30 March, 2007

To whom this may concern,

I have been provided counseling to Maine youth aged 5-11 years old through an outpatient counseling program based in public schools for the past 11 years. This type of service delivery has been very successful in helping this youngsters cope with their stressful lives, improve their outlook and strengthen their characters. Many of my former students have come back to tell me how this counseling program has helped them and their families through some difficult times and often reflect on the lessons learned through counseling and family work.

Part of the success of the program is that it is convenient for Maine care families to access services because many do not have transportation and more importantly it is affordable, because the service is covered by Maine care. If these family were to loose Maine care counseling benefits, these children will be at a loss to cope with the devastating effects of poverty. Further impacts due to lack of funding could include higher rates of criminal activity, problems in the educational and health care systems and many other possible tertiary issues imposed on Maine's citizens.

Please consider all of the possible outcomes when deliberating on funding Maine care mental health outpatient services to all Maine care recipients, especially children, Maine's future.

Thank you for your time and attention,

Sandra E. Couch Kelly, LCSW

Wendy Bergeron

From: Nancy Greene [ndgreene@hotmail.com]
Sent: Thursday, March 29, 2007 4:05 PM
To: wbergeron@possibilitiescounseling.com
Subject: FW: RE: Reducing Hourly Rates

>From: "Nancy Greene" <ndgreene@hotmail.com>
>To: RepJayne.Giles@legislature.maine.gov
>Subject: RE: Reducing Hourly Rates
>Date: Thu, 29 Mar 2007 16:01:39 -0400
>
>Dear Jayne,
>
>Thank you for getting back to me. I'm really honored and glad that
>you're interested. I have been seeing clients ALL morning and this has
>been my first break! I'll start this email and finish it after my next
>client who'll be here in 15 minutes. Today's really hectic for me.
>
>I left you a message on your cell but I'll recap it here.
>
>Currently, it is my understanding that Maine pays $94 for children and
>$96 for adults hourly. As a master's level clinical counselor, I
>cannot bill directly so I bill through Possibilities Counseling Services in Lewiston.
>They are excellent and pay regularly each week. They pay $65. In
>order to do this, they have to finance the payments. Protea and
>Phoenix who are other larger payers in Maine DO NOT PAY REGULARLY and
>PAY AN UNPREDICTABLE AMOUNT for each hour of service. Therefore, many clinicians who do
not
>know about Possibilities do not take MaineCare clients at all. I did not
>want to until I learned about Possibilities who incidentally are in
>Augusta today dropping off a packette of information at the
>Appropriations Clerk's office for you. That's the ceo and other staff members.
>
>Possibilities has the financing expense and, of course, the payment
>expense to the clinicians. If they were cut too close by a reduction
>in payment, it wouldn't be in their interest to be in business UNLESS
>they cut the payment to their clinicians. Then you're back with the
>same problem of clinicans not wanting to see Maine Care clients because
>of payment problems.
>
>Right now, I can make about $60 an hour with Anthem clients AND THERE'S
>NO PAPERWORK I Have to complete in order to be in compliance with the State.
>It's much easier to take private insurance clients but it's the
>MaineCare clients who tend to have the greatest need. I see a number
>of MaineCare clients each week who count on my support and help to get
>their lives together and some, to avoid hospitalization--a much greater
>expense for Maine to incur.
>
>I'm all for standardizing rates but I fear for MaineCare clients if
>taking a MaineCare client is not as remunerative for a clinician as
>taking a client with private insurance or the ability to pay cash.
>That means, for the sake of MaineCare clients, please standardize the
>rates where they are (or higher).
>
>I cannot speak to other New England states which you mentioned in your
>message because I am uninformed. I only know that Maine seems to have
>a high proportion of those who need MaineCare to help them along and
>get on their own feet. Is that the case in other New England states?
>
>Also, you mentioned patterns of clients seeing a large number of providers.

> I agree with the commissioner that that makes no sence at all. Could
>a MaineCare provision be put in place to prevent that? I'm actually
>not aware of MaineCare clients abusing MaineCare. None of my clients
>do and they don't appear to have that inclination. They simply want to
>get better and get their lives in order.
>
>I hope all this helps, Jayne. Aagain. Thanks for your interest in
>MaineCare and in those served by MaineCare.
>
>Sincerely,
>Nancy Greene, LCPC
>
>
>
>
>
>>From: "Giles, RepJayne" <RepJayne.Giles@legislature.maine.gov>
>>To: "Nancy Greene" <ndgreene@hotmail.com>
>>Subject: RE: Reducing Hourly Rates
>>Date: Wed, 28 Mar 2007 18:17:43 -0400
>>
>>Nancy,
>>I left you a voicemail message on this -- would you be willing to
>>share with me the details on the change in rates that you and others
>>are being paid?
>>Thank you,
>>Rep. Giles
>>
>>_____
>>
>>From: Nancy Greene [mailto:ndgreene@hotmail.com]
>>Sent: Wed 3/28/2007 3:56 PM
>>To: Giles, RepJayne
>>Subject: Reducing Hourly Rates
>>
>>
>>
>>Dear Jane,
>>
>>It would be a very misguided attempt to tighten the budget if the
>>hourly rate for outpatient behavioral health services is cut. As an
>>LCPC, I take a good number of MaineCare clients because of the NEED!
>>There are few services in Hancock County where I live. I live in
>>Sunset and I practice in Blue Hill. Good outpatient services reduces
>>the great expense of hospitalization and inpatient costs.
>>
>>I'm all for budget cuts where necessary but this could have the effect
>>of exploding the behavioral health expenses if people are unable to
>>get the supports they need from behavioral health services. Please
>>give this careful consideration and vote against it.
>>
>>I would be glad to discuss this further with you. My home number is
>>348-2652 and my work number is 374-2002. I hope the people in Maine
>>can count on you not reducing the costs!
>>
>>Thanks.
>>Nancy Greene
>>239 Sunset Road
>>Sunset, ME 04683
>>
>>_____
>>Interest Rates near 39yr lows! $430,000 Mortgage for $1,399/mo -
>>Calculate new payment
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>
>_____
>Get a FREE Web site, company branded e-mail and more from Microsoft
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>

_____
5.5%* 30 year fixed mortgage rate. Good credit refinance. Up to 5 free quotes - *Terms
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POSSIBILITIES COUNSELING SERVICES

P.O. Box 958
Lewiston, ME 04243

Tel: 207-333-3833
Fax: 207-333-6939

www. possibilitiescounseling.com

Possibilities Counseling Services

A Vision Of Something Possible

Our Mission

In our Agency, Mental Health Services center on the therapeutic relationship. We believe that positive change can occur in the context of mutuality and respect. Based on this philosophy, our goal is to create a safe space for people where they feel valued, heard and respected. As therapists, we use many skills and modalities to meet people where they are to instill hope towards healthier, happier lives.

We Recognize

- The importance of all aspects of a community.
- That all individuals and families are important to society.
- That a family consists of two or more people who choose to share love and support one another.
- That programs are made for people not people for programs.
- That there is currently an inherent power structure that limits some individuals and families and promotes others.
- That mental health issues can arise from all of life's domains for any individual.
- That an under class is developing where poverty is preventing mobility in our social structures.
- That the basic core structures of our mental health system are currently functioning from a pathological epistemology.

We have over 200 clinicians in all sixteen counties throughout the state that provide services to over 2000 consumers. Some specific communities include:

Alfred
Auburn
Augusta
Aurora
Bangor
Bath
Belfast
Biddeford
Blue Hill
Bowdoinham
Bradley
Bridgton
Brunswick
Buxton
Camden
Cape Elizabeth
Cornish
Cumberland
Damariscotta
Durham
Eliot
Ellsworth
Falmouth
Farmington
Freeport
Gray
Greene
Hiram
Hulls Cove
Kittery
Lewiston
Lincolnville
Lisbon
Lisbon Falls
Livermore Falls
Medway
Monmouth
Newcastle
Nobleboro
North Yarmouth
Northeast Harbor
Norway
OOB
Orrington
Oxford
Parkman
Portland
Pownal
Presque Isle
Randolph
Raymond
Richmond
Rockland
Rockport
Rome
Saco
Scarborough
Skowhegan
South Portland
South Berwick
Summerville
Thorndike
Topsham
Turner
Union
Vassalboro
Warren
Waterville
West Gardiner
Westbrook
Wilton
Windham
Winter Harbor
Wiscasset
Woolwich
Yarmouth
York

Possibilities Counseling Services, Inc.

A vision of something possible

March 27, 2007

Maine State Senators and Representatives,

I am writing this letter to urge you not to reduce the MaineCare reimbursement rate for Section 65, child and adult outpatient therapy. I fully understand the need for the State to make financial adjustments with the MaineCare benefits program; however I believe that cutting the rate for Outpatient Therapy will have significant financial consequences for the State. Specifically, hospitalizations, crisis services, and residential services, which are markedly more expensive than outpatient therapy, will increase. In addition, and perhaps more importantly, clients with high needs will not be able to obtain services, and will therefore resort to going to the hospital or accessing crisis intervention. It is the mission of our agency to provide quality client care for ALL Maine residents by offering the ability for clinicians in private practice to serve consumers with MaineCare. Please allow me the opportunity to share a little more about Possibilities and our outpatient therapy program.

