



Testimony in Opposition to
LD 1878 *An Act to Establish a Managed Care Program for MaineCare Services*
Joint Standing Committee on Health and Human Services
May 12, 2025

Good morning Senator Ingwersen, Representative Meyer, and distinguished members of the Health and Human Services Committee,

My name is Laura Cordes, and I serve as the Executive Director of the Maine Association for Community Service Providers (MACSP). MACSP represents nearly 100 community-based agencies that provide educational, vocational, residential, and specialized care services to children and adults with intellectual disabilities, autism, and brain injuries. These services are essential to helping individuals live full, meaningful lives in their communities.

Thank you for the opportunity to testify today in opposition to LD 1878, *An Act to Establish a Managed Care Program for MaineCare Services*.

While I cannot speak to the broader merits of implementing managed care across all MaineCare services, we are concerned that LD 1878, as currently written, appears to include Home and Community-Based Services (HCBS) for adults with intellectual and developmental disabilities (IDD), within MaineCare Section 21, Section 29, and the soon-to-be-proposed Lifespan waiver.

After nearly four years of Department planning to design the Lifespan program—a model centered on person-centered, integrated services for individuals with IDD across their lifespan—this sudden pivot to a managed care model appears misaligned with the State's roadmap and bypasses the essential stakeholder engagement that should precede any major system overhaul.

If the state is directed to move forward with a managed care proposal, we strongly urge that IDD waiver services be carved out of the initial implementation, as many other states have done. To date, only two states have adopted mandatory managed care models that include all IDD services within commercial managed care contracts.

The Health Management Associates (HMA) report prepared for ANCOR (*Current Landscape: Managed Long-Term Services and Supports for People with Intellectual and Developmental Disabilities*) outlines why states have been cautious in incorporating IDD services into managed care. Chief among the concerns are:

- The limited experience of Managed Care Organizations (MCOs) in serving people with IDD;
- A lack of established, person-centered quality outcome measures for IDD services.

The clinical and service delivery needs of people with IDD differ significantly from other Medicaid populations. Services such as supported employment, residential programs, day and community

supports, family caregiver assistance, and behavioral interventions are not typically found in managed care models built around aging or physical disability services. They require a depth of understanding, consistency, and long-term coordination that most MCOs do not currently offer.

Furthermore, the absence of widely accepted quality metrics for IDD services presents a serious challenge. HCBS quality measurement is still evolving and often depends on individual outcomes, which are not easily tracked through administrative data. Effective oversight in such a system would require new investments in data collection and evaluation.

Any consideration of managed care for IDD services must be grounded in a careful, inclusive, and transparent planning process, informed by the voices of individuals with disabilities, families, and providers. Without this foundation, we risk fragmenting services, destabilizing provider networks, and compromising quality of care for a population that depends on consistency, trust, and individualized support.

For these reasons, MACSP strongly urges the Committee to vote Ought Not to Pass on LD 1878.

Thank you for your time and consideration.

Respectfully submitted,

Laura Cordes

laura.cordes@meacsp.org