



*"Striving to invigorate hope, bringing dreams to life."*

**Testimony of Amanda Karomba**

**In opposition to**

***LD 2177 An Act to Update and Improve the MaineCare Reimbursement System***

**Joint Standing Committee on Health and Human Services**

**February 11, 2026**

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

My name is Amanda Karomba, and I am the CEO of Happy Haven LLC, a Maine-based provider of Home and Community-Based Services (HCBS). Thank you for the opportunity to provide testimony in opposition to LD 2177. I am testifying today to share how Section 3 of LD 2177 undermine provider stability, weaken workforce investment, and erode the predictability and transparency that Maine's MaineCare rate-setting system was designed to ensure.

Happy Haven supports individuals with intellectual and developmental disabilities, autism, and brain injury. We provide residential supports, shared living, and in-home quarter-hour supports, that allow people to live safely and meaningfully in their communities rather than in institutional settings.

Our services are entirely dependent on MaineCare reimbursement. Unlike many sectors, we cannot offset underfunded rates through private pay or cost-shifting. When rates are unstable or unpredictable, services are directly impacted. I also chair the residential committee through our State association, Maine Association of Community Service Providers, MACSP.

**Concerns with Section 3, Subsection 4 – Funding**

Section 3(4) introduces language that makes reimbursement adjustments—including 5-year redeterminations and annual COLAs—explicitly subject to the availability of appropriations, and allows the Department to reduce or eliminate scheduled adjustments if funding is unavailable.

This language fundamentally undermines the purpose of rate reform that



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providers in collaboration with the State worked so hard to establish

HCBS providers rely on predictable rate adjustments to plan staffing, offer competitive wages, retain experienced workers, and meet increasingly complex regulatory requirements. Making COLAs and rebasing discretionary—rather than guaranteed once calculated—creates financial uncertainty that providers cannot absorb.

In practice, this means:

- We cannot responsibly commit to wage increases even when costs rise
- We cannot plan for long-term staffing stability
- We must delay or abandon investments in merit increases, training, quality improvement, and compliance

This is especially concerning given that providers are already absorbing increased costs related to new licensing requirements, emergency rules, workforce shortages, and preparation for Lifespan service redesign—without corresponding, fully funded rate increases.

Section 3 weakens transparency by changing statutory language requiring the Department to maintain a publicly accessible master index of MaineCare rates from “must” to “may.”

This change may appear minor, but it carries serious implications.

Public access to rate information is essential for:

- Provider planning and compliance
- Legislative and public oversight
- Understanding how rates align—or fail to align—with service expectations

Transparency is not optional in a publicly funded system. Weakening this requirement reduces accountability and makes it harder for providers, advocates, and policymakers to understand whether rates are sufficient to sustain quality services statewide.

When Maine implemented fully funded COLAs during the early years of rate reform, providers saw meaningful improvements in workforce retention, wage competitiveness, and service continuity. In contrast, delayed or reduced COLAs in FY25 and FY26—combined with the continued absence of



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implemented HCBS rebasing—have left providers operating in prolonged uncertainty.

Uncertainty affects everything:

- Hiring and retaining qualified direct support professionals
- Preventing service reductions or closures
- Ensuring continuity of care for people with significant support needs

HCBS providers cannot “pause” services while funding decisions are revisited. We continue supporting people every day, regardless of whether promised adjustments are funded.

LD 2177, as written, would roll back key protections built into Maine’s rate-setting system by making reimbursement adjustments discretionary and weakening transparency requirements.

I respectfully urge the Committee to oppose LD 2177 or, at minimum, remove the language in Section 3 that makes MaineCare reimbursement adjustments subject to available appropriations and weakens public access to rate information.

Providers need predictability, accountability, and a rate-setting system that reflects the real cost of delivering safe, community-based care.

Thank you for your time and consideration.

Sincerely,

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