This agency was founded to offer LCSWs and LCPCs another option in providing outpatient mental health services to poor and/or impoverished people without having to be subjected themselves to the strict structures and quotas enforced by large mental health agencies. Most clinical counselors entered this field in the hopes of making a difference and empowering people who are disenfranchised. For many years, the only way in which this objective could be met was to work in a large mental health agency that expected clinicians to treat their clients with respect and dignity, but that in turn treated their clinicians like production workers. Historically, social workers and clinical counselors have been devalued and grossly underpaid. Possibilities has been working diligently to Raise the Bar and provide an example by appropriately reimbursing its clinicians. This agency supports the independence of clinicians and was "created to encourage other clinicians to renew their commitment to the original motivators that guided them in choosing this work." ("Our History") Hundreds of clinicians were calling Governor Baldacci just 1 year ago because they were not being paid for the services they provided to consumers with MaineCare. Since Possibilities expanded its agency to

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

Possibilities Counseling Services, Inc.

A vision of something possible

include private practitioners, those phone calls have ceased, as we pay our clinicians weekly. We have personal relationships with each clinician who is an affiliate of our agency. We have over 200 outpatient therapists providing services to consumers with MaineCare across the state, including very rural communities in which our affiliate is the only provider in town. Our clinicians offer outpatient therapy services in their own office, in the elementary and secondary schools, and in clients' homes. We, as an agency, travel to each geographical location, where we have created a community of clinicians, on a monthly basis to meet with our affiliates. At each of these 11 meetings, we offer administrative and clinical support, and a network for the clinicians to communicate with each other. We have an exhaustive quality assurance department that also has personal relationships with each one of our affiliates, reviewing their client records for Licensing and MaineCare requirements and clinical content. We are able to provide all of this oversight and support with a staff of 9 people, 2 of whom are managers. 70% of the reimbursement rate we receive from MaineCare goes directly to our clinicians; the other 30% pays for bank financing costs which allows us the ability to pay our clinicians weekly (even though it takes 3 to 4 weeks for MaineCare to reimburse us), overhead, staff payroll, continuing education costs, health insurance, and marketing for our affiliates. We do not, and never will, have the multiple layers of administration that other mental health agencies have. We are not in this for the money, no clinician gets into this field for the money. We do this so consumers with MaineCare have more choices for services, and are not required to become clients of large mental health agencies.

If the outpatient therapy rate is cut, there will be clinicians who will close their doors to consumers with MaineCare. There will be clients in Maine without services, who will undoubtedly access whatever they can. This will, in the end, cost the state of Maine far more than it will save if it reduces the rate for outpatient therapy.

I would enjoy the opportunity to meet with you in person, answer any questions you may have, and advocate for an adequate reimbursement rate for a greatly needed and important service in our state.

Yours truly,

Wendy L. Bergeron CEO

Wendy L. Bergeron, LCSW, CEO

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

POSSIBILITIES COUNSELING SERVICES

FACT SHEET

- The AMHI Consent Decree mandates that the State "shall **FUND**... an array of treatment services to meet needs... The services **SHALL INCLUDE** (among others) group and individual psychotherapy and sexual and physical abuse counseling..."

- The Maine Children's Alliance recently released a study affirming that less restrictive and family focused treatment has more successful outcomes than residential or more restrictive placements.

- If the MaineCare rate for Section 65: Adult and Child Outpatient Therapy is cut, the state will end up paying more in hospital bills, crisis intervention services, and residential treatment than it will save with the rate cut.

- **Most clinicians will no longer see MaineCare clients, and resources for our most vulnerable population will become scarce.**

- It is more cost effective and financially beneficial for independent clinicians to see clients with private insurance or self-pay because they receive more money for reimbursement and have no, or very limited, paperwork requirements. They see MaineCare clients, at a reduced reimbursement rate and with a substantial paperwork load, to help fulfill their calling to this profession.

- Possibilities pays 70% of the reimbursement rate directly to its clinicians. Of the remaining 30%, 15% pays for bank financing/medical billing to ensure that our clinicians are paid weekly (even though MaineCare takes 3 to 4 weeks to reimburse). The remaining 15% pays for overhead, staff payroll, continuing education that the agency sponsors for its clinicians, and other administrative costs.

- Possibilities has over 200 clinicians providing Outpatient Therapy in each of the 16 counties in our state, serving over 2000 consumers and approximately 1500 families in the office setting, elementary and secondary schools, and in the clients' homes.

TESTIMONIAL LETTERS AND PETITIONS

Jim Law

From: "Jim Law" <jlaw1@maine.rr.com>
To: <SenKarl.Turner@legislature.maine.gov>
Sent: Saturday, March 24, 2007 11:29 AM
Subject: mainecare rate reduction

Dear Senator:
I am a licensed clinical social worker and neighbor (I live on Foreside Rd in Cumberland). I have recently learned that the legislature is considering reducing reimbursement rate for practitioners for the treatment of mentally ill low income clients (MaineCare clients). This underserved population has been the focus of my practice for over 10 years and because of my experience I am compelled to speak not only for myself but for those who often have great difficulty speaking for themselves. The practice of outpatient mental health counseling is an integral part of their lives and oftentimes prevents costly trips to the ER and subsequent hospitalization. Clincial social workers play a vital role in preventing further dramatic increases in mental healthcare and are *not the cause of them*. I can only believe that further reductions to our reimbursement already at a level of 50% of private practice will prevent talented and dedicated individuals from entering the field and further diminish and perhaps humiliate those that remain to perform this important work.
So I ask you not only for myself and colleagues but for the thousands of mentally ill in Maine to vote wisely. I believe that those in the legislature who feel a rate reduction is good for Maine and the people of Maine do not fully understand the complexity of the problem and the resources that it takes to provide quality care. I urge these folks to visit community mental health centers, resource centers and talk to practitioners as well as recipients of care so that a fair and wise decision may be achieved.
Thank you for your time
Jim Law LCSW

Wendy Bergeron

From: Todd MacFarlane [toddunion@adelphia.net]
Sent: Wednesday, March 28, 2007 11:04 AM
To: Wendy Bergeron
Subject: mainecare clients

I am writing this letter in response to some concern that Mainecare rates will be significantly lowered for people accessing outpatient therapy.

Currently, thirty percent of my caseload is clients who have Mainecare as a payer source. Because my reimbursement through Possibilities Counseling Service is equal to other payer sources (Anthem, Cigna, Aetna, Magellan) I am able to continue to see clients with Mainecare.

If there is a significant drop in reimbursement I would no longer be able to see the clients I serve. For clients that have Mainecare, a considerable amount of time is spent managing the paperwork and file of that client. As a therapist in private practice, it would simply be no longer feasible for me to continue to see clients with the Mainecare payer source. Most of the clients I serve who have Mainecare are children or are adults with chronic mental illness and are indeed the most needy. I do hope that rates will continue to stay the same as I truly enjoy working with the populations I described above.

Respectfully
Todd MacFarlane, LCPC
Augusta, Maine
State of Maine License # CC2090

Andrea Krebs

From: Mary Anne Crawford [macrawfordlcpc@maine.rr.com]
Sent: Wednesday, March 28, 2007 4:48 PM
To: macrawf@maine.rr.com; 'Andrea Krebs'
Subject: FW: MaineCare Rate Reduction

Andrea,
Fyi – here is the email I sent to my representative on Appropriations.
mac

From: Mary Anne Crawford [mailto:macrawfordlcpc@maine.rr.com]
Sent: Wednesday, March 28, 2007 3:47 PM
To: 'SenKarl.Turner@legislature.maine.gov'
Subject: MaineCare Rate Reduction

Dear Senator Turner,

As a Licensed Clinical Professional Counselor providing outpatient mental health services to MaineCare clients, I am very concerned about the possible rate reduction to MaineCare providers, particularly behavioral health providers. For almost 5 years, I have been providing services to this population. My MaineCare clients experience an array of mental health concerns, many of which are very serious. The mental health issues are frequently aggravated by other problems, such as substance abuse, child care challenges, limited family and social supports, and medical issues.

At times it is only the outpatient counselor or social worker who stands between a client and hospitalization or, worse, committing self harm. Providing clients with outpatient therapy is much less costly than hospitalization. However, it is natural to expect that hospitalizations will increase with cuts to outpatient services. How can that be beneficial to the state budget? As it is, the state has a large uninsured population who do not have access to services. It seems that MaineCare cuts will only aggravate the situation. The rural areas of the state will suffer even more. It is my understanding that under the AMHI Consent Decree, the state should be increasing access to services, not decreasing them.

As a counselor in private practice, I am committed to working with clients who have MaineCare. I can assure you that those of us who provide outpatient mental health services to the MaineCare population are not doing it for the financial rewards but because we believe it is important. However, if MaineCare rates are cut, I may feel compelled to decrease the number of MaineCare clients that I see, and increase those with commercial insurance or self-pay. That is not what I want to do, but I may have no choice. After all, I am a small business and I have to make a living.

Please do not deprive the less fortunate people in Maine of receiving important mental health services. Their lives are challenging enough.

