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Serenity Residential Care - South Portland  
LD 2117

Testimony for Hearing on 1/28/26 at 1:00pm  
132nd Maine Legislature – No. 2117

Good afternoon Senator Ingwersen, Representative Meyer, and honorable members of the Health and Human Services Committee. My name is Maxwell Haney, and I am the Senior Program Manager for Serenity Residential Care, a group home provider for individuals with intellectual disabilities and autism spectrum disorder. With over four years of experience in this role, I am eager to share my thoughts on the proposed changes to the Mainecare Rule.

I was fortunate to work closely with Melanie Sachs on this proposed bill from the very beginning, which stemmed from the discontinuation of the "appendix K rule." As a result, we followed orders and provided discharge letters to individuals who fell under this policy, a process that I must admit was distressing for all parties involved. One example that stands out is our work with an individual who resides in their childhood home, which we converted into a group home after being selected as a provider by her and her family. This individual had previously been dissatisfied with their support services, but with our team's help, they began to thrive. However, when we started searching for a female roommate, we encountered significant challenges in finding a compatible match.

As a provider, I am deeply invested in filling our homes with individuals who require our care and support. Simply stated, it is good business to fill our vacancies. However, I want to highlight the challenges of this process. The Vendor Call, which is the primary resource for outreach to potential new members, has proven to be inadequate. In 2025, there were about 76 individuals posted on the vendor call list that matched this service location and while outreaching to every case manager on this list, it resulted in not a single tour of this location. This current month alone, January 2026, we have encountered seven potential individuals seeking new placements, but only five of them match the service location of our available homes. Moreover, for the specific individual we are discussing today, only one of the seven is female, and she has expressed a desire not to live in the town where we have an available opening. Consequently, we are left with no viable options, and the clock of mandatory discharge and disruptive relocation continues to tick.

I strongly believe that we must move beyond the notion of simply "filling beds." These are not just empty beds; they are homes where people can live, grow, and thrive. The term "filling beds" diminishes the humanity of the individuals we serve. Our organization has adopted Home and Community-Based Services (HCBS) policies, which I firmly believe are a step in the right direction. For the first time in history, individuals with disabilities have the right to choose what they want for themselves, and we have seen the positive impact this has on their lives.

The current policy of issuing discharge letters when we are unable to fill a bed within a certain timeframe is at odds with the principles of HCBS. It is hypocritical to tell our individuals that they have choice and autonomy, only to take it away when it becomes inconvenient. Happiness and stability should not be sacrificed for the sake of bureaucratic efficiency. Instead, we should prioritize the routine, familiarity, and quality support that our individuals rely on for their well-being.

I think these changes to this policy presented today are a great step in the right direction! I thank Melanie Sachs who took the time to hear our concerns and get us to this point today. I appreciate your time in hearing some first-hand experiences and considering this small change.