Maine Developmental Disabilities Council

March 13, 2023

Testimony opposing LD 445, Resolve, Directing the Department of Health and Human Services to Apply for a Waiver from the Federal Government for the Medicaid Limitation on Payment to a Facility with More Than 16 Inpatient Beds for Psychiatric Treatment.

Senator Baldacci, Representative Meyer and the distinguished members of the Committee on Health and Human Services:

My name is Rachel Dyer, and I am the associate director of the Maine Developmental Disabilities Council. Councils on Developmental Disabilities were created through the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) in 1970. Maine's DD Council has been advocating with and for individuals with developmental disabilities for over 50 years. The DD Council is a federally funded, independent organization with members from across the state, including persons with disabilities, family members, and representatives of public and private agencies which provide services and/or funding for services for individuals with developmental disabilities. As required in federal law, we are involved in advocacy, capacity building and systemic change activities, with the goal that individuals with developmental and other disabilities of all ages are fully included, integrated, and involved in their communities and the decisions impacting their lives.

MDDC presents these thoughts from the long-term perspective of developmental disabilities services. We recognize that the silos inherent in the system mean that this proposal, if enacted, may not immediately impact people with DD. And, as Pineland Center opened in 1908 as the "Maine School for the Feeble Minded" and was built with the best of intentions "to ameliorate and better the condition of this unfortunate class", we recognize that congregating people may have unintended outcomes. I invite you to learn more about Maine's former institution for people with intellectual disabilities at https://shadowsofpineland.org

Over the years, MDDC has had heard from individuals with developmental disabilities and their family members about ongoing challenges accessing local, timely, adequate, high quality mental health services across the lifespan. With the stresses experienced over the past several years, these challenges have erupted in multiple crises, probably most visibly manifest by children and adults in emergency departments.

MDDC recognizes that there are no easy solutions. DHHS is undertaking several initiatives that may ultimately result in more robust and accessible community mental health care, including more effective crisis intervention. But this will not address the current crisis.

CMS' new waiver guidelines encourage innovation for states to address their shortcomings in treatment delivery. This is welcome, because structural barriers to a continuum of care are real. The proposal on the table will not address the current crisis. It may, however, decrease the long-term barriers to the using institutions as solutions to challenges. Historically, this has gone very poorly.

Until 1983, if you needed support to be safe and maintain your health, institutionalization was the only service that Medicaid was required to cover. Home and Community Based Services were established as a Medicaid option so that people with disabilities would be able to access support in their communities. In the 40 years since the inception of HCBS, there have been a lot of changes in the experiences and hopes of people with developmental disabilities. While it's unlikely that anyone every hoped to be institutionalized, one of the gains of recent decades is that many fewer people have experienced institutionalization.

MDDC asks the Committee to carefully consider the potential long-term impact of reducing barriers to institutionalization.

Thank you for this opportunity to testify.