Respectfully,

Mary Anne Crawford, LCPC, LLC
222 St. John Street, Suite 126
Portland, ME 04102
phone (207)221-0271
fax (207)221-5845
macrawfordlcpc@maine.rr.com

SANDRA A. CLARK MSW, ACSW, DCSW, BCD
Licensed Independent Clinical Social Worker
NATIONAL BOARD CERTIFIED CLINICAL HYPNOTHERAPIST
"GENTLE HELP FOR HURTING PEOPLE"
25 OLD FERRY LANE KITTERY, ME 03904-1305
TEL: 207-439-5149 FAX: 207-439-6001 E-MAIL: HAUSONHILL @ AOL.COM

March 24, 2007

To whom it may concern:

The proposed Rate Reduction for outpatient treatment of MaineCare recipients will reduce the services to a population of Maine citizens already vulnerable, hurting, and disenfranchised economically. As one of the highly trained professionals serving MaineCare recipients I understand my income/salary will be cut by this vote. The 4 years of undergraduate school with majors in sociology and social work, the 2 years of full time graduate school, the 2 years of post graduate supervised clinical work in a mental health agency before I received my right to sit for my licensing exam and Academy of Certified Social Workers certification, the 5 years of post graduate clinical work, and qualifying beyond the above certifications and licenses, for the status of 2 Diplomates in Clinical Social Work are not considered worth the $56-$62.00 per hour I receive for working with those who receive MaineCare...or is it that these clients, because they need MaineCare are not considered worthy of professional intervention of the quality LCSWs/LICSWs provide.

As a salaried professional I have lived below the poverty level while working for nonprofit agencies. I began to run my solo, full time private practice when one of those agencies laid me and 14 others off in 1990 and cut programs with 2 weeks notice. The next year it was forced to close its doors. A few years later it reinvented itself as Counseling Services, Inc. and struggles to maintain staff. I on the other hand have remained a constant through the 17 years since then, treating and advocating for my clients as is the mission of my profession. We work long hours, are available 24/7, demonstrate survival and grit to our clients and communities, perseverance, op-

timism, and humor.

On a weekly basis I travel to the homes of severely mentally ill clients to treat their anxiety, fears, traumas, poverty living conditions, fuel bills, abuses of their past, losses, eating habits, neighbor/landlord/friends/family disputes, isolation, humiliations, medication reactions, appointments, etc. At time I have brought food and blankets. For some, I may drive them to obtain groceries and/or medications, food, a library book, to a brief medical appointment---we do "talk therapy" along the way. It may be their only outing of the week. It is a stated therapeutic goal to practice coming out of their homes. It certainly is witness to the fact that they still have dignity. Others make it to the office.

As a clinician in private practice there is no paycheck with an employer paying for taxes, social security, unemployment benefits, Medicare, disability, mileage, insurance, holidays, vacation, comp time, etc. There is no community vote or applause for those who work with the economically, socially, and medically disenfranchised. We do our jobs because we believe that in a country like ours everyone deserves to be treated for the scars of the past, and the chemical imbalances that deprive one of peace and the ability to function on a day to day basis.

Deinsitutionalization of the 1960's left states and the nation with the ethical and moral responsibility that new approaches, rather than warehousing the mentally ill, be developed. We are part of that response. To cut our incomes is to once again tell our clients that one is only worthy of sympathy, empathy, compassion, and help if you can afford it; and, to tell us the providers, "your is not valued when you work with those people".

We are your best hope for breaking the cycles of poverty, incest, sexual assault, addictions, domestic violence, boarder babies, unwanted children, crime, and the many sicknesses which gnaw at the very fiber of health in a society.

We the only ones who willingly sit week after week with those severely impacted by the above cited assaults on humankind, listen to their stories, witness their anguish, tears, rage---and, teach them to heal with patience, fortitude, and to overcome their personal holocausts.

We keep people out of hospitals. Street people---often the untreated mentally ill, the homeless---whose children live with the

trauma of "lessness" are our Nation's shame. Do not let them be the shame of Maine.

We Clinical Social Workers are the psychotherapists who have allowed the public image of our work to be absorbed and seen as the work of psychology and psychiatry alone, when in actuality we are the primary therapists of the mentally ill and societally affected. It is time for a clearer understanding of who we are.

We are the healers, advocates, researchers, writers who have provided psychotherapy with seminal work in the development of the understanding of human behavior. We know what we are doing. We need the tools and paychecks to do the work.

Our professional know-how is worth every penny we get paid, do not diminish us or our clients in the budget with pay cuts.

Sincerely,

Sandra A. Clark, MSW, ACSW, DCSW, BCD
LCSW/LICSW

NATIONALLY CERTIFIED SINCE 1970 LICENSED: ME NH MA
PSYCHOTHERAPY CLINICAL HYPNOSIS EMDR MEDIATION EAP
CONSULTATION AND SUPERVISION
WORKING WITH INDIVIDUALS, COUPLES, FAMILIES, AND GROUPS

Wendy Bergeron

From: Christopher Garneau [cgarneau@possibilitiescounseling.com]
Sent: Tuesday, March 27, 2007 9:42 AM
To: 'Wendy Bergeron'
Subject: FW: Please don't reduce MaineCare rates!

Christopher Garneau
Human Resource and Affiliate Coordinator
Possibilities Counseling Services
207-333-3833 Ext. 234
www.possibilitiescounseling.com

From: Shana Hanson [mailto:shanahanson@mainester.net]
Sent: Tuesday, March 27, 2007 9:31 AM
To: cgarneau@possibilitiescounseling.com
Subject: Fw: Please don't reduce MaineCare rates!

- Original Message -----
From: Shana Hanson
To: RepJayne.Giles@legislature.maine.gov
Sent: Saturday, March 24, 2007 8:36 AM
Subject: Please don't reduse MaineCare rates!

Dear Jayne,

I have just contracted to provide counseling to MaineCare children, adults, and families in an independent office here in Belfast. There are a lot of expenses to maintaining an office, and these compute to more per client for a focussed part- time provider such as myself. Having worked in agencies, I am acutely aware of the difference in quality of care between private, individual oriented care with few clients, and agency "efficient" care with avalanches of clients, where a provider must maintain a "productive" pace with hardly a breath between appointments.

When the provider isn't well, nobody gets helped. Sitting with a frazzled therapist for 50 minutes every other week is not the same as having a relationship with a professional who lets thoughts of you settle between sessions, and who comes up with new insights about your life path, new clarity and appreciation. Each session might cost more, but LESS SESSIONS ARE NECESSARY! We get where we need to go gracefully, respectfully, and thoroughly.

Please maintain the current MaineCare rates.

Thank you!

Shana Hanson, LCSW

Wendy Bergeron

From: Christopher Garneau [cgarneau@possibilitiescounseling.com]
Sent: Monday, March 26, 2007 11:35 AM
To: 'Wendy Bergeron'
Subject: FW: Update MaineCare Rate Reduction

From: JR Russell [mailto:jrrussell106@suscom-maine.net]
Sent: Monday, March 26, 2007 11:39 AM
To: Christopher Garneau
Subject: Re: Update MaineCare Rate Reduction

I have been in contact with my Rep. David Webster who assures me that he is fighting against any decrease in payment or priority re: Maine Care. Stay in touch. Thanks Jesse

Wendy Bergeron

From: elleng207@aol.com
Sent: Friday, March 23, 2007 4:38 PM
To: SenKarl.Turner@legislature.maine.gov; KwTurner@yahoo.com
Subject: please vote against

Dear Senator Turner,

I am a licensed clinical social worker in private practice and provide regular outpatient therapy services to several chronically mentally ill adults who live in Portland and have MaineCare health insurance. I bill MaineCare as an affiliate of, at first Protea Behavioral Health (a Bangor based agency), and now of Possibilities Counseling, an agency based in Lewiston.

I am greatly concerned about the possibility that MaineCare reimbursement rates may be reduced for section 65: adult & child outpatient therapy. Prior to seeing me on an outpatient basis, none of my clients were accessing regular services except when needing to be hospitalized, most of them needing hospitalization at least annually. For the recent 3 years, since I began seeing them, all but one have been able to stay out of the hospital, each saving the taxpayers thousands of dollars.

I strongly urge you as a member of the Appropriations Committee to stop the MaineCare rate reduction for section 65: adult and child outpatient therapy. If these rates are reduced many of the providers, myself included, will no longer be able to afford this vulnerable population.

Sincerely,
Ellen Gurney, LCSW
12 Fuller St.
Portland, Maine 04103
207-329-4024

Wendy Bergeron

From: jbureau@adelphia.net

Sent: Sunday, March 25, 2007 10:47 AM

To: SenMargaret.Rotundo@legislature.maine.gov; mrotundo@bates.edu; RepMargaret.Crayen@legislature.maine.gov; mcraven@midmaine.com; RepPatrick.Flood@legislature.maine.gov; patricksaflood@adelphia.net

Subject: MaineCare Rate Reduction for Child and Adult Outpatient Therapy

Dear Madams and Sir:

I am writing to you as a Licensed Clinical Social Worker, practicing in Lewiston and residing in Winthrop. As a practitioner of adult and child outpatient mental health services, I am adamantly opposed to any rate reduction in MaineCare Outpatient Mental Health Services rates. I ask for your consideration and support in stopping any MECare rate reductions.

