

## OFFICE OF POLICY AND LEGAL ANALYSIS

Date: February 18, 2021  
To: Joint Standing Committee on Health & Human Services  
From: Anna Broome, Legislative Analyst

### **LD 17 Resolve, To Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program**

**SUMMARY:** This resolve requires DHHS to establish a pilot project lasting 18 months that allows individuals currently receiving services under MaineCare, Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities, to receive up to \$2,000 each in nonmedical transportation services that are specified in the individual's service plan when the individual has no other means of transport (in addition to currently permissible medical transportation services). The department is required to submit a report regarding the costs, effectiveness and future viability of the pilot project to the health and human services committee no later than January 30, 2023.

#### **ISSUES FROM TESTIMONY:**

- Sec. 19 members currently only able to use nonemergency medical transportation (NET) but CMS guidelines allow for transportation for other purposes when included in "service plans."
- DHHS: Unlikely to be approved by CMS; have to fund with state funds which allows for more flexibility. Likely to need an 1115 demonstration waiver for a pilot. DHHS currently completing an independent evaluation of DHHS's current transportation programs including information about the NY model.
- Requests to include other populations. MDDC: consider expanding to 18, 20, 21 and 29. Alliance: parents with children in residential mental health services (PNMI App D) for participation in family plans.

#### **DRAFTING ISSUES:**

- Need to add rulemaking and CMS waiver language as requested by DHHS? And a clarification that the pilot is funded by GF?

- Is there sufficient time to allow for 18 month pilot and report by January 2023 without an emergency preamble?
- Any changes to populations included in the bill?

### **ADDITIONAL INFORMATION:**

- Any information about the NY program?
  - DHHS: “We are gaining a better understanding of the New York State program via the contract with RLS Associates – the OMS-led contractor who is performing the independent evaluation of the State’s transportation programs. New York is one of the ten states that we have asked RLS to review. While we anticipate having more information in the near future, we know that New York’s \$2,000 benefit is offered to adults and children with significant behavioral health needs. This is not a match with the LD 17’s targeted client group, but that does not preclude us from performing a pilot for Section 19 clients – but it is probably fair to say that the non-medical transportation usage between those population groups is different, in terms of community integration activities or employment supports, for example.”

### **FISCAL IMPACT:**

OFPR preliminary fiscal impact statement: one-time GF appropriation of \$583,920 in FY21-22. The funding has three components for one-time costs:

1. Technology costs for MaineCare to add a pilot project and track the cap in the member’s plan of care of \$13,920.
2. Funding for a contract to perform data analysis and report writing of \$60,000.
3. The costs of the services to Sec. 19 individuals is \$510,000. (Currently, 2,550 members on Sec. 19 waiver; assumption of 10% using the full \$2,000 allowance.)