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LD 1191

My name is Stefanie Millette and I am a foster parent and former Court Appointed Special Advocate.

I ask committee members to vote "Ought to Pass".

A.) Regarding daycare payments

This bill leaves it to DHHS to comply and come up with a process that works. I encourage the committee and DHHS to explore technological automation for more of its processes. Daycare providers would benefit from an online portal to submit and check status of invoices. Daycare providers and DHHS staff time would also benefit from an automated process for any daycare provider that bills a standard weekly or monthly rate.

The processes in this bill should already be being followed, but the department does not enforce the policies in daily practice. In addition to the financial and administrative burden this places on daycare providers, it puts any caregiver (from foster to kinship to reunified bio parent) at risk of losing childcare necessary during the workday.

B.) Regarding Daycares receiving emergency information updates

In the first 6 months of my daughter's life, her name was listed in 4 different ways across her delivery hospital records and birth certificate, MaineCare, her DHHS Placement letter (the document acknowledging a foster care placement), and her WIC file.

She had 2 MaineCare numbers. She went through 4 caseworkers (her emergency contact at the state).

All of these data points are needed in a medical emergency, but casework is complicated so each of the data points got ironed out within their own schedule. DHHS needs to be pressured to create cleaner and automated systems. When children's records are updated, there needs to be an automated way to send the record update to ALL providers of that child - their pediatrician, their current placement, their childcare or school.

C.) The impact on kids if these updates aren't made.

Safety: If a daycare doesn't have the right MaineCare number, or know how to get ahold of a caseworker, or who the safe state-approved adult is for pick-up, that child's safety is compromised.

Quality of service: Because childcare demand is at record highs statewide, quality centers with staff trained in child development - which infants with SUD exposure acutely deserve - can afford to be choosy. DHHS's manual processes add to the stigma of foster families as unreliable, and decrease the likelihood that such centers will accept future children in custody.

D.) The impact on foster family availability if these updates aren't made

Availability: I did respite foster care for teens for years (I testified about my respite weekends as mentorship in the DHHS hearing on LD 802). One of my mentees became a mother and I provided weekend respite for her infants. I wanted to do more for infants and put myself on waitlists for area daycares. 2 of my town's 5 centers declined me because they could not afford the uncertainty of DHHS reimbursements. 3 of the 5 put us on waitlists and it took 18 months for a slot - 18 months during which I declined infants in need of a reunification-supportive home.

Resources and relationships: The daycare that took us is high quality and in good proximity for my child's appointments, parent visits, and my job. Our Daycare took us as a trial DHHS placement because I promised I would help track down payments. I have observed that despite invoices being the same each month, manual processes vary. Tracking down invoices takes up time when my family is already overstretched, and compromises the relationship between my provider and my family.

Our caseworkers are not to blame - it is the tools they have to work with.

In working committees, I hope DHHS might be asked what fiscal note they would need to come up with automated portals that essential providers could use for children in custody.