Rate reduction will result in Practitioners being less able to accept MeCare Clients. Some will have to reduce the number of MECare Clients that they treat, and some will discontinue serving the MECare population entirely. This will be extremely detrimental to the MECare population, as most areas of the State are underserved, with few resources. In my practice alone, I treat approximately 50 MECare Clients each year, in addition to private insurance and self pay Clients. If MECare reductions are implemented, I will not be able to serve this population as extensively as I now do. Lewiston is a city with a large number of low socioeconomic persons, many of whom struggle with mental health issues. In the long run, it is less expensive to treat people in an out patient setting than to deny treatment and have Clients decompensate to crisis and end up hospitalized with long term intensive therapy. There is no doubt that hospitalizations will increase dramatically if outpatient treatments are reduced. In addition, I believe that rate reductions are in conflict with the legal requirements of the AMHI Consent Decree which demands that access to services be increased, not decreased. There is not a week which goes without my telephone ringing asking for outpatient services for MECare recipients - the demand is extensive.

PLEASE help the MECare population in the State of Maine by stopping any rate reductions for outpatient mental health services for adults and children. Your vote is critical in sustaining the level of services that is required to help keep MECare Recipients healthy.

Sincerely,

Janice Bureau, LCSW, ACSW

Counseling and Wellness Therapy

183 Main Street, Suite #5

Lewiston, ME 04240

tel. 207 689-2354

Wendy Bergeron

From: Peter Comstock [empower@gwi.net]
Sent: Wednesday, March 28, 2007 6:01 PM
To: 'Patrick Flood'; patricksaflood@adelphia.net
Cc: Wendy Bergeron; Andrea Krebs; Dana Manel
Subject: Maine Care Rate Reduction

March 28, 2007

Rep. Patrick Flood
Augusta State House
Augusta, ME 04330

RE: Maine Care Rate Reduction

RE: MaineCare Rate Reductions

Dear Mr. Flood,

I would appreciate you taking these points in to consideration as material is gathered for the issue.

1. To be cutting benefits to people who are in need of them does not make sense to me. I provide mental health counseling services to individuals who have Maine Care. This reduction has a great chance of causing many problems during their course of treatment. It means only coming in when they absolutely need to so as not use up their funds that could be going for food, rent, etc. that is needed as well. Why should people with public insurance have to endure this? Quality of life is a part of life everyone should be able to enjoy.

2. If people with Maine Care where able to receive quality services as needed in an outpatient setting the total cost would be less over time as compared to having to pay out for them to have expensive hospitalizations in order to help them to stabilize and become productive members of society again.

3. Part of the AMHI Consent Decree which demands that access to services be increased, not decreased. Rate reductions are counter to what the courts have directed the state to in providing more care because of these people are no longer under care of state institutions.

Thank you for thank you for taking the time to review my viewpoint.

Sincerely,

Peter Comstock, LCPC

Peter Comstock, LCPC

331 State Street
Augusta, ME 04330-7131
empower@gwi.net

--

Joan H. Roberts, MSW
Licensed Clinical Social Worker
27 River Road
Newcastle, ME 04553

207.563.1116

27 March 2007

This letter is a request to stop the MaineCare Rate Reduction for Outpatient Adult and Child Therapy Services.

As a MaineCare affiliate of Possibilites Counseling, I am aware that clients covered by MaineCare have very few choices of where to obtain services. Many have very complex problems requiring collateral services by their providers which consumes more hours than are billable. The extended time necessary to provide appropriate levels of unbillable care and service reduce the current rate of pay - often to a very small rate per unit when all that is required is complete.

As a result of the patient needs for complex services and the clinician requirements to provide them and complete MaineCare program requirements, many clinicians choose to not provide services to clients with this insurance coverage. Due to these issues, mental health resources are scarce or nonexistent.

I am a clinician in mid-coast Maine. The opportunities for work and other resources in this area are few. There is much seasonal work and little to do when the high season is over. I do provide MaineCare services in this area. I enjoy working with my clients - adults and children - and I may not be able to continue to serve the same number of clients if the proposed Rate Reduction is passed, as I cannot afford to spend the time necessary to serve them and to make an adequate living for myself.

If clients cannot be seen on an outpatient basis, their next available services may be sought through hospitalizations which are significantly more expensive than the outpatient services they now receive. Additionally, their mental health may deteriorate from the repetitive recidivistic patterns that will develop from lack of appropriate care - and could increase the number of people who require government assistance due to resultant disability to care for themselves or provide for their families.

I am adamantly opposed to the State's proposed reduction for Section 65: Adult and Child Outpatient Therapy. I strongly urge both Senators and Representatives to Stop the MaineCare Rate Reduction for Outpatient Therapy. In my view, no one will benefit from this proposal.

Joan H. Roberts, MSW
Licensed Clinical Social Worker

MAR 28 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

Roberta L. Hill RN, BSN
Lynda A Hall
Charlotte Bell
Patricia Rawlor
Kelly-Jo Couture
Andrea L Kubo, LCSW
Wendy L Bolger, LCSW
D. J. M.A., LCSW

March 22, 2007

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SIGNATURES

Surry, Maine
Stonington, Maine
Deer Isle, ME
Brooklin, ME
Deer Isle, ME
Surry, ME
Deer Isle, Me
Deer Isle, ME
Deer Isle, Me
Brooklin, ME
Stonington, Me
Penobscot, ME
Deer Isle
Brooklin, Me
Blue Hill, ME
Deer Isle ME
Deer Isle, ME
Stonington, ME
Stonington, ME
Deer Isle, ME

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SIGNATURES

Sunset, ME	
Blue Hill ME	
Penobscot Maine	
Sunset Me	
Sunset, ME	
Sunset Me	
Sunset, ME.	
Deer Isle, ME	
Deer Isle, ME	
Deer Isle ME	
Little Deer Isle, ME	
Stonington Me.	
Blue Hill, ME	
Brooklin, ME	
Sedgwick, ME	
Stonington, ME	
Ellsworth, Me.	
Blue Hill ME	
Stonington, ME	
Stonington ME	
Deer Isle. Me	
Deer Isle ME	
Stonington	
Deer Isle ME	
Deer Isle, Me	

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SIGNATURES

Beth Stiphen LCPC
Sherry Thompson, LCSW
Erin R Soucy LMSW
Katarina V. Loef, LCPC
Eleanor A Mavrokonis LMSW
Charly Cain LSW
Michael J. McEy Principal
Laura McNeill RN - School Nurse
Jennifer Shaffer - clinical asst. City of Portland Children's Oral Health Program
Barbara Yelbrak, RDH City of Portland, Children's Oral Health
Pamela Gray Teacher city of Portland
Patricia Crowley Rockwell - Teacher
Joseph E. Chamley - Teacher
Jackie McDonough - Strand Leader
Kathleen M Bouchard Assistant Principal
Sharon Bresler - teacher

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Janice Bureau, LCSW, ACSW	Janice Bureau
Judith Martineau	Judith Martineau
Julie K. Potter	Julie K. Potter
Elaine M. Murphy	Elaine Murphy

March 22, 2007

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SIGNATURES

Mary Anne Crawford LCPC

March 22, 2007

MAR 2 8 2007

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SIGNATURES

Wanda J. Morris

March 22, 2007

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SIGNATURES

Susan Berlinsky, LCPC, NBCY, CAS

March 22, 2007

YAHOO! MAIL

Print - Close Window

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SIGNATURES

Mary S. Fitzpatrick LCSW

Mary E. Fitzpatrick LCSW LCS216
Cumberland Ctr, ME 04021

MAR 27 2007

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

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SIGNATURES

Cheryl Churchill

March 22, 2007

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SIGNATURES

Kate Anderson LCSW, CAP C

MAR 2 3 2007

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SIGNATURES

Michele Hebert

March 22, 2007

MAR 29 2007

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SIGNATURES

Patricia Reis MA, MFA

Jane S B Harrod, MA., Ph.D.

March 22, 2007

MAR 2 9 2007

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SIGNATURES

Elizabeth A. Marcotte LCSW, LCSW Elizabeth A. Marcotte LCSW LICSW

LCSW Sharon E. Sweeney, LCSW

Marilyn Wanyo LCSW MARILYN WANYO, LCSW

MAR 29 2007

March 22, 2007

DAVID B. LANDRY
CHIEF EXECUTIVE OFFICER

April 11, 2007

The Honorable Margaret Rotundo
Senate Chair
Joint Standing Committee on Appropriations
State House, Room 228
Augusta, ME 04333

The Honorable Jeremy Fischer, Chair
House Majority Office
Room 333, State House
2 State House Station
Augusta, Maine 04333-0002

RE: DHHS Budget Change: Prior Authorization for MaineCare Radiology Services

Dear Senate Chair Rotundo, House Chair Fischer and Committee Members:

On behalf of the Spectrum Medical Group ("Spectrum"), I am writing to express significant concerns regarding the Administration's recent proposal to impose prior authorization for all MaineCare radiology services.

