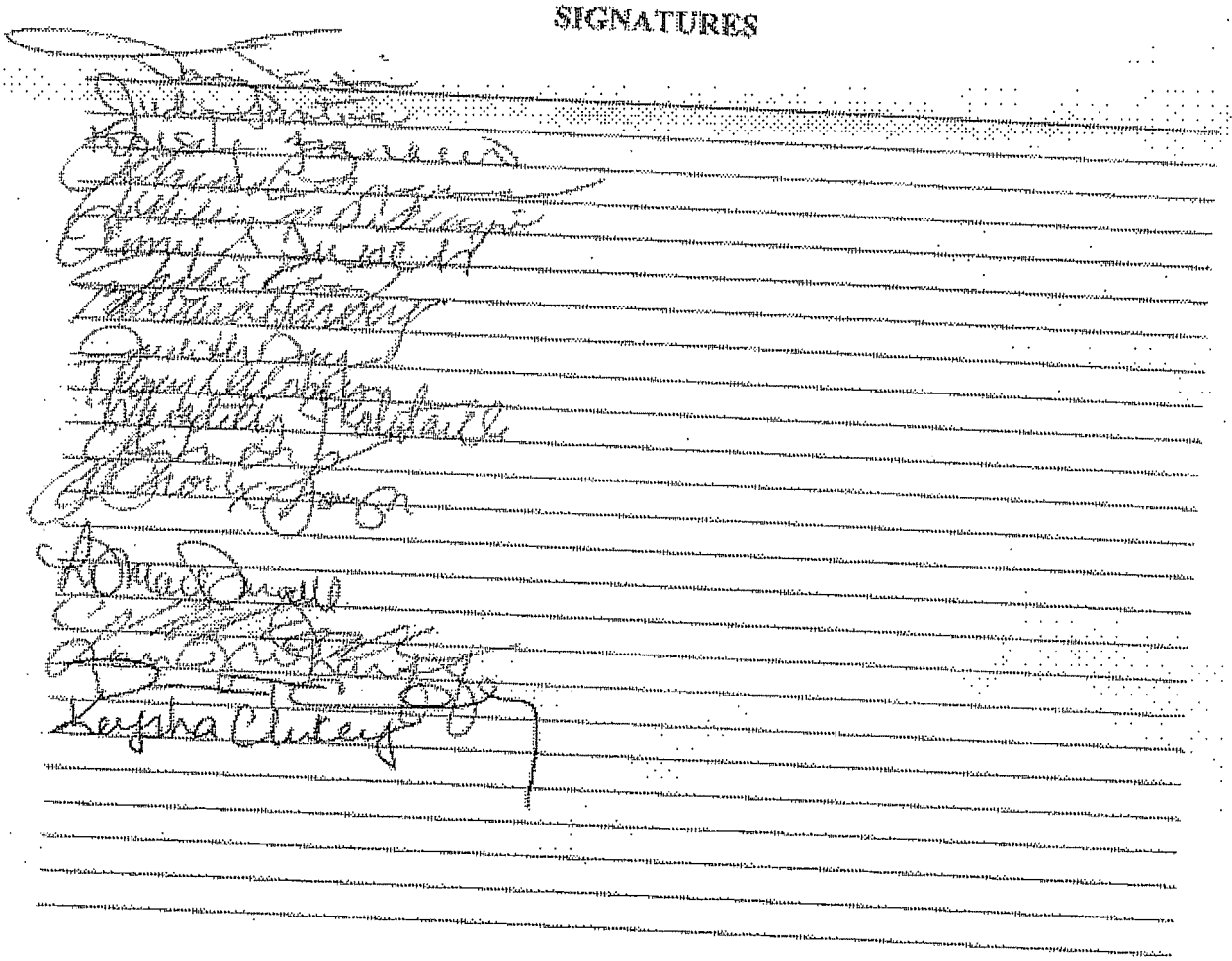
SIGNATURES



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SIGNATURES

[illegible] 28 White Oak Ridge Road
[illegible] Damariscotta ME 04543

APR 0 2 2007

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SIGNATURES

Brunswick, ME

Brunswick, ME

Brunswick, ME

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SIGNATURES

Jennifer Fowler-Greaves
Kelli Has For
Margaret Howard
Diane Glynn

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SIGNATURES

Ellen Gurney	Ellen Gurney	12 Fuller St.	Portland, ME 04103
C. LANCE GURNEY	C. LANCE GURNEY	12 FULLER ST,	PORTLAND, ME 04103
[illegible]	Teresa Villiere LCSW	57 Rivers St.	Portland, ME
[illegible]	Steven ADDARIO	8 CHEVRUS Rd	CAPE ELIZABETH ME 04107

March 22, 2007

APR 0 2 2007

PETITION TO STOP THE MAINECARE RATE REDUCTION FOR SECTION 65: ADULT AND CHILD OUTPATIENT THERAPY

This is a Petition to stop the MaineCare Rate Reduction for Outpatient Adult and Child Therapy Services. The proposed Rate Reduction will detrimentally impact MaineCare clients receiving outpatient therapy from community based clinicians. These clinicians provide outpatient therapy in urban areas, and more importantly, in rural locations throughout the state where mental health resources are scarce or nonexistent. My signature below asserts that I adamantly reject the State's proposed reduction and strongly urge my Senators and Representatives to STOP the MaineCare Rate Reduction for Outpatient Therapy.

