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December 10, 2011

MaineCare Redesign Committee
C/o Nick Adolphsen
Department of Health and Human Service
11 State House Station
Augusta, ME 04333

Dear Members of the MaineCare Redesign Committee:

The following comments regarding the MaineCare Redesign Draft Recommendation Report comments are submitted on behalf of Disability Right Center, Maine's Protection and Advocacy agency for persons with disabilities. We wish to first thank the members of the committee for their efforts in developing this very thoughtful report. We also wish to thank the members and the Commissioner for offering opportunity for public comment both now and throughout the process.

The comments that follow are not intended as criticism of the overall report, which we find reflects a judicious approach to the legislative charge and the budgetary problems facing the State of Maine.

Concurrent review of psychiatric services. Although we Support concurrent review for psychiatric services and prior approval for all settings for individuals under the age of 21, we believe that the task force should make note of some countervailing considerations when making this recommendation. We note that the Maine 30-day hospital readmit rate for mental health hospitalization is over 80% higher than the national average. (21.5% compared to 11.8%). Unless the review process takes into consideration availability of appropriate services to support a safe discharge, the review process might cause increased readmissions, use of other costly emergency services or worse, devastating consequences for the members. Some of the members affected would be of an age when they might transition from children's to adult services. They may, however, yet be without a toe hold in the adult service world, as was the case when the review process was implemented in the past. When reviews were previously conducted of hospital services, consideration of discharge options did not appear to be occurring in the several cases our office handled. We do not know what model might be considered in implementing the recommended review option, but we do suggest that the committee note the countervailing issues and recommend that the review process might include more than a simple utilization review process, but perhaps a care management component that would be available for critical cases.

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Elimination of leave days. The 123rd legislature considered LD339 that was initially drafted “to prevent the inappropriate transfer of a resident to a hospital as a way of accomplishing the discharge of the resident.” The bill was later amended and adopted as a resolve. A committee was convened and one of the sub-committees assigned to address the issue noted in the original bill. Other sub-committees addressed other problems that led to individuals being placed in more restrictive settings than needed. Some of the processes recommended by the committee and later adopted are no longer in place. Without protective processes in place for review of discharges from nursing homes and admissions to hospital, including psychiatric facilities (and if only those that are MaineCare reimbursable, this would include admissions of individuals to psychiatric units, IMD’s for individuals aged 65 or more, observation beds, and crisis admissions under the pilot program recently initiated at Spring Harbor and Acadia Hospital), we are concerned that the recommendation to eliminate bed hold days will contribute to the very problems that the legislature and DHHS sought to address in 2007-2008, cause individuals with complex medical or behaviorally challenging needs to end up in unnecessarily restrictive settings and ultimately offset some of the savings that the redesign committee has projected

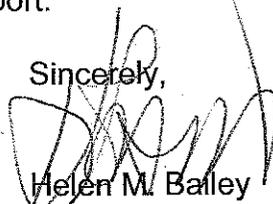
Antipsychotic medications. We support the recommendation to implement additional prior approval requirements for the prescription of antipsychotics, especially so in light of recent reports and studies most notably regarding high prescription rates of antipsychotics for youth and serious side effects, notably affecting elders. Some problems that arose in the past when prior approvals were implemented stemmed from the fact that hospitals can prescribe medications irrespective of the preferred drug lists. This led to discontinuity for some individuals when discharged to the community. The recommendation should include some notation that hospital prescribers need to be included in education regarding prior approval requirements that apply to community prescribers.

Targeted Care Management We generally support the implementation of intensive care management and do not offer these comments as objections to the recommendation, but simply as a request for some clarification. Table 12 describes the characteristics of the high cost MaineCare members. The group between 90 and 95% (second 5%) are described as “Mental Health: Neurosis.” We don’t know what this means. Given the use of the colon, it would suggest that the consumer characteristic are those individuals whose mental health diagnoses fall within what used to be characterized as neurotic disorders as opposed to psychotic and mood disorders under former editions of the Diagnostic Statistical Manual of Mental Disorders, and which continue to be characterized as neurotic disorders under the International Statistical Classification of Diseases. Our concern would be that if the individuals in the top 10% are indeed individuals with neurotic disorders and if these individuals receive intensive care management services, it could create an unhealthy competition for mental health resources also intended to serve individuals with psychotic and mood disorders. If the characteristic is not actually neurosis, then the term should be clarified. If the characteristic is intended to be neurosis, then we ask that the committee recommend

that in the design of the intensive care management services, processes be built in that would protect other individuals with serious mental illnesses, most notably psychotic and mood disorder, so that they are not displaced from services.

Once again, we thank you for your efforts in developing these recommendations and for the opportunity to comment on the report.

Sincerely,



Helen M. Bailey
General Counsel



Sara Squires
Information & Referral Coordinator