Spectrum is a statewide multi-specialty group comprised of over 130 radiologists, pathologists, anesthesiologists and radiation oncologists and provides services at a dozen hospitals as well as many other locations throughout the State. We accept our responsibility to provide services at these facilities to patients without regard to their ability to pay, but legitimately seek to work within a MaineCare system that provides fair, appropriate, and timely compensation. Against this background, we note several concerns regarding the Administration's proposal.

1. Radiologists disagree on principle with the approach of "pre-certification" or a broad-brush approach to what is a relatively small problem of "inappropriate" utilization. These precertification programs drive up administrative costs, increase non-medically necessary - or administrative - denials, and offer little incremental value to the medical community in ensuring appropriate care.

2. These programs have helped payors save money by creating administrative and other burdens that result in either a) patients not receiving timely care or b) patients receiving appropriate imaging studies but the facilities / radiologists not being paid for their service.

3. As a mechanism to change behavior of the ordering physicians, the financial penalty of ordering "inappropriate" imaging studies should be imposed on the physicians' ordering these studies. Unfortunately, these programs have been implemented in a way that the facilities and radiologists end up bearing the costs of ensuring compliance and face not being paid for tests provided if the ordering physician does not go through the red tape to get the tests approved.

4. Based on numerous studies we've been involved with as well as analysis of actual data, we estimate that the level of "inappropriate" or non-medically necessary imaging studies is in the 2-3% range in the areas we practice. The data from the health plans would suggest that they deny 10% - 15% of tests. However, there is a large amount of these tests that are "administratively" denied (i.e., appropriate clinical indications but because the right process was not followed to get them approved, they are denied) or re-directed to other imaging tests.

5. Notwithstanding the above concerns, radiologists are put in the untenable position of either not reading imaging studies performed, but not approved, and incurring the medico-legal liability or providing their services without reimbursement. In most cases, the radiologists are not aware of the status of the pre-certification (and whether it is even necessary) until after the test is completed and the patient has left the facility. At a minimum, we would suggest that the professional component be held harmless and the radiologists' interpretations be paid for regardless of whether the ordering provider obtained an authorization for the service.

6. We question whether MaineCare will initiate this burden directly or whether it will contract with an outside entity. If it relies on an outside entity, the additional costs would appear not to justify the projected savings. If it proposes to underwrite this function directly, we question its expertise to do the job properly.

7. We urge that if this program is adopted, DHHS should properly be required to go through rulemaking before it is made effective and we urge that this rulemaking be carried out in a manner that seeks comments from providers, hospitals, imaging facilities, and other interested parties in order to ensure that the responsibilities for compliance are appropriately assigned.

Conclusion

We welcome the opportunity to respond to further specific questions from the Committee. We are also working with Ann Robinson, Dan Walker and John Doyle of Preti Flaherty, who will be talking with several of you prior to upcoming Work Sessions.

We respectfully urge that implementation of this proposal be deferred, and that if imposed, it be reformed to address the concerns we have identified above.

Sincerely,

David Landry

David B. Landry
Chief Executive Officer

cc: Ann R. Robinson, Esq.
Daniel W. Walker, Esq.
John P. Doyle, Jr., Esq.

GOVERNOR'S PRESS OFFICE
CONTACT: David Farmer, 287-2531
(cell) 557-5968
Dan Cashman, 287-2531
(cell) 837-4821
Trish Riley, 624-7442
April 4, 2007
MEDIA ADVISORY

Governor Baldacci Unveils Plan to Expand Health Coverage AUGUSTA - Governor John Baldacci released his plans today to continue Maine along the path toward universal health care.

The Governor's plan will build upon Dirigo Health Reform, Maine's groundbreaking program to provide affordable, comprehensive insurance to the state's uninsured and underinsured population.

"I am proud of what Dirigo has accomplished. We have helped small businesses provide insurance to their employees, we've given individuals a place to turn when the insurance market failed them, and we've saved lives," Governor Baldacci said. "We've helped to contain costs and we've focused on preventative care, which saves money and improves quality of life. But now is the time to take the next step."

"What we're fighting for here is to make sure that quality, affordable health care is available to every family in Maine," Governor Baldacci said. "Health care security is about real people, with real lives and real families. They work hard and play by the rules, yet too many of them are left out of the system. We will make sure quality health care is available for everyone."

Under the Governor's plan:
New cost containments will be placed on MaineCare, the state's version of Medicaid.
Improvements will be made in the delivery of MaineCare services to improve patient health and case management.
Dirigo will be able to self-insure and will grow moderately.
Dirigo will be made more affordable for small businesses and will refocus on the uninsured and underinsured.
New rate regulations will be placed on the insurance industry.
Market reforms, including a reinsurance plan, will be instituted to increase competition and provide consumers with more choices.
Transparency will be increased in the rate-setting process.
Insurers will be required to provide discounts for nonsmokers and worksite wellness programs.
Once steps have begun to increase competition and make insurance more affordable, a play-or-pay system will be implemented. It will provide incentives for employers to provide insurance and will require individuals to have coverage.

"Health care reform is about more than just making sure everyone has insurance," Governor Baldacci said. "It's about encouraging people to be healthier and improving their quality of life. That's better for people, better for the state and better for the economy."

###

DirigoHealth
Working For Maine

Dirigo Health 2.0 Facts

Who is Dirigo Serving?

- Almost 25,000 individuals since the program began
- Over 700 Small businesses
- 63% are the uninsured and under insured
- The Average household income for DirigoChoice Discount eligible members is $15,144

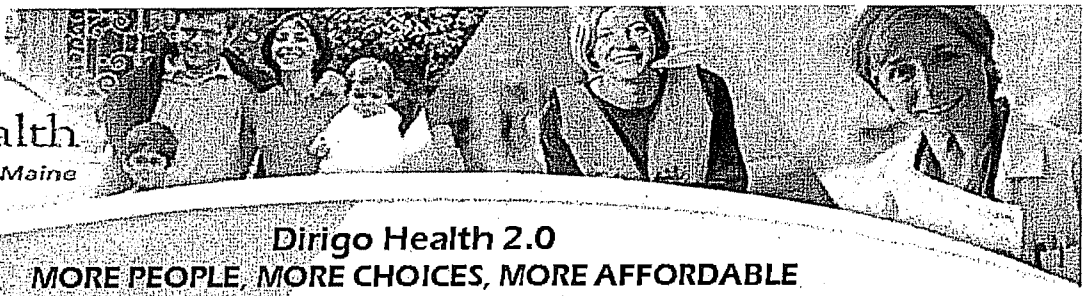
Provides a comprehensive benefit

- *Mental Health Parity*
- *100% coverage for preventative care*
- *No exclusion for pre-existing medical conditions*
- *Healthy ME Rewards– Incentives for the previously uninsured to choose a physician and complete health risk assessments*

Subsidizes cost on a sliding scale

- *For individuals and families below 300% of the federal poverty limit (e.g.: $28,710 for individual - $58,000 For a family of 4)*
- *Costs vary by income, employment, age, geographic location, and plan choice of enrollee*
- *Subsidized enrollees may pay as little as$64 per month*
- *Deductibles are as low as $500*
- *From January 2005 thru June 2006 the subsidy program has cost $61.1 million*
- *Through 2006 the subsidy cost per month, per member is $195.15*
- *The 2006 Dirigo Health Agency Operating cost is 6% of its overall budget*

DirigoHealth
Working For Maine



Dirigo Health 2.0
MORE PEOPLE, MORE CHOICES, MORE AFFORDABLE

I. MORE AFFORDABLE COVERAGE FOR FAMILIES & SMALL BUSINESSES

A. The Insurance Marketplace

Regulate how much health insurers can charge to small businesses.

Health insurance is out of reach for too many Mainers. Insurance companies should make a profit, but so should the businesses who buy their products. This bill requires the Bureau of Insurance to expand its oversight and approval of insurance rate increases and requires insurers to spend more on health care and less on administration. And, it allows Maine's self employed to buy insurance as small business.

Make health insurance more affordable for individuals.

This bill creates the Maine Reinsurance Plan designed to reduce costs for Mainers who seek coverage in the individual market, while assuring comprehensive coverage and no lifetime benefit limits for people with very high health care needs, who could not otherwise get insurance.

This program stimulates competition in the marketplace. Guaranteed issue continues and community rating is modified, allowing some additional rate variation based on age, location, employment and health status. There are additional consumer protections and a sunset provision if savings and additional competition are not achieved.

Require premium discounts to both small and large businesses that provide approved worksite wellness programs and to all individuals who don't smoke.

Require insurers to provide more information about rates to consumers and allows for pilot programs that allow insurers to negotiate better prices while protecting consumer choice.

B. DirigoChoice

Assures moderate growth for the DirigoChoice product.
Targets under-insured and uninsured Mainers.
Allows reduced employer costs to join DirigoChoice
Allows the program to self-administer through support of L.D. 431

II. BRINGING DOWN COSTS AND IMPROVING OUR HEALTH CARE SYSTEM

The U.S. spends twice what other developed nations spend on health care, but we don't cover everyone and our health is not always as good. We spend more, but get less.

