**10.16.19 Notes on Bureaucracy Subcommittee: MH Working Group**

Attending:

Kevin Voyvodich, Disability Rights Maine

Malory Shaughnessy, Alliance for Addiction and Mental Health Services

After some discussion we arrived at these broad themes as issues in the system today.

1. Things that eat into productivity and reduce time for direct care:
   1. Overlapping and sometimes redundant reporting (several systems to upload data into regarding treatment plans and clinical services), .
   2. Disconnect between Kepro requirements, licensing requirements and DHHS program requirements, with new requirements that come out with little notice.
   3. Multiple audits from licensing, Mainecare and programmatic. Could these be aligned to happen at the same time to reduce impact on staff time?
   4. Requirement for prior authorizations regularly for treatment of chronic conditions such as with ACT services every 90 days. Some states do this at 6 or 12 month intervals.
2. Things that can just be confusing and impact access to care:
   1. KEPRO processes for prior authorizations.
   2. Mainecare eligibility process and the churn of paperwork to maintain eligibility, Mainecare spend down, etc.
   3. Inconsistent MaineCare application of what is qualifying eligibility.

Recommendation:

* Quarterly meetings between providers, MaineCare and DHHS programs across sectors of services to examine administrative processes and burdens, how information and clients are transferred between levels of care, and to reduce barriers to care.