



Testimony of Kristin Overton, Chesterville, ME

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

Joint Standing Committee on Health and Human Services

January 28, 2026

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

My name is Kristin Overton and I am the Executive Director of SKILLS, Inc. SKILLS is a non-profit organization in central Maine, serving people with intellectual and developmental disabilities (I/DD) for more than 60 years. SKILLS provides more than 120 people with 24/7 residential, community building, in-home, and employment support under Sections 21, 29, and 97-F. Our core principle is that people with disabilities want the same things we all want - a safe place to live, people who care about them, and to work, engage, and belong in their community of choice. As part of our residential services, we have eight waiver-funded group homes and four Private Non-Medical Institutions (PNMI). Last year at this time, we had nine waiver-funded group homes. More than 60% of the people who live in one of our group homes are aging adults who wish to age-in-place, as we all do. They are more frail and more at risk of serious complications in the event of an illness, accident, or injury. All but two of our Section 21 Group homes are two or three person homes.

We closed a 3 person group home in rural Clinton last May because we struggled to keep it at 100% occupancy. Due to its remote location, this home often took 6-9 months to fill a vacancy and had been at 66% occupancy only for over 2 years. We knew that it was very likely that we would be forced to close it in the event that someone was hospitalized or chose to move. We made the decision to preemptively close the home and allow the residents time to find the right place for them rather than being suddenly forced out with a 30-day notice due to no cause of their own making.

Section 21 does not pay for room and board - all housing costs including rent, food, utilities, furniture, cleaning and vehicles are not paid for with MaineCare dollars, but by rental payments from the people living there. MaineCare covers the staffing costs only and at our 2 and 3 person homes, staffing does not change whether there are 1 or 2 people living there in all but rare cases.

461 Hartland Road
St. Albans, ME 04971

 207.938.4615

 www.skillsinc.net



LD 2117 takes significant steps towards maintaining stability for the people who live in our homes. One of the principles of the HCBS Settings Rules is that people choose where they live and who they live with. Allowing people the opportunity to feel like their home truly belongs to them, rather than a temporary placement is crucial to belonging. Having a say in who their housemates are and being guaranteed a home to come back to if they have a hospitalization and rehab stay is as well.

Within the past year, we had a gentleman who was 65 and lived in one of our homes. He is a larger gentleman who uses a walker and whose mobility was slowly decreasing. As an older gentleman, he was waking more often to use his private bathroom during the night but didn't like to use his walker for that short trip. Although we had already remodeled his bathroom to make it more accessible for his needs, on one such night he fell while transferring himself from the toilet after leaving his walker out of reach. As occurs frequently with older adults, he was hospitalized and needed to go to rehab to build his strength back. It was estimated that he would need to be in Rehab for 6-8 weeks after nearly a week in the hospital. One of his housemates had moved closer to his brother within the past 30 days leaving a vacancy in the 3-bedroom home.

In this scenario, we had to provide both him and his remaining housemate a discharge notice while he was in rehab, which could also mean closing the home permanently displacing the staff that work there. He returned after 9 weeks away, which would have left both him and his housemate evicted, however, we luckily were able to fill the open vacancy in the last weeks of the notice period. Fearing being homeless due to a hospitalization is not fair to anyone. This bill would resolve this common issue.

I urge you to support LD 2117 and welcome any questions you may have.

Kristin Overton

koverton@skillsinc.net

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