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*Testimony of Rob Moran, in opposition to LD 2177 An Act to Update and improve the Maine Care reimbursement system. Joint standing committee on Health and Human Services.*

*February 11, 2026*

Good afternoon, Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Service Committee. My name is Rob Moran. I am the Executive Director of Community Living Association in Houlton, thank you for the opportunity to provide testimony to LD 2177 an act to improve and update the Maine Care reimbursing system.

I am testifying to share how Section 3 of LD 2177 will affect our ability to plan, stabilize services and continue supporting the individuals and families who rely on us.

CLA serves 250 plus people with disabilities from Bangor to Fort Kent, with most of our services based in Houlton. We operate Group Homes, ICF nursing facilities, Community Supports, Shared Living, Work Supports and Case Management Services. These services provide critical stability to the people we serve, allowing them to live and thrive at home or in the least restrictive setting. CLA also provides an economic engine to the areas it delivers services in, bringing income and benefit packages (including health insurance) to people living in our service areas.

Regularly scheduled COLA's not only help attract new employees but retain staff who may be thinking of changing fields. CLA now has four group homes running compared to eight only ten years ago. Aroostook County had over thirty ten years ago and now is down to around ten. Case Management services (a service semi- privatized by the State about ten years ago) have also taken a huge hit with agencies closing that service, therefore making it much harder to implement a crucially important part of people needing help finding services.

Predictable, regular funding means staff who may be on the fence about leaving may stick around longer. It means that "word of mouth" is "when CLA can give a raise, they do." In a small town, this is critically important to attracting and maintaining a quality work force.

When we received full COLA's we were able to give large raises, redoing pay scales and vastly improving morale and thus, retention. In the past two years with partial COLA's we still did what we were financially able to, but we do lose staff to other fields (retail, food services etc.) Our rate is not adequate enough to get surfcial separation from a job with way less stress/responsibilities. In the past two years there was a point where I was considering opening another group home (much needed in Aroostook),I chose not to do this due to the uncertainty of funding and a lack of COLA's. It became me wanting to avoid increasing a program where we lose a lot of money.

Uncertainty about funding ultimately leads to loss of services and opportunities for people with disabilities. New HCBS rates won't help until implemented and even then I have concerns. Standardized COLA's offer us a chance to plan and communicate to staff that good things are coming. If this bill passes as written, it will be much harder to plan.

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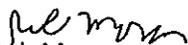
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In closing I ask you to not approve LD 2177 as written. Please remove language that would make the Maine Care rate setting system subject to available appropriations. This bill would further jeopardize a system that is already in somewhat of a crisis.

Thank you for your time and consideration,

  
Rob Moran

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