



Kristin Overton,
Chesterville, ME

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Senator Baldacci, Representative Meyers, and honorable members of the Joint Standing Committee on Health and Human Services, my name is Kristin Overton and I am the Executive Director of SKILLS, Inc. SKILLS is a non-profit organization in central Maine, serving people with intellectual and developmental disabilities for more than 60 years. SKILLS provides more than 110 people with 24/7 residential support and day programming under Sections 21, 29, and 97-F. We have 9 waiver-funded group homes, 4 PNMI's, 3 community support programs, and a number of other one-on-one support services. We strongly support *LD 744: Resolve, to Direct the Department of Health and Human Services to Perform Rate Studies and Rate Determinations for Providers of Certain Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder.*

Since 2020, we have closed 1 community support day program in Waterville and 3 group homes in Waterville, Canaan, and Hartland. These 3 homes had two people living in each. We had to close them due to inadequate reimbursement to attract and retain staff. That, coupled with the skyrocketing costs to maintain waiver home facilities, but no mechanism other than increasing the room and board rates above and beyond what the low-income individuals that we support can afford to pay us from their SSDI, meant we had to make the difficult decision to close these homes. Currently, our waiver-funded homes have 2-6 people living in each.

The community support program in Waterville had to be closed because of the high level of needs that these individuals required. Many are wheelchair-bound and have other physical and developmental disabilities that mean they need 1:1 or even 2:1 staffing. It is impossible to take people out into the community and push two wheelchairs at once, yet the reimbursement rate assumes a 1:3 ratio for staff to people supported. This resulted in us needing to close one very popular location and develop a waitlist of almost 20 individuals who we cannot support at this time due to the higher level of needs and inadequate reimbursement to fund their support. If we had our own rate study for these programs, these are the types of factors that we could contribute so that all waiver members can receive the access to services that they desire.

Residential services, defined as home support-agency per diem under the Section 21 MaineCare Regulations, define the service requirements at residential homes with:

- There must be at least one staff person in the same setting as Members receiving services at all times (24/7) that is able to respond immediately to the requests/needs for assistance from the Members in the setting. The Department reimburses for the delivery of a service to a Member and that assumes that the provider is awake.
- Members cannot be made to attend a day program (any other service or support other than Home Support) if they choose to stay home, would prefer to come home after a job or doctor's appointment in the middle of the day, if they are ill, or otherwise choose to remain at home.
- Payments are not made for room and board, the cost of facility maintenance, upkeep, or improvement. The cost of transportation is included in the residential habilitation rate."

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Although the regulations require 24/7 staffing to be available, the payment model does not provide the funding for 24/7 support. For reimbursement, we must submit our 6-month staffing plan including the times of day when a member is predicted to be away from home so that those hours are reduced from the daily rate established for each home. This prediction is nearly impossible to do but has significant implications if we are wrong. If all the residents are scheduled to be out of the home as frequently occurs, perhaps attending a day program or at their place of employment, any staff in the home are not billable hours and so we do not have staff in the home during those hours. In the event that someone we support wishes to stay home sick, has a last-minute appointment, or doesn't want to leave the home that day, we scramble to find staffing because we have to staff the hours that someone is home. If those hours add up to mean that we exceed the staffing plan variance allowable by the rate, we are not paid extra for this time.

In order to make sure that we are reaching the minimum 80% of that staffing plan, soon to be 92.5% in November 2023, we've had to instead decrease the total number of hours requested to be reimbursed in our staffing plan. The staffing minimum was 70% in the midst of the pandemic and was increased to 80% in October of 2022. In that first month, we lost almost \$15,000 in revenue because we achieved a 79% staffing level rather than the 80% in 3 of our homes. We cannot meet 92.5%; we are struggling to meet 80%. If it is increased, we will not be able to increase our staffing, instead we will reduce our already decimated staffing plan which results in less services, community integration, and consumer choice for the people who live there. This staffing metric is not useful in establishing quality, service levels, or monitoring spending. A new model is needed that incentivizes providers to efficiently use staff resources wisely, provide more individualized opportunities, and promote flexibility for the people who live there.

Not included in the reimbursement for agency-owned residential home support hours is overtime. For almost 3 years, we had mandated overtime as a requirement of the job due to the loss of staff experienced during the pandemic, the result of the vaccine mandate, wages that have not kept pace with private market jobs, and the shrinking workforce. Staffing is a significant challenge. For more than 3 years, we have averaged a 30-person vacancy rate for staff which translates to a 20% vacancy rate. All of these positions are full-time positions with a 100% employer-covered HSA insurance plan and vacation and sick time which exceeds the minimum Earned Paid Leave requirements by 100% – 500% depending on tenure. Staffing group homes is not an option; it is a requirement. In the past 24 months, overtime hours have accounted for 17% of our staff hours in the waiver homes with a price tag of an additional \$777,008 in wages alone, not including fringe and benefits costs.

The impact on these staffing realities has negative impacts on the people we support. Less staff in the home means that there is limited availability to respond to individual requests. For example, if 3 people live in a home and 2 out of 3 would like to go out for Sunday breakfast, then they cannot go because the level of staffing in place is what we refer to as "staffing for safety" which means bare minimum coverage. If a transportation provider cancels their ride, we cannot bring someone to their day program



or to a doctor's appointment because we do not have the coverage to support those left home. Attending concerts in the park, going for a drive and lunch on a nice summer weekend day, spending time with friends outside the home, going to get a haircut, planning a picnic, going for a hike, all of these are examples of the things that we, as providers, used to be able to support people to do and want to be able to do.

I urge you to pass LD 444, as written. I thank the committee for their consideration and am glad to answer any questions that may arise from this testimony.

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