SIGNATURES

Laurie Gillen
Katie J. Gillen
Susan Anderson
Janice M. Gillen

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Yvonne Doyle

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SIGNATURES

[illegible]

Nicole L Colby

APR 02 2007

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SIGNATURES

Linda Gozzard, MSW, Wilton, Maine
Kathleen Dunfee, LCPC-C Wilton, Maine
Sharon Neil LCSW-BAC Peru ME 04239
M.D. LCPC Dixfield ME 04938
Christine Cesare LMSW-CAC Farmington ME 04938

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SIGNATURES

Michelle Worth Michelle Worth P.O. Box 571, Castine, ME 04421
C.L. Wagner C.L. Wagner 82 Degregoire Pk, Bar Harbor ME 04609
Ellen Sherlund LCPC Ellen Sherlund 4 Fieldway Ellsworth, ME 04605
Kelly Pearson 92 Trout Brook Rd, Marianville, ME 04605
Roni Bloom 108 Shea St Ells. Me
Betty Sherman Betty Sherman 136 Hulcrest Dr. Winter Harbor ME 04693
Emily Fenders Emily Fenders 255 Union St. Blue Hill ME 04614
Brenda Beal Brenda Beal 219 Shore Rd. Ellsworth, ME 04605
Kristina L Dengre 10 Cross Rd, Orland, ME 04472
Jones M. Lilly 411 Main St., Winter Harbor, ME 04693

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Marjorie Averill LCSW @ Umbrella Mental Health Services (UMHS)
Angela Dalrymple @ UMHS
Isabel S. Jones @ UMHS
Dawn J. Hudson LCSW @ UMHS

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SIGNATURES

Delia Mae Farris	Delia Farris	Box 173 Bryant, ME
Jennifer LeBreton	Jennifer LeBreton	85 Town Farm Rd. Bucksport, Me
Susan Jackson	Susan Jackson	17 Blackberry Rd. Searsmont, ME
Karen L. Canfield	Karen L. Canfield	41 Forest St Rockport Me 04856
Pam Simpkins	Pam Simpkins	19 Crosby Rd Lincolnville ME 04849
Dena Grapa-Perkins	Dena Grapa-Perkins	19 Perkins Drive Knox, ME 04986
Marie Paschke	Marie Paschke	15 Kelly's Lane Rockland, ME 04841
Rachel Stephenson	Rachel Stephenson	172 E. Main St. Monroe, Me 04951
Jane Eagles	Jane Eagles	54 Mountain St. Northport, ME 04849
RoAnn M Blood	RoAnn M Blood	58 Sherman Rd, Liberty, ME 04949
JAMES S. DAVIS	James S. Davis	64 Mechanic St, Camden ME 04843
Jessica J. Woods	Jessica J. Woods	1499 Waterville Rd, Waldo ME 04915
Larry Hess	Larry Hess	171 Cedar St. Belfast, ME 04915
Carol Fuller	Carol Fuller	330 Cape Jellison Rd, Stockton Springs, ME 04981
Cindy Clark	Cindy Clark	81 Cross St, Northport, ME 04849

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SIGNATURES

Donald Lovetomorrow — Cushing, Me
Lincolnville ME
South Thomaston, ME
THOMASTON, ME
Rockland ME

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SIGNATURES

[signature] Brent Scobie LCSW
[signature] LCSW, CCS Jeanne Wypyski LCSW
[signature] LCPC, LADC Bob Hrdlicka
[signature] LCPC Betsey Young, LCPC
[signature] LMSW-CC Susan Wengrzynek, LMSW-CC
[signature] LCPC-C Ann Soule, LCPC-C

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SIGNATURES

Mariette Harlow, LCSW
Jessica Marston, MSW

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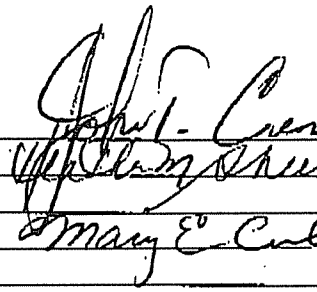

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SIGNATURES

Jeffrey Barth, LCPC

Edward J Hunsinger MD

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SIGNATURES

Robert C. Foote	102 Simmons Rd. South Portland, ME 04106
Renee L. Frank	9 Thompson's Way Freeport, ME 04032.
Mary E. Montgomery	74 Tuttleston Drive Yarmouth, ME 04096
Susan L. Mann	10 Parsons RD. PO-Flo-O, ME. 04103
Kendra Smith	59 Nutter Hill Rd, Scarborough, ME 04074

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SIGNATURES

Roselie (Lee) A. Russell MCC, LCPC
PAUL DUELLETTE
Michael Pavlowski
Charity Rogers
Lindy Lynch Lindy Lynch
Brenda Quimby Brenda Quimby
Louise Morin-Smith Louise Morin-Smith
Deborah Smith
Bonnie A. Cole
Susan Graham Susan Graham
Alice Gralak Alice Gralak
Craig Ouellette CRAIG DESCHAINE
Mary Collier
Ron Fichett Ron. Fichett
Elizabeth M. Young Elizabeth M. Young
Bryant Farnsworth Bryant Farnsworth Piscataquis County
Julianna Moore Julianna Moore
James K. Corbett
Stephen T. White
Michele L Reed

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