



# Consumer Council System of Maine

A Voice for Consumers of Mental Health Services

www.maineccsm.org

December 11, 2012

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## Public Hearing on the "MaineCare Redesign Task Force Recommendation Report, State of Maine Public Law 2011, Chapter 657"

Good Afternoon, Members of the MaineCare Redesign Committee,

Thank you for giving the Consumer Council System of Maine (CCSM) an opportunity to speak to you about our thoughts around the work you have done reflected in the **MaineCare Redesign Task Force Recommendation Report**.

We would like to remind this group that we do not see rate reductions as part of systems redesign for this current task.

We agree that Maine needs to move away from a fee for service system to reduce costs. We recommend that the new system put in its place be based on patient outcomes that improve the lives of mental health consumers. A word of caution must be added to this statement. Our community has real fears that as these systems are set up and members are placed in medical homes that we do not repeat some of the practices that happen to consumers today.

Our community can at times be challenging to engage and support in maintaining health care services. Often we hear about our fellow peers being fired from primary care doctors and other health care providers due to difficulty with no shows, behavior issues, etc. These individuals also may be more expensive to have in a practice, and as we move to risk based insurance we want to ensure that those who are in high need categories don't end up receiving inadequate care.

We want to emphasize the benefits that peer specialists can have in all aspects of health care. We would love to see that grow and expand. We must make sure that this is done well. We would ask that a team of experienced peer specialists and supervisors help DHHS shape how this would look moving forward.

Below are specific comments related to targeted areas that are part of the Redesign:

1. Prior Authorizations (PAs'): As we institute more services needing PAs', we need to make sure that consumers have excellent resources to help them understand what these mean and how to get them. We often have to be our own advocates to make sure our needs are met. Let's build in navigation supports for people so they do not get lost in the growing maze of PAs'.
2. Bed leave days: Connection to family and friends is such a needed component for recovery. Not allowing for payment for bed leave days will diminish the capacity for families to connect, especially in our rural state where travel is often a barrier.
3. Anti-Psychotic Medications: We support the increased monitoring of these drugs. We have become an ever increasing medication dependent society. There are significant risks with this class of drugs in particular. Discussions often do not happen regarding the risk/benefits. In children, the use of these drugs have a dramatic increase of risks, many of which we do not know as of yet, but we are pretty sure they will be significant.
4. Dental visits in ER: If we think we can ignore oral health from the whole body, we are sadly mistaken. The lack of dental services to many Mainers leads them to expensive ER visits, which could be avoided if addressed in another setting. We could anticipate a long term savings to MaineCare and better health outcomes with changes made concerning dental care.
5. Targeted Care Management for top 20%: We would like to remind people that the use of peer support navigators could be highly beneficial to this group.

Respectfully submitted on behalf of the CCSM by,



Simonne Maline, Executive Director,  
Consumer Council System of Maine