Continue the Maine Quality Forum to guarantee that we all get the right care at the right time and that patient safety is assured.
Create a revolving loan fund for quality initiatives like electronic medical records.
Require a focus on primary care in the state health plan to improve health and reduce costs.
Moderate growth in hospital costs by continuing voluntary hospital cost targets.

DirigoHealth
Working For Maine

Dirigo Health 2.0
MORE PEOPLE, MORE CHOICES, MORE AFFORDABLE

III. HEALTH COVERAGE FOR ALL – SHARING RESPONSIBILITY

Making health care more affordable still doesn't get everybody covered.

It's not economically fair that some employers step up to the plate and provide health coverage while their competitors don't. And, it's not fair for people who can afford coverage to go without, passing their costs on to others.

That's why this bill will enact employer and individual (for those over 400% FPL) pay-or-play by July 2008 and January 2009 respectively. It directs the Dirigo Health Agency, in consultation with representatives from the business, labor, economic development, taxation, consumer and health-care communities, along with other stakeholders, to address the concerns for affordability, fairness and the impact on the business climate and develop rules needed to implement the plan and to report to the Legislature's Insurance and Financial Services Committee no later than January 1, 2008.

Individuals and businesses covered through the Shared Responsibility law will be required to make a financial contribution, possibly on a sliding scale based on ability to pay and size of business , if they do not provide or purchase health insurance.

Once "Shared Responsibility" is law, the Dirigo Health Agency may provide subsidies to designated health plans offered by any licensed insurance carrier in Maine.

IV. FINANCING

July 1, 2007 – June 30, 2008

Continues the current Savings Offset Payment for one transitional year only.

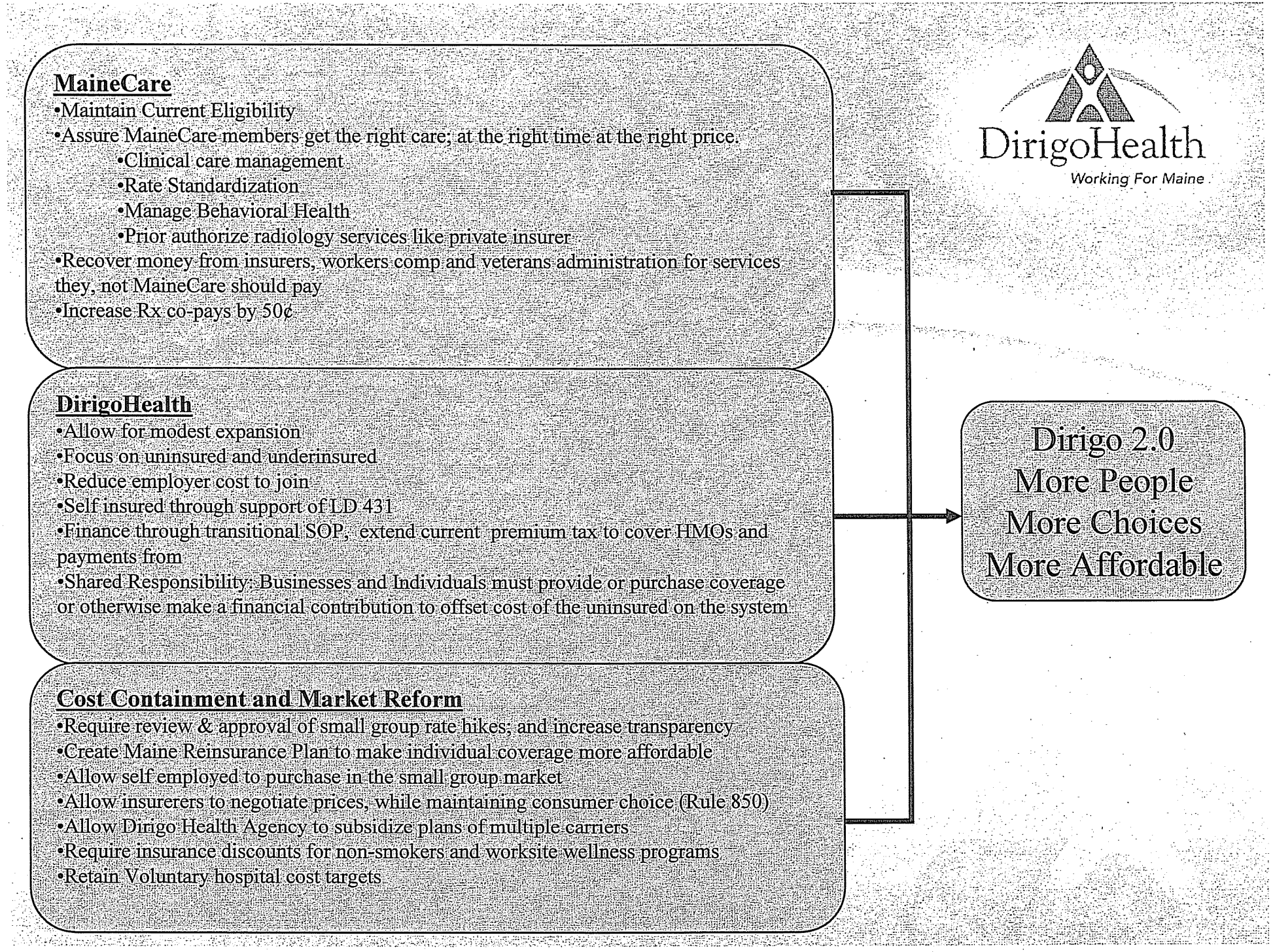
Extends the 2% premium tax on some health plans to cover HMOs; uses revenues in '08 for DirigoChoice and in '09 and beyond to support the Reinsurance Plan.

July 1, 2008 – June 30,2009

Converts current Savings Offset Payment to a surcharge on hospital payments paid by all payers equal to the amount of health care provided to previously underinsured and uninsured enrollees in DirigoChoice.

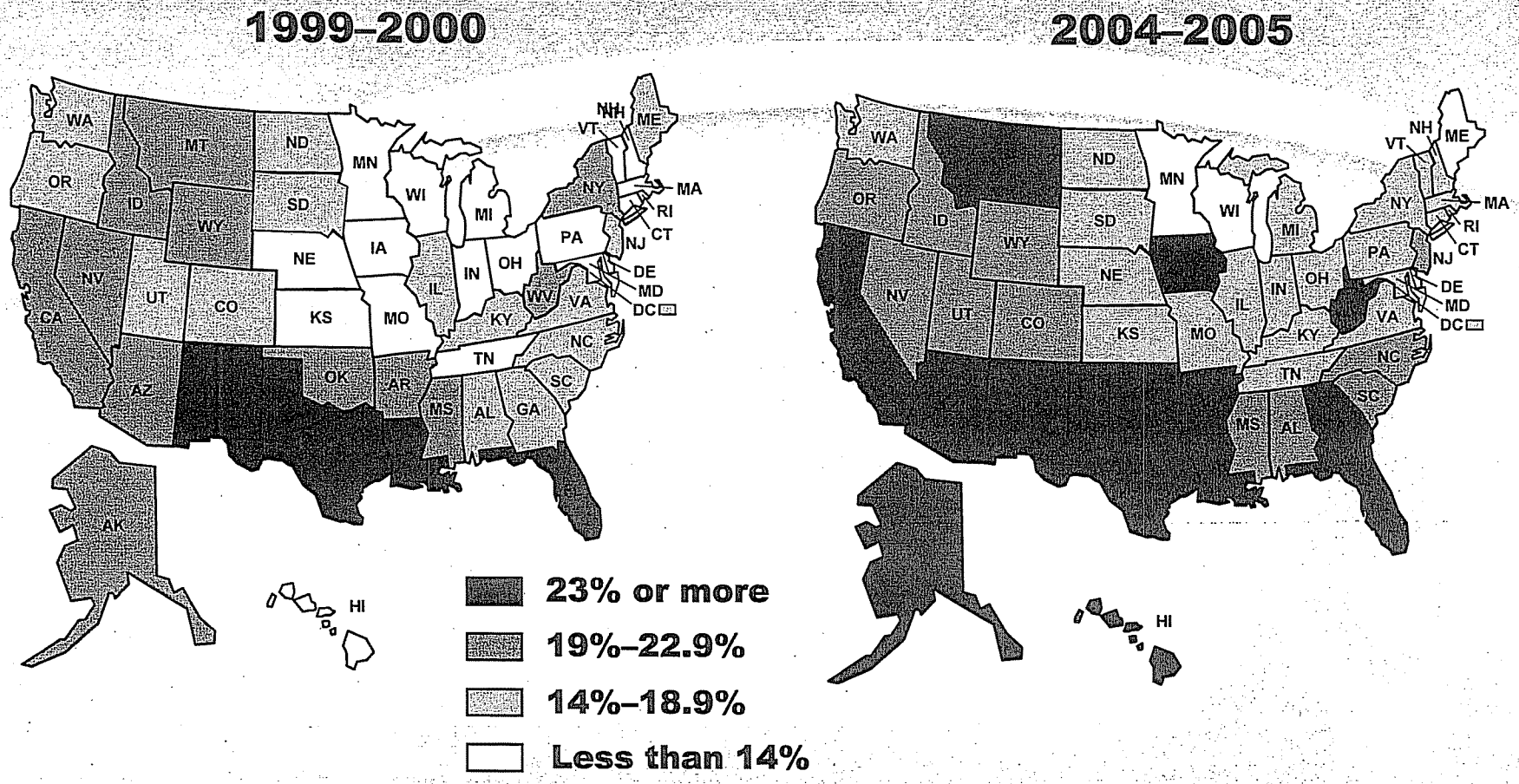
Uses revenues generated by the 2% assessment on HMOs to support the Reinsurance Plan.

