



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 21, 2023**

Senator Baldacci, Representative Meyer and esteemed members of the Health and Human Services Committees:

My name is Melinda Ward. I am the President & CEO of OHI in Bangor, Maine. OHI was incorporated in 1979, and we provide supports and services for over 400 adults with intellectual and developmental disabilities, autism, and mental illness in six counties.

I was listening to the public hearing yesterday, and I'd like to comment on a few questions which were posed. I also want to advocate for the stabilization of current supports and services as a new system is being developed through the Lifespan Waiver.

Since the fall of 2021, OHI has been sending a written email update about our workforce shortage to Paul, Betsy, Bill Montejo, and others on nearly a weekly basis. On March 3<sup>rd</sup>, our update included the following data, which may be of interest to you:

- OHI has 280 employees; 265 were on the 3/3 payroll (this means 15 were out on FMLA, subs that didn't work)
  - 241 are full time; 10 are part time; 29 are substitute (per diem)
- OHI has 50 job openings
- OHI has had 724 resumes submitted since 7/1/2022, some are duplicates (applicants applying to more than one job or more than one time)
- 77 were hired
- 266 were screened out because they did not call back, did not show up to an interview after up to four attempts by OHI staff to reach them
- 344 were rejected for employment with OHI (some of the 344 reflect an applicant being rejected more than once)
- Remaining are/were in the evaluation/interviewing process
- Our 2022 turnover rate for DSPs/RTs was 31.76%
- The primary reason for leaving was pay/benefits/personal
- Our employee retention rate is over 6 years

One Legislator asked, "why are group homes closing"? Group homes are closing and

consolidating because the rates of reimbursement in Section 21 are low. Food, utilities, building maintenance and repair, insurances costs all have increased, and new expenses have been added such as the cost to fit test employees for N95 masks (\$35 each) or pay for employees to have titers (up to \$200 each, depending on what is needed) so we know what immunizations they need in order to work.

Why do Providers not fill vacancies in group homes? We have not been able to assist people to come off the waiting list because we barely have enough staff to support the people who currently live in the homes. If someone we support passes away or moves out, we don't fill the vacancy to avoid being stretched beyond capacity for staff. There will always be the need for group living, even after new services through the Lifespan Waiver are put in place.

State crisis services are not much help. Just this past weekend I was on-call. We had four homes in quarantine due to Covid. We had staff out sick and we couldn't staff a particular home. Three people supported were sick with Covid, and all the staff had Covid but one. The one staff who was working, could not medically be fit tested for an N95, so she was double masked and was wearing a face shield while we tried to find someone to work with the folks who live there who have Covid. That was not a safe situation for that staff member, and even though she volunteered to stay, we knew it was not the right thing to do and we had to get her out of there for her own safety. We pay our staff \$4/hour extra to work in a home with someone who has Covid. Yet there was no one but finally a supervisor, who went in after being at the hospital with another person with Covid. We called DHHS Crisis Services for help. They could not do anything to help.

Who will be there for the people with the most serious medical or behavioral difficulties in the new system, when they are in crisis? It won't be the State Crisis Services as currently configured and operated. Paul, Betsy, other Department officials – they aren't coming out on a Friday night to fill in or to move someone – nor would we expect them to. They probably are not CDS trained, MHSS trained, CRMA trained, CPR trained, Crisis Prevention and Intervention trained, vaccinated, medically cleared, and fit tested, or have the other trainings and certifications our DSPs and RTs have to have in place so we can bill for their services. Meeting the requirements for DSP or RT qualifications takes time, and some applicants move on before we can finish their onboarding and training. It is Providers, the ER, and families who are the safety net for the most vulnerable.

The “devil is in the details” as some say – and pushing forward too fast with the Lifespan Waiver is not responsible. The details (crisis services, reasonable rates of reimbursement, waiting list management, stabilization, workforce shortage improvement strategies) need to be worked out before, not after – because the people we support are those who are left holding on by a thread while the system tries to figure things out.

Last summer we had 85 job openings, and up to 40 staff out sick with Covid or symptoms. The overtime premium we paid DSPs and RTs was over the top (over \$610,000 in the last fiscal year) and I have reasonable concern about the well-being of our staff. We still don't compete with local businesses for entry level workers.

I applaud the Department for reimagining services and supports for people with disabilities and for creating additional options under the proposed Lifespan Program. **However, we do need to work together to stabilize the current services while at the same time, work towards a better future.**

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, Melinda Ward, President & CEO, OHI [mward@ohimaine.org](mailto:mward@ohimaine.org)