February 21, 2023

Chairwoman Rotundo, Chairwoman Sachs, Distinguished Members of the Joint Standing Committee on Appropriations and Financial Affairs, Chairman Baldacci, Chairwoman Meyer, and Distinguished Members of the Joint Standing Committee on Health and Human Services:

My name is Alan Cobo-Lewis. I live in Orono. I am the parent of two young adult children, one of whom has autism and significant functional limitations. He is on the Section 21 Home and Community Based Services (HCBS) waiver but still went seven months without any waiver-funded support because of the ongoing work force crisis and inadequate wages—issues you can address if you amend the budget.

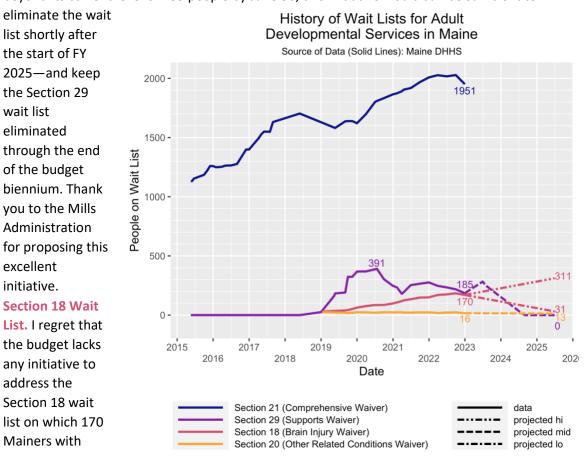
I am testifying Neither For Nor Against LD 258 the biennial budget.

I'd like to speak to two issues in Adult Developmental Services: wait lists and work force.

Wait Lists

Wait list data and projections are presented in the figure in my testimony.

Section 29 Wait List. Please support the excellent initiative on page A-321 (and associated initiatives on page A-360 and A-365) to take up to 50 members per month off the wait list for the Section 29 "supports waiver" for people with autism and intellectual disability. Even under the conservative assumption that the Section 29 wait list could grow by about 100 members beyond its current level of 185 people by June 30, this initiative would still be sufficient to



brain injuries currently languish. This wait list has grown steadily from near zero since the beginning of 2019. At that long-term trend, it would hit 311 people by 06/30/2025. Given the very short-term trend in the three months from 9/30/2022 through 12/31/2022, it is possible that this wait list could shrink to 31 people by 06/30/2025. But that is highly speculative. Please ask DHHS Office of Aging and Disability Services to produce solid projections for the Section 18 wait list through the budget biennium. Absent strong evidence that the Section 18 wait list will disappear without intervention, *please add an initiative to the budget to eliminate the Section 18 wait list.* This wait list has been ignored for four years. It's past time to address it.

- Section 20 Wait List. There also appears to be no plan to eliminate the wait list for Section 20 services to Mainers with "other related conditions" such as spina bifida and cerebral palsy. Please query DHHS Office of Aging and Disability Services as to their plans to clear this wait list (currently 16 people) and *add an initiative to eliminate the Section 20 wait list* if they do not have solid plans to eliminate it without additional funds.
- Section 21 Wait List. There are no direct plans in the budget to eliminate the wait list for the Section 21 comprehensive waiver for people with autism and intellectual disability. There are currently almost 2,000 Mainers on this wait list. The Administration hopes that the "lifespan waiver", currently under development, will present a solution for this population.

Work Force

LD 258 has initiatives to fund continued compensation to direct care workers at 125% of minimum wage. While I appreciate the strong support the 130th Legislature had for similar important initiatives, they merely implemented a pre-pandemic recommendation that has proven woefully inadequate in the current labor market.

Even where capacity may have emerged in southern Maine, it remains inadequate where I live in the Bangor area and beyond.

I have a son on the Section 21 waiver. (He's not on the wait list. He has the Section 21 "golden ticket".) He nevertheless went *fully seven months without any Section 21 support whatsoever*. If not for private health insurance, my family would have been in deep crisis. Insurance reimbursed at rate sufficient to pay well above 125% of minimum wage (it was about 157%—\$20/hour last year). Because people with disabilities still suffer through unstaffed and understaffed programming even when they're not on a wait list, *please add initiatives to substantially increase direct care worker pay. I suggest at least 157% of minimum wage in order to compete in the labor market.*

The labor market is a free market. It smacks of the failures of centrally planned economies to attempt to artificially hold down worker pay instead of responding to the forces of the labor market. Add a budget initiative to pay market rates. The direct care workers deserve it, and the people with disabilities who they support deserve it.