



Ubuntu Care

### **Testimony In Support**

***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***

**January 28, 2026**

Good afternoon, Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee. Thank you for the opportunity to provide testimony in support of LD 2117.

My name is Danielle Lamy, and I am the Residential Clinical Director and Case Management Supervisor for Ubuntu Care. I have been a practicing, licensed mental health professional, working solely in the IDD/Autism sector, in both Massachusetts and Maine for the past 16 years.

LD 2117 does not seek to repeal the current two-person rule. Instead, it provides members and their teams with additional time and flexibility to identify solutions that are guided by the individual's best interests. The bill clearly outlines practices that case managers must follow when working with provider agencies, ensuring accountability while also allowing for person-centered decision-making.

This legislation supports the core tenants of Home and Community-Based Services (HCBS): stability, individual preference, and personal choice.

To illustrate why this flexibility is essential, I would like to share the experience of an individual currently receiving services through Ubuntu Care.

This individual has been served by Ubuntu Care since 2019. The owners of Ubuntu Care have supported him not only as Direct Support Professionals and house supervisors, but also as long-standing natural supports, even prior to the agency's formal inception. He has a documented history of complex challenging behaviors and significant mental health needs. In his current placement, he has required involvement from DHHS crisis supports and Disability Rights Maine.

Through his current agency support, the individual has recently made meaningful progress. However, every member of his interdisciplinary team has determined that introducing a housemate would jeopardize that progress and place both him and a potential roommate at risk of harm. Consistent with HCBS principles of self-determination and informed choice, the member himself has repeatedly and clearly expressed that he does not want a roommate. This preference has been stable over time and reflects his understanding of his own needs, safety, and well-being. Respecting this expressed choice is central to person-centered planning and to support his continued stability in the community.

Additionally, not all provider agencies are able to serve this individual, as his support requires ongoing nursing oversight for diabetes management as well as clinical expertise to implement crisis management protocols and a positive support plan. These clinical requirements further limit appropriate placement options and reinforce the importance of person-centered flexibility to maintain their stability in the community.

Following the return of the vacancy protocol enforcement, the member's case manager applied for ADA accommodation and single occupancy for this member with support from DS Crisis; the request was denied. The member's case manager supporting them in the grievance and appeal process, which was also denied. The member is adamant that he does not want to move and does not wish to leave Ubuntu Care services. However, time has run out to find him a suitable roommate. To ensure the member's safety, stability, and continuity of care, Ubuntu Care has continued providing services without authorization or State of Maine reimbursement since August 2025.

LD 2117 would help prevent situations like this by allowing teams the flexibility needed to uphold person-centered planning while still maintaining oversight and safeguards. It does not remove protection; it strengthens them by ensuring decisions are driven by clinical judgment, lived experience, and the individual's well-being rather than rigid timelines.

I urge the Committee to support this resolve so that providers, case managers, and guardians can work collaboratively to do what HCBS was always intended to do: support people in ways that are safe, individualized, and respectful of their needs and choices.

Thank you for your time and consideration

Sincerely,

Danielle Lamy, LCPC

Clinical Director, Ubuntu Care