3Rivers

Testimony of Catherine Thibedeau

LD 1932: *An Act to Support Essential Support Workers and Enhance Workforce Development*

Joint Standing Committee on Health and Human Services

January 20, 2026

Good afternoon, Senator Ingwersen, Representative Meyer, and distinguished members of the Health and Human Services Committee. Thank you for the opportunity to testify in my strong support of LD 1932.

My name is Catherine Thibedeau, and I serve as Executive Director Emerita at 3Rivers, a statewide nonprofit that supports individuals with intellectual and developmental disabilities. 3Rivers was established last summer through the consolidation of three legacy organizations: Independence Advocates of Maine, Uplift, and Group Mainstream. Through this merger, we can now operate in every county in Maine, serving more than 500 individuals, employing more than 350 staff members, and contracting with an additional 150 shared living providers.

Additionally, I serve as Vice-Chair of the Essential Support Workforce Advisory Committee. This legislatively appointed committee monitors and makes recommendations to DHHS and the legislature on the direct care workforce. I also serve on the Maine Association of Community Service Providers (MACSP) Board of Directors, representing the Penquis-Downeast region, and as Chair of the Technology Workgroup for Maine's Essential Care & Support Workforce Partnership.

Maine faces significant demographic and workforce challenges; by 2030, one in four Mainers will be over age 65, and demand for direct care workers is projected to increase by 37% over the next decade, while the supply is expected to rise by only 1–3%. Recruitment and training alone cannot close this gap; technology must be part of the solution.

Technology solutions such as remote supports offer a valuable alternative to relying on in-person staff. Remote supports uses environmental sensors and remote staffing hubs to monitor and assist individuals. When needed, the remote staff can assist or coordinate in-person help. This approach ensures that essential supports are always available, helps providers allocate hands-on staff more efficiently, and allows for flexibility and sustainability in the service delivery system. Importantly, remote support complements, rather than replaces, direct care staff.

National research demonstrates the benefits of such technologies. For example, the Coleman Institute for Cognitive Disabilities found a 50% reduction in overtime and improved staff retention with the use of remote support technology. In Ohio, 80% of individuals receiving remote support reported increased independence, and providers improved resource allocation and service continuity. The National Alliance for Direct

Support Professionals (NADSP) noted a 30% decrease in unfilled shifts and a 25% improvement in positive recipient outcomes in states using such technologies.

Despite interest in prioritizing technology for services in Maine, implementation is lacking due to the absence of a unified statewide plan. The current system relies on in-person care as the default, even when unnecessary. In contrast, states like Kentucky, Pennsylvania, and Ohio have successfully integrated technology by investing in coordinated planning and leadership. LD 1932 aims to put Maine on a similar path by directing DHHS to form a stakeholder group to develop an evidence-based plan that will:

- Inventory available and effective technologies in Maine and nationwide,
- Review the results of Maine's HCBS Innovation Grant,
- Examine best practices from other states,
- Identify federal and private funding sources,
- Set measurable goals for technology adoption,
- Develop implementation timelines and milestones.

This coordinated planning is essential for scaling supportive technologies across Maine's care systems. With enactment, the plan would reduce unstaffed hours, improve safety and independence, and help providers deploy resources more effectively.

I would be remiss to think technology alone can resolve workforce shortages. Competitive pay is essential, and providers need sustainable reimbursement rates to offer such. I want to thank you for funding a partial COLA this year. But still, reimbursement rates are about 3% behind where they are supposed to be statutorily. For the intellectual and developmental disability sector, this is compounded by a slowdown (if not abandonment) of the Section 21 and 29 rate determination process. While the process started in September 2023, we are 21/2 years later with final rates and rate structures sitting with DHHS, awaiting a path to implementation. Providers participated in an extensive, time-consuming rate study in the winter of 2024, working in good faith that DHHS would move the results toward implementation, but that has not happened. Immediate action on these recommendations is crucial for workforce stability and service quality. Providers are committed to competitive wages but require adequate MaineCare reimbursement rates to deliver them.

LD 1932 proposes raising the labor portion of MaineCare rates to 140% of the minimum wage and establishing a wage floor, so essential support workers are paid at least 125% of the minimum wage when rates change. These measures aim to enhance program stability, reduce crises, improve health outcomes, and ensure consistent, high-quality support for people with disabilities. This, along with the required technology plan, is a critical investment in Maine's future. With focused leadership, robust planning, and fair wage standards, Maine can create a sustainable, modern, and inclusive care system for all residents. For these reasons, I urge passage of LD 1932.

I appreciate your consideration. I welcome any questions.