



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Melanie Sachs

Residence: 207-299-6825
Melanie.Sachs@legislature.maine.gov

January 28, 2026

Testimony of Representative Melanie Sachs introducing

**LD 2117, Resolve, Directing the Department of Health and Human Services to Amend Its
Rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 21, Home and
Community Benefits for Members with Intellectual Disabilities or Autism Spectrum
Disorder**

Before the Joint Standing Committee on Health and Human Services

Senator Ingwersen, Representative Meyer and esteemed members of the Health and Human Services Committee, my name is Melanie Sachs, and I am honored to represent the community of Freeport in the Maine Legislature. I am pleased to sponsor this resolve directing the Department of Health and Human Services to amend the MaineCare Benefits Manual to provide greater stability and protection for individuals with intellectual disabilities or autism spectrum disorder living in two-person residential homes.

This resolve makes thoughtful, targeted changes that recognize both the reality of our current residential services system under Section 21 and the profound importance of continuity, safety and stability for vulnerable residents.

This bill does not—and I have emphasized this in several productive conversations with the good folks at DHHS—seek to fundamentally change the department’s structured vacancy process or to resolve broader systemwide challenges. Instead, it provides modest flexibility within the existing framework to support members who are stable, safe and thriving in their chosen homes, without facing eviction due to circumstances beyond their control. Reducing the number of destabilizing discharge notices is the clear goal of this bill.

The first proposed change extends the bed-hold period for a hospitalized member from 30 to 60 days. For individuals receiving Section 21 services, hospitalization may be for mental health treatment, physical health treatment or both, and many have complex, highly individualized care plans. Under current rules, if there is no “imminent plan” for discharge, a provider is required to issue a discharge notice—which is, in effect, an eviction notice—to a hospitalized member. These abrupt timelines, and the looming threat of displacement, can be deeply destabilizing, undermining both recovery and quality of life.

This resolve ensures that a member who requires, for example, 35 days of inpatient care is not issued an eviction notice from their home simply because they are receiving medically necessary treatment. Extending the bed-hold period from 30 to 60 days reflects compassion, common sense and the understanding that threatening housing stability does not improve health outcomes.

The second part of this resolve addresses the process for filling a vacancy in a two-person residence, regardless of the reason for that vacancy. A roommate may be hospitalized and unable to return, may move to be closer to family or providers or may relocate out of state—decisions many of us make when choosing where to live.

Under current rules, a provider must issue a discharge or eviction notice to the remaining member after 90 days, regardless of how long that individual has lived in the home, the reason for the vacancy or the provider's documented and often extensive efforts to fill it.

This bill proposes extending that initial period from 90 to 120 days and allows for reasonable extensions when there are documented efforts toward identifying a suitable housemate. These provisions strike an important balance between the operational needs of providers and the fundamental need for housing stability, ensuring that eviction is truly a last resort rather than an automatic consequence of a vacancy.

The length of residency exception within this section should also be highlighted. Allowing a long-term resident to stay, as long as efforts are continuing within the structure of the rule, reflects a basic truth: these residences are not interchangeable units—they are peoples' homes.

The flexibility built into this resolve allows the department to continue prioritizing health and safety while preserving long-standing living arrangements. At its heart, this is a simple bill about protecting one's home and removing the constant threat of discharge or eviction from that home.

I brought this resolve forward because of my constituents, Natalie and her mother, Alice, who are beloved members of the Freeport community. When Alice contacted me last May, she did not know where else to turn. As you will hear today, in October 2024, Alice converted the family home into a licensed two-person residential group home with a trusted provider so that her daughter Natalie could remain in the only home she has ever known. Natalie's provider immediately began searching for a roommate using the vendor call list, in accordance with existing protocol.

In December 2024, DHHS lifted the COVID-era flexibility that had been in "Appendix K," which resulted in \$5 million in savings in the biennial budget. From 2020-2024, a single resident could remain in a two-person home without the threat of discharge. By repealing Appendix K, the rule reverted to its current language, requiring discharge notices if vacancies were not filled. Under that rule, as we have noted, if a roommate is not found within 30 or 90 days, the member must be moved to another location, without consideration of their community, family or individual circumstances — simply to "fill a bed."

As you will hear today, Natalie's provider has worked diligently for more than a year to fill that vacancy and continues to pursue every available avenue, including hiring additional staff for outreach and following up on every lead. You will also hear from Natalie's mother, Alice, and from Natalie's other providers about what this process has meant for their family.

For Natalie and Alice, and for the many other Mainers who truly consider their residence their home, we offer LD 2117. These modest changes promote stability, dignity and person-centered care while maintaining reasonable structure and accountability for providers and the department. They build on existing protocols while recognizing the fundamental importance of home and community—especially for long-term residents.

I respectfully urge the committee to support this resolve and the meaningful protection it provides for some of Maine's most vulnerable and cherished members.

Thank you for your time and thoughtful consideration.