



Testimony of Michaela York, Executive Director

LD 659: [*An Act to Promote Seamless and Flexible Home and Community Supports Across the Lifespan for Individuals with Intellectual and Developmental Disabilities or Autism*](#)

Joint Standing Committee on Health and Human Services

March 20, 2023

Good afternoon, Senator Baldacci, Representative Meyer and esteemed members of the Health and Human Services Committees.

My name is Michaela York, Executive Director of Mobius, Inc. Mobius, Inc. is a non-profit human service agency serving Adults and Children with Intellectual and Developmental Disabilities in Lincoln County, Maine. We have been in operation since 1978.

I applaud the Department for reimagining services and supports for people with disabilities and for creating additional options under the proposed Lifespan Program. Intellectual and Developmental Disabilities do span a lifetime.

We especially appreciate the coordination between OADS and OCFS and the consideration that is being given to streamline entry into the adult system and to eliminate the longstanding “cliff” and waiting period that young adults with disabilities and their families face when aging out of the children’s services system in hopes of accessing services in the adult system.

As promising as the new waiver is, the prospect of launching a new system in less than two years from now is daunting. As a longstanding provider of Section 21 and 29 waiver services, I am unsure how best to prepare the people I support and my staff for what is to come in 2025.

As you know, the nation is just emerging from a pandemic, the likes of which we have never seen before. During the Pandemic we had to adjust “on the fly” and sometimes without much attention to detail or forward thinking. Now is the time to set up a new forward looking system in a well- planned, thought out, manner. The changes suggested in the Lifespan Waiver, although in general are good, both families and service providers will need time to adjust to a new system. For example, our agency supports around 50 adults through TCM 13 (targeted case management) many of whom are currently on the waitlist for services. By switching to the Lifespan Waiver, these individuals will no longer be able to access TCM 13. Our case managers have been a lifeline to these individuals helping them to navigate through changes in food stamps, rental and housing agreements, accessing health services, etc. To take away case managers who see them in person and walk them through many of these things, and replace them with a lesser support coordination service would be detrimental to all. If this transpires



Mainecare will see a marked increase in Emergency Department visits from this population. This could be much more costly to the State.

Another example of a change proposed in the Lifespan Waiver that needs more thorough exploration is the closing of Sections 21 and 29 Waiver Programs. Over 6,000 people currently utilize these services. These services currently support people who may have more medically involved disabilities and/or little to no family support. The Lifespan Waiver seems to be geared towards individuals with less disability and considerably more family involvement. It appears little thought has been given to people who may need a higher support level, but not institutional care. Again, this change would result in more individuals with Intellectual and Developmental Disabilities utilizing a more costly Mainecare system (Nursing Homes) than they do now.

This is a significant redesign of the system which will impact all stakeholders. In order to ensure access to the services as intended, we strongly encourage that rules related to the creation of services under the Lifespan Waiver be major substantive.

Thank you for your time and consideration.

Respectfully Submitted,

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