

Written Testimony
February 12, 2025

Neither for nor Against

LD 210 "An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026 and June 30, 2027"

On behalf of NeuroRestorative, a leading provider of home and community and outpatient brain injury services in York and Cumberland counties, I would like to thank Senator Rotundo, Senator Ingwersen, Representative Gattine, Representative Meyer, and esteemed members of both the Appropriations and Financial Affairs and Health and Human Services Committees for this opportunity to provide testimony on LD 210.

My name is Jen Jello, and I am the state director for NeuroRestorative Maine. I also currently serve as the chair of Maine's Acquired Brain Injury Advisory Council. I am fortunate to have spent much of my career supporting disability services here in Maine, beginning as a direct care worker in long-term services over twenty years ago.

NeuroRestorative, part of the Sevita family, is a preeminent national CARF¹ accredited provider of rehabilitative supports and services for individuals with acquired brain injury. With over 40 years of experience, we are privileged to offer a continuum of subacute and post-acute care and support options, including specialized services for infants, children, adolescents, military service members and veterans across the 26 states where we operate.

In Maine, our staff of 134 people support around 100 Mainers annually. Currently, 89 individuals access our outpatient therapies and 63 individuals reside in our nine homes. Our staff are essential to our ability to meet the complex needs of the waiver participants we serve. We are grateful that the proposed biennial budget continues to invest dollars to support important MaineCare services.

Brain injury impacts 20% of Maine's population (approximately 280,000 individuals) across every county throughout the state. It is an injury that significantly benefits from timely intervention and evidence-based treatment. Access to treatment can reduce and even prevent high-cost early entry into skilled nursing care or other high cost outcomes such as

¹ Commission on Accreditation of Rehabilitation Facilities.

incarceration. As such, we appreciate Maine's commitment to and recognition of Brain Injury with its own line item(s) in the proposed biennial budget.

Brain Injury is increasingly recognized as a condition that requires a lifetime of specialized support and therapies. Last year, Traumatic Brain Injury (TBI) was officially recognized nationally by the Centers for Medicare and Medicaid Services (CMS) as a chronic health condition and added to its list of chronic conditions. Beginning this past January 1, 2025, TBI is eligible under CMS' Medicare Advantage program for one of its chronic special needs plans (C-SNPs). This distinction, published in the June 2024 Federal Register, marks a significant step forward in treating brain injury and validates that brain injury should be more broadly recognized as a chronic condition.

Stability and investment in workforce is essential for the continued provision of long-term supports for chronic conditions in Maine. During the 131st legislative session, the Legislature and the Office of MaineCare Services made necessary investments to ensure workforce stability by establishing a rate reform system as well as an annual cost of living adjustment (COLA) for any year where there is no rate determination. We greatly appreciate this work and the predictability against inflation such provision allowed.

We are therefore greatly concerned that neither of these essential provisions were included in the current proposed biennial budget. Neither funding for COLAs nor appropriations for the recent rate determination reviews for MaineCare – particularly §18 (Home and Community Services for Adults with Brain Injury) and §102 (Rehabilitative Services) – are currently included. These funds directly impact our, and other providers, ability to hire and retain the workforce necessary to support the critical services provided to some of Maine's most vulnerable citizens.

There are currently 222 Mainers on the waitlist to access one of the 250 slots available under Maine's Brain Injury waiver. However, despite the waitlist, only 217 waiver slots are utilized. On average, an individual will spend 3.6 years on the waitlist before they are able to access services. Statewide, care coordination is a service that needs investment in order to attend to Mainers with funded offers and ensure utilization of all waiver slots. For providers, the primary barrier to having the capacity necessary to support those unused waiver slots is workforce. Competitive wages are essential to providers' ability to hire and retain care coordinators and direct care workers to start working down the waitlist. Having predictable annual cost of living adjustments as well as rates that support the wages consistent with the market are critical to that endeavor.

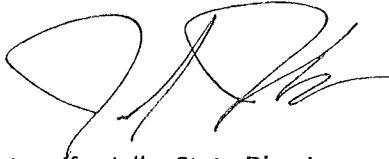
In order to remain competitive with the market, providers, like NeuroRestorative, must support wages greater than the statutorily established rate of 125% above the Maine minimum wage for direct care staff. It follows that each year as the Maine minimum wage increases so too does the expected market rate. Without accounting for those increases as well as the provision of COLAs and rate determinations, constraints on capacity will exacerbate.

Adding to our concerns for workforce stability, we note a proposed language change in part "UU" of the biennium budget. Here statutory language that relates to the adjustment of MaineCare reimbursement, as part of the MaineCare rate reform statute under 22 M.R.S.A. 3173-J, is consolidated to stipulate that such adjustments are "**subject to available appropriations.**" Such consolidation, while understandable given the uncertain nature of available funds, could unintentionally disrupt providers' ability to hire and retain direct care workers, care coordinators and other essential staff members. It is helpful to the success of any business that there is some level of predictability year over year. Without that predictability there could be a detrimental impact on existing care and a negative effect on provider capacity. We

strongly recommend that this change be omitted from the final biennial budget language.

In summary, we at NeuroRestorative, appreciate the State's continued investment in MaineCare and recognition of Brain Injury, but ask the Legislature to restore and allocate the funding necessary to facilitate MaineCare rate reviews as well as the funding needed for annual COLAs for the fiscal years ending June 30, 2025; June 30, 2026; and June 30, 2027. Additionally, we respectfully ask the Legislature to reject language changes that remove predictability from rate system reviews. We greatly appreciate the consideration by the Appropriations and Financial Affairs Committee and Health and Human Services Committee for these requests. If you have any questions please do not hesitate to contact me.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'J. Jello', written in a cursive style.

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