Uses Shared Responsibility contributions from employers and individuals who do not provide or purchase health coverage pursuant to Shared Responsibility provisions.


MaineCare
•Maintain Current Eligibility
•Assure MaineCare members get the right care; at the right time at the right price.
•Clinical care management
•Rate Standardization
•Manage Behavioral Health
•Prior authorize radiology services like private insurer
•Recover money from insurers, workers comp and veterans administration for services they, not MaineCare should pay
•Increase Rx co-pays by 50¢
DirigoHealth
•Allow for modest expansion
•Focus on uninsured and underinsured
•Reduce employer cost to join
•Self insured through support of LD 431
•Finance through transitional SOP, extend current premium tax to cover HMOs and payments from
•Shared Responsibility: Businesses and Individuals must provide or purchase coverage or otherwise make a financial contribution to offset cost of the uninsured on the system
Cost Containment and Market Reform
•Require review & approval of small group rate hikes; and increase transparency
•Create Maine Reinsurance Plan to make individual coverage more affordable
•Allow self employed to purchase in the small group market
•Allow insurerers to negotiate prices, while maintaining consumer choice (Rule 850)
•Allow Dirigo Health Agency to subsidize plans of multiple carriers
•Require insurance discounts for non-smokers and worksite wellness programs
•Retain Voluntary hospital cost targets
DirigoHealth
Working For Maine
Dirigo 2.0
More People
More Choices
More Affordable

Percent of Adults Ages 18–64 Uninsured by State

DirigoHealth
Working For Maine



Data: Two-year averages 1999–2000 and 2004–2005 from the Census Bureau's March 2000, 2001 and 2005, 2006 Current Population Surveys. Estimates by the Employee Benefit Research Institute.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006

Dirigo Financing Summary

DirigoHealth
Working For Maine

State Fiscal Year 2008 Revenue Needed:

$47 million Dirigo (15,500 DirigoChoice; 5000 parents)*

July 1, 2007 to June 30, 2008

$34.3 SOP
+ $13.0 Extend Premium Tax to HMOs
$47.3 million

State Fiscal Year 2009 Revenue Needed:

$58 million Dirgio (15,700 DirigoChoice; 5000 parents)*
$9.75 Million Reinsurance Plan

July 1, 2008 to June 30, 2009
•Dirigo Only

$27- 29 Million Revised SOP/BDCC
$31-38 Million Shared Responsibility Contribution

January 1, 2009 to June 30, 2009
•Reinsurance Plan Begins

$9.75 Million Extend Premium Tax to HMOs

Transfer MaineCare parents to DHHS*

Reflects new revenue needed; not cash flow

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS

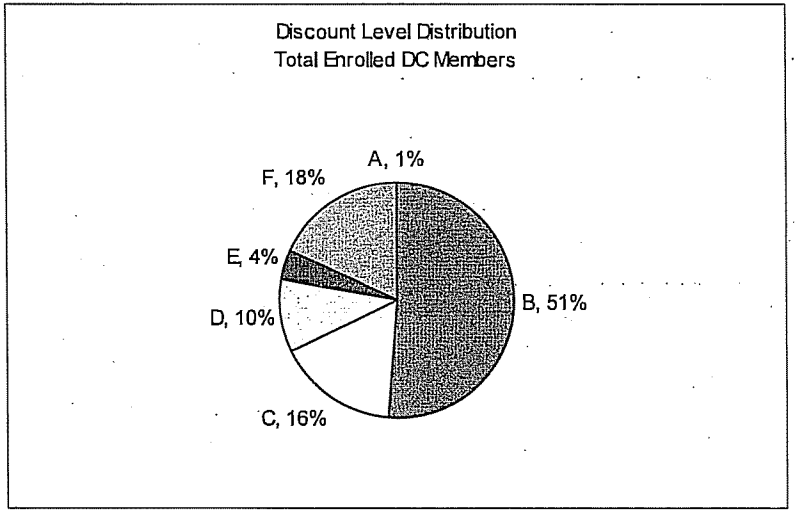
STATE OF MAINE

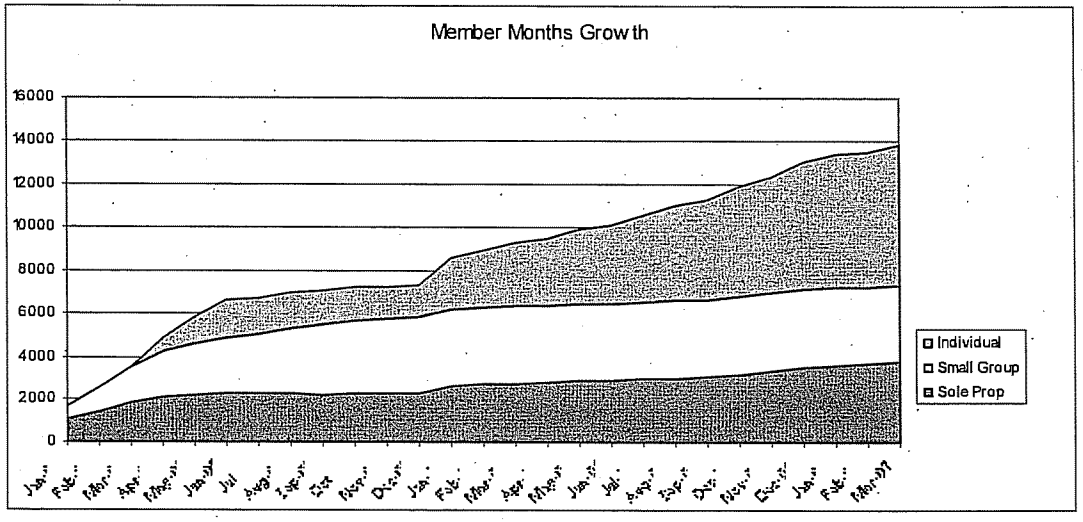
MaineCare

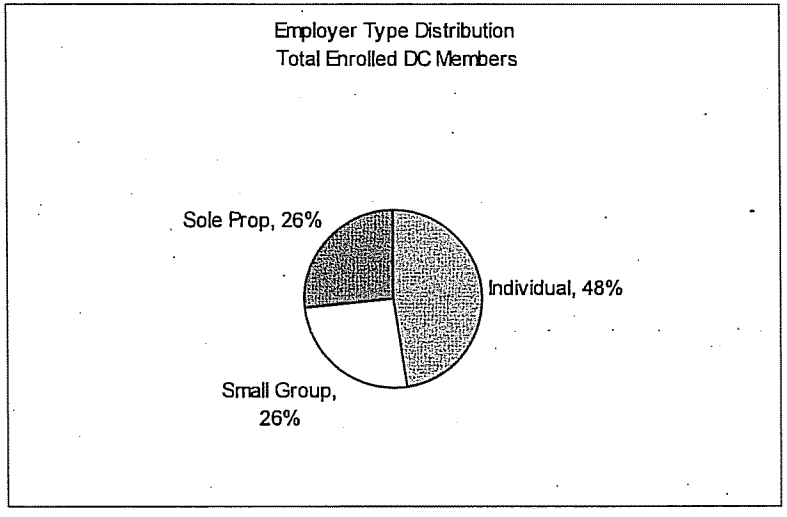
- Maintain Current Eligibility while restraining costs
- Assure MaineCare members get the right care; at the right time at the right price.
  - Clinical care management
    - Savings of $19.7 million in 2008 and $26.7 million in 2009
  - Rate Standardization
  - Manage Behavioral Health
    - Savings of $5 million in 2008 and $8.5 million in 2009
  - Prior authorize radiology services like private insurers
    - Savings of $2 million a year
- Recover money from insurers, workers comp and veterans administration for services they, not MaineCare, should pay
    - Savings of $5.1 million a year
- Increase Rx Co-pays by 50¢
    - $300,000 a year

Dirigo Health Monthly Numbers March 2007
Reported by Dirigo Health Agency 04/02/2007

Total Members Served, DC + Parents	24688
New DC Members	626
New Parents	65
Total Enrolled DC Members	13832
Total Enrolled Parents	5342
Total Enrolled DC Small Groups	734







Notes:

1. Total Members Served refers to the total number of members ever enrolled (beginning 01/01/2005) for any period of time in the DirigoChoice or MaineCare Parent Expansion programs
2, Total New Members refers to the number of new members enrolled in the reporting month.
3. Total Enrolled Members refers to the number of members currently enrolled in the reporting month.
4. Current report does not include March Parent Expansion enrollment.

