

**Testimony of Katie Rutherford, Executive Director, Frannie Peabody Center  
L.D. 1940 Resolve, Directing the Department of Health and Human Services  
To Increase MaineCare Reimbursement Rates for Targeted Case Management  
Services to Reflect Inflation**

**Before the Joint Standing Committee on Health and Human Services – January 30, 2020**

Chairman Gratwick, Madam Chair Hymanson, and Members of the Health and Human Services Committee: My name is Katie Rutherford, and I am the Executive Director at Frannie Peabody Center, Maine's oldest and largest HIV/AIDS service organization. I'm here today in support of LD 1940. As a provider of targeted case management, Frannie Peabody Center coordinates access to a form of health insurance, critical primary and specialty medical care for people living with HIV/AIDS, monitors engagement in care and health outcomes, and provides support for individuals navigating complex systems while managing extremely fragile health conditions and socioeconomic issues. These efforts not only prolong the health and well-being of those living with HIV/AIDS, but also prevent further transmission by contributing to overall viral load suppression.

Frannie Peabody Center is physically located near several medical and social service providers, enabling clients to access a number of necessary services within short distances. This helps to minimize barriers and streamlines engagement in care for our clients. Since targeted case management rates increased in 2009, Frannie Peabody Center's occupancy costs have risen 3% annually, and the cost of providing fringe benefits to eligible staff has increased by 5% each year. Additionally, the agency has had to invest in technology upgrades that support the security measures essential to protecting the confidentiality of our clients. Amidst this steady rise in cost, the agency has implemented strategies to help alleviate the impact of expenses while not affecting the quality of care for those living with HIV/AIDS in Maine. Over the past decade, the agency has gone from a staff of twenty-two full-time employees to just sixteen, while continuing to provide a high level of case management services to a growing number of people living with HIV/AIDS.

Increasing needs and emerging barriers often require services that are critical to supporting individuals' continued engagement in care, but are not reimbursed. Some examples are, a client experiencing stigma and language barriers that needs to communicate through text for translation purposes, case managers spending significant travel time for home visits due to clients' physical conditions and transportation barriers, the heavier demand of paperwork, processing, and the required submission and monitoring of prior authorization requests to ensure continuity of care – these functions are all critically linked to client health outcomes and continued treatment adherence, but are not covered as targeted case management services. In recent months, we have already seen permanent closures of long-standing programs that have served Mainers facing housing instability behavioral health challenges, and substance misuse. Increasing reimbursement rates under section 13 would support the current capacity of targeted case management agencies as they play a crucial role in sustained health as well as overall healthcare savings.