

December 19, 2022

President Jackson, Speaker Talbot Ross, Distinguished Members of the Committee:

My name is Alan Cobo-Lewis. I live in Orono.

I am testifying neither for nor against LD 3, but against the deappropriations from Home and Community Based Services (HCBS) accounts Z211, Z212, Z210, Z218, and Z217—services for Mainers with intellectual disability, autism, brain injury, and other related conditions. These deappropriations total \$35.2 million (7.3% of what's necessary to support all the spending in LD 3—see bar charts in my testimony).

I have two 22-year-old adult children, one of whom has a significant disability and is on the Section 21 waiver. Because of the work force crisis, he went SEVEN MONTHS without a SINGLE HOUR of HCBS-funded direct support.

The support he did get came from private health insurance—because that reimbursed at a rate that, unlike MaineCare's, was sufficient to pay wages that were competitive in today's labor market.

The 130th Legislature considered a unanimous committee report to eliminate HCBS wait lists¹—but that bill died on the table. As of September 2022, there are 2,377 people on wait lists for HCBS, a 24% increase from three years earlier². **The money LD 3 takes out of HCBS could be used to address wait lists.**

The 130th Legislature didn't touch the Section 21 wait list (now grown to 2,028 people). It didn't touch the Section 18 wait list (now 184 people) or the Section 20 wait list (now 23 people). And it just tread water on the Section 29 wait list, so that still stands at 218 people—even though there was no Section 29 wait list at all for the 3.5 years leading up to the 2019 inauguration and the opening of the 129th Legislature!

The 130th Legislature also raised wages for direct care workers to 125% of minimum wage—a prepandemic recommendation that has proven noncompetitive in today's labor market. **The money being taken out of HCBS could be used to address direct support professional wages.**

The administration is technically correct that the deappropriation of state HCBS money does not directly cut existing service because it is backfilled with federal HCBS money—**but only because existing HCBS services for Mainers with disabilities are not fully funded**. Instead of using the additional federal HCBS funds to address waitlist and work force crises that covid has exacerbated, LD 3 is making a choice to redirect those HCBS funds to other uses.

If you want to be an ally to Mainers with disabilities then please make a different choice.

The bar charts in my testimony, prepared directly from the text of LD 3, reveal that the HCBS deappropriation could be eliminated with little impact on the desired expenditures. For

¹ LD 1360 in 130th Legislature as amended by [Committee Amendment "A"](#)

² <https://www.maine.gov/dhhs/oads/about-us/data-reports/participation-and-waitlist-data> ;
<https://web.archive.org/web/20200410230753/https://www.maine.gov/dhhs/oads/news/news-details.html?id=1614698>

example, if you do the right thing and strike the deappropriation from HCBS, you could leave the heating and housing aid intact and choose from among the following:

- Lower the direct payments from \$450 to \$410
- Keep the direct payments at \$450 and lower the income threshold slightly
- Take the \$35.2 million from the surplus, if available.

You also might consider an amendment along the lines of the Bennett/Grohoski proposal.

Such actions would not solve the wait list and workforce crisis, but they would serve as a needed down payment on addressing those crises that the existing budget and LD 3 leave unsolved. Then you could use budget bills in the rest of session to finish the job in the next biennium.

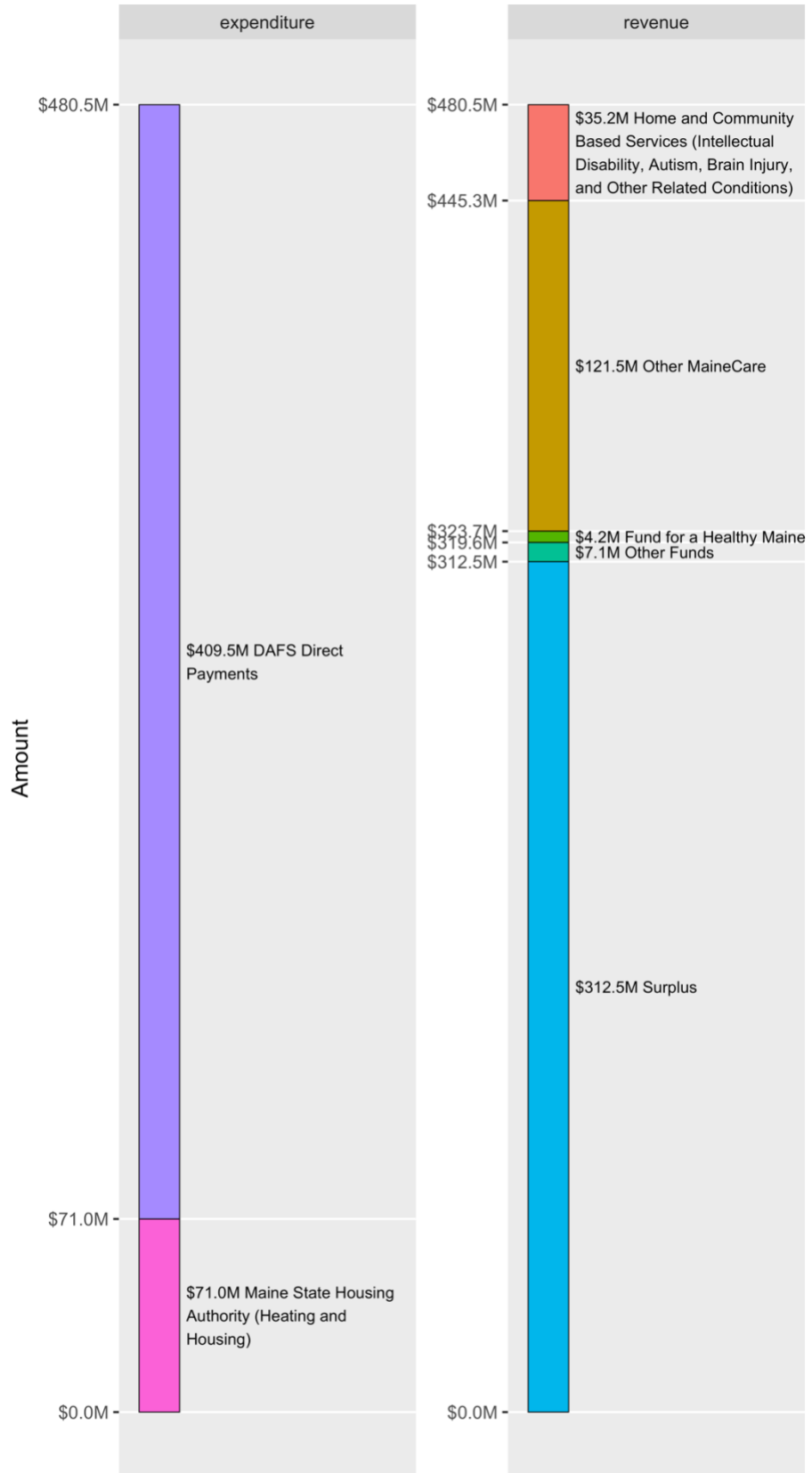


Figure 1. Amounts of expenditures and revenues in LD 3, by category.