STATE OF MAINE
GOVERNOR'S OFFICE OF HEALTH POLICY AND FINANCE
15 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0078

DirigoHealth
Working For Maine

JOHN ELIAS BALDACCI
GOVERNOR

TRISH RILEY
DIRECTOR

ELLEN SCHNEITER
DEPUTY DIRECTOR

MEMORANDUM

Date: January 24, 2006

To: IFS Committee Members

From: Karynlee Harrington

CC: Trish Riley, Sara Gagné-Holmes, Dr. Robert McAfee

RE: MaineCare Direct

On January 19, 2006, the Committee requested that the Agency provide written information regarding whether or not the anticipated cost of $ 7 million for MaineCare direct individuals was calculated into the Dirigo Health Agency's (DHA) enrollment numbers and budget for 2006. The parent expansion is part of the Dirigo Health reform and is a critical factor in reaching the uninsured. Both parents eligible through a Dirigo employer and those who go directly to MaineCare are funded in the DHA's budget for 2006. From its inception, the DHA adhered to LD 1611 and LD 1577, which included these costs as part of the program, and budgeted accordingly.

The 2006 DHA budget included a $7.2 million expenditure associated with MaineCare direct costs. As a result of a reallocation, the $7.2 million expenditure needed to pay for the MaineCare direct cost will be paid for by funds from the original $53 million dollars.

If the $7.2 million used to match the 10,000 MaineCare parents was instead allocated to DirigoChoice, fewer than half that number would be supported.

Anthem has not yet been successful at marketing to uninsured, especially those low wage workers eligible for MaineCare. We expect improved marketing this year will result in more DirigoChoice Group A MaineCare eligibles.

Dear Friend,

Sheriff Mark Dion recently received the report that is shown below from Dianne North, the administrator for our inmate medical services at the Cumberland County Jail. We would like you to take a few moments to read it to help you better understand the extremely difficult situation we find ourselves in.

For years many of us have been trying to explain the severity of the health problems we are facing with the inmate population we are housing at the Cumberland County Jail. If these statistics do not drive home the point I am not sure what will! It is made all the more challenging by the fact that the state contributes so little to the annual costs of the jail - only $900,000 or (5-6%) of the jail's $16,000,000+ annual costs.

There is much more I could write, but hopefully this will be sufficient to get your interest and your involvement. If you would like to help us respond to this enormous challenge, please reply that you will work with us to bring about the needed changes.

Regards,

Peter

Peter J. Crichton
County Manager
County of Cumberland
142 Federal Street
Portland, ME 04101

Tel: (207) 871-8380

All figures relate back from January 1-October 1, 2006:
2 suicide attempts
158 suicide watches for a total of 359 days
237 psychiatric watches-for a total of 630 days
5774 referral to mental health services on intake (not all seen- due to immediate discharges)
3907 total various mental health visits for the nine months of the year.

At the end of September, 2006
There had been 674 inmates on medications during the month.
137.55% of the census on medication - (over 100% due to frequent turnover)
86.32% on psychiatric medications

Last year BDS sent in a case manager who helped with 4 cases, - Consent Decree patients. He was very helpful in getting them social security, housing, etc. Then he was not seen again until July when he came in for a couple more Consent Decree individuals.

Our mental health clinicians will call patients' case managers (e.g. from Access team or Catholic Charities, who will work with the outside providers to arrange the community transition. This is only if the patient does have a

case manager. Otherwise we do not have help for the patients to transition back to the community, and the mental health clinicians are too busy involved with crisis intervention to do any discharge planning.

If you need anything else, let me know. Thanks Dianne

County of Cumberland

Peter J. Crichton
County Manager

William E. Whitten
Assistant County Manager

March 1, 2007

Dear Committee Chairs and Members of the Appropriations and Health & Human Services Committees,

On behalf of Cumberland County government, I recently attended a hearing on February 21 regarding the 2008-2009 DHHS' biennium budget and presented some brief testimony.

At the hearing Representative Sarah Lewin requested information on the costs of training our jail staff for the mental health and substance abuse issues having to do with our inmates. Attached is a summary of our training costs for correction officers prepared by our county finance director Vic Labrecque.

In addition, in response to a question by Representative Janet Mills regarding our annual inmate medical costs I have taken the liberty of attaching a summary on the history of our jail medical costs since 1997.

I hope you will find this information helpful. I will be available at the work session to respond to questions.

Sincerely,

Peter J. Crichton

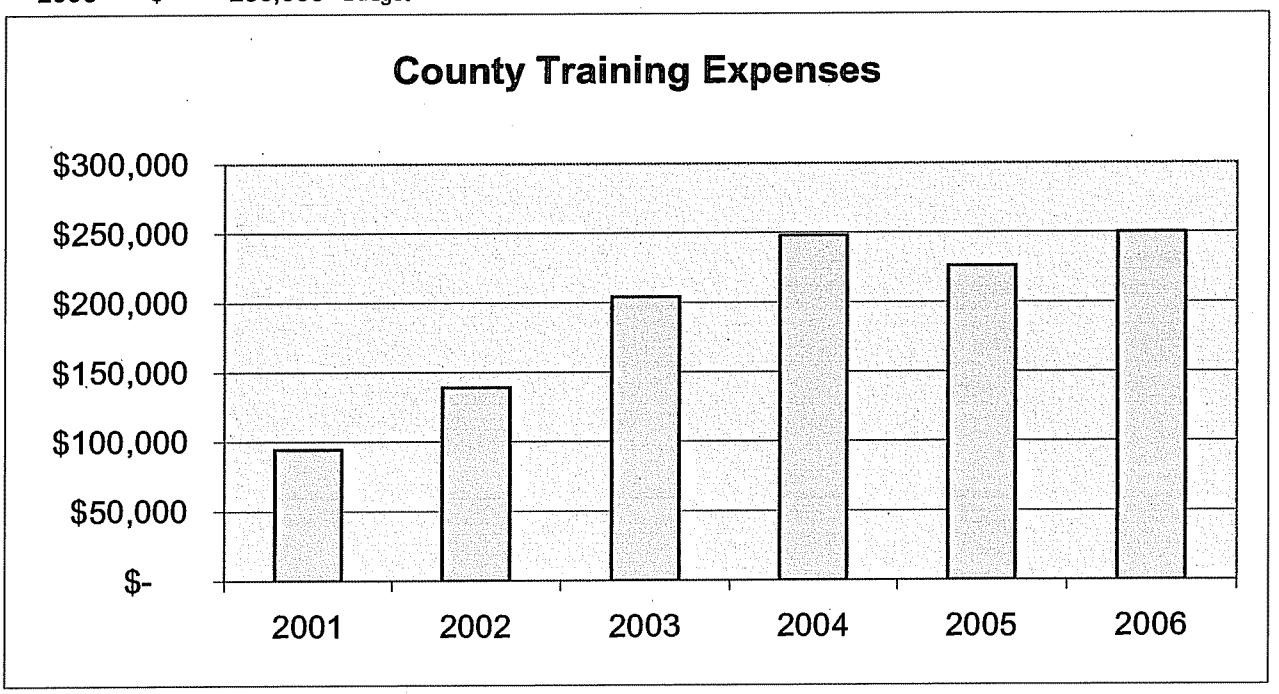
Attachments

c: Cumberland County Commissioners
Bill Whitten, Assistant County Manager
Mark Dion, Sheriff
Vic Labrecque, Finance Director
Cumberland County Legislative Delegation

crichton@cumberlandcounty.org whitten@cumberlandcounty.org
142 Federal Street, Suite 102 • Portland, Maine 04101-4196 • Tel. (207) 871-8380 • Fax (207) 871-8292

County of Cumberland Training Costs for Correction Officers

	Expensed	
2001	$ 94,232	
2002	$ 138,830	
2003	$ 203,845	
2004	$ 247,791	
2005	$ 225,713	
2006	$ 250,000	*Budget*



Each year, approx 180 correction officers complete 40 hours of training.
This is a requirement to maintain national accreditation of the facility and its practices.

Part of this training incorporates effective interpersonal communication techniques used for challenging or hostile inmates. (which includes mentally challenged inmates)

CUMBERLAND COUNTY MEDICAL COST
HISTORY OF JAIL MEDICAL COSTS

Year	Provider	Budget Costs	Percent	# Inmates	Yr Inmate Cost
1997	Prison Health Services (PHS)	$ 485,000		260	$ 1,865.38
1998	Prison Health Services (PHS)	$ 613,009	*26.4%*	265	$ 2,313.24
1999	Prison Health Services (PHS)	$ 613,009	*0.0%*	310	$ 1,977.45
2000	Prison Health Services (PHS)	$ 825,630	*34.7%*	343	$ 2,407.08
2001	Prime Care Inc	$ 1,015,000	*22.9%*	356	$ 2,851.12
2002	Prime Care Inc	$ 1,800,000	*77.3%*	375	$ 4,800.00
2003	Prime Care Inc	$ 1,972,407	*9.6%*	451	$ 4,373.41
2004	Correctional Medical services (CMS)	$ 2,221,804	*12.6%*	468	$ 4,747.44
2005	Correctional Medical services (CMS)	$ 2,468,871	*11.1%*	427	$ 5,781.90
2006	Correctional Medical services (CMS)	$ 2,598,468	*5.2%*	437	$ 5,946.15
2007	Correctional Medical services (CMS)	$ 2,803,451	*7.9%*