



**Testimony of Rob Moran, Chief Executive Officer, Community Living Association  
MACSP Intermediate Care Facility (ICF) Service Committee Chair**

**In opposition to**

***LD 768 An Act to Update the Laws Governing the Licensing of Intermediate Care Facilities for Persons with Intellectual Disabilities***

**Joint Standing Committee on Health and Human Services**

**March 13, 2025**

Good morning, Senator Ingwerson, Representative Meyer and esteemed members of the Health and Human Services Committee. Thank you for the opportunity to come before you to offer testimony on LD 768.

My name is Rob Moran, and I am the Executive Director of CLA in Houlton. Our agency has been serving approximately 300 individuals with disabilities, primarily in Aroostook County, since 1967. I have worked in this field since 1988, holding various roles including Direct Support Professional (DSP), Job Coach, and ICF Administrator.

I'm here today as an ICF administrator and in my role as the ICF Services Committee Chair for the Maine Association for Community Service Providers (MACSP). MACSP represents nearly 100 individual, mission driven agencies providing person centered and individualized educational, vocational, residential and community supports, as well as specialized services and care to several thousand of Maine's children and adults who have either intellectual disabilities, autism spectrum disorder, or brain injuries, so that they may live full and meaningful lives in the community.

The Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) program, as recognized by CMS, is a highly regulated federal program with additional state-level regulations. While we are not opposed to the state establishing a separate license for ICFs, we have serious concerns about certain provisions and concepts in this bill.

**Intermediate Care Facilities in Maine**

The ICF program is a small but critically important program as it only assists Mainers with disabilities who have the most complex medical and behavioral needs. There are just 10 providers with 16 facilities, supporting approximately 179 individuals throughout the state. Two levels of care are provided: ICF-Group and ICF-Nursing, with 4 being ICF-Group and 14 being ICF-Nursing. Our agency is federally certified and operates one of each.

ICF-Nursing programs cater to individuals with the most complex needs. To qualify for this level of care, individuals must first have an intellectual disability but also need 8 hours of nursing care per day, addressing needs such as enteral feeding, tracheostomies, straight catheterization, uncontrolled seizure disorders, and life-threatening conditions like Juvenile Huntington's disease and Alzheimer's.

Since I began supporting individuals in the ICF system in 1995, the Department has considered changes to the program at least three times. Without ICF services, individuals with complex medical and behavioral needs would likely end up in hospitals (if placement were even possible) or be sent out of state. This would place a significant financial burden on hospitals and make out-of-state placement an even more costly and less desirable alternative.

The majority of ICF admissions involve individuals who have experienced prolonged hospital stays (over one year) due to medical and/or psychiatric needs. This program is unique in that it provides lifelong support, serving individuals of all ages, from newborns to older adults, and ensuring they receive the specialized care they need. Over the years, CEOs and leaders of *non-ICF* nursing home agencies have consistently expressed that they lack the capacity or willingness to admit ICF nursing clients into their facilities, further underscoring the critical role of ICF services in Maine's care system.

Any major changes to this program would significantly impact Maine's system of care.

### **Key Concerns with LD 768**

*Medication Administration by Non-Licensed Staff* ICF-Nursing facilities are health care entities that require licensed staff (Nurses) to administer medication. This bill as written would allow non-licensed staff to administer medications. By their very nature ICF-Nursing facilities support people who are incredibly medically fragile. Medication errors/ omissions and other mistakes could have a deadly impact on residents. The current requirement for licensed staff should remain.

*Removal of ICFs from Sentinel Event Reporting* We do not support the removal of ICFs from Sentinel Event reporting and do not understand the intent behind this measure. Removing this requirement removes a safeguard in the system to prevent abuse/neglect. It is not a burden on providers to continue to participate in this.

*Intermediate Sanctions and Financial Impact* Due to the funding mechanism within the ICF system, it is a break-even service. Fines could create a hardship for agencies as we operate on thin margins. We believe there are other mechanisms in place to support quality.

*Preserving ICF-Nursing Programs as Healthcare Entities* We strongly oppose any effort to reclassify ICF nursing programs as anything other than healthcare entities. These facilities provide round-the-clock nursing care in both ICF-Nursing and ICF-Group settings, with CNAs and licensed nurses delivering essential medical support to highly fragile individuals. Given the level of care required, ICF-nursing programs must remain recognized and regulated as healthcare entities.

Please know that we stand ready to work with the Department and the Division of Licensing on a licensing proposal. We were not aware of the Department plans and ask that the committee defer voting on this bill until such time as the Division can meet with the small set of providers delivering these critical services, to work on language. Additionally, we urge that any future ICF licensing regulations be designated as major substantive to ensure thorough review and stakeholder input.

Thank you for your time, consideration, and service. I appreciate the difficult work you do. I welcome any questions. Please feel free to contact me for additional information.

Respectfully Submitted,

Rob Moran [rmoran@cla-maine.org](mailto:rmoran@cla-maine.org)