



Written Testimony in Support of  
**LD 854 An Act To Ensure Continued School-based Services for Children with Disabilities.**

April 7, 2021

**To:** The Committee of Health and Human Services

**From:** Allyson Lowell, LCSW, Director of Program Services, Woodfords Family Services

Senator Claxton, Representative Meyer, members of the Committee on Health and Human Services:

Please accept this written testimony in support of LD 854: An Act To Ensure Continued School-based Services for Children with Disabilities.

The intent of LD 854 is to ensure young children with disabilities receive the appropriate amount of medically-necessary school based services, and is a follow-up to an amended LD 2141 which received a unanimous report out from the Health and Human Services Committee of the 129<sup>th</sup> legislature last year. Unfortunately, but understandably, LD 2141 did not pass the full legislature due to the body's early adjournment as a result of COVID-19. I urge you to support LD 854 now to continue the work that was done by a bi-partisan group of legislators, providers, parents, and advocates to establish common ground with the Department of Health and Human Services on the critical issue of ensuring children can continue to receive medically-necessary services in school environments.

Specifically, LD 854 considers changes to MaineCare rules for medically-necessary services for children birth-five in developmental preschool settings as major substantive, directs the Department to create a stakeholder group when drafting these rules, and ensures the Department take into account the findings a recent Public Consulting Group (PCG) study, an independent review of the State's early childhood special education services. Given that this issue involves and impacts multiple State Departments, legislative oversight in this matter is important.

Most relevant to this bill, Woodfords provides treatment to 109 children with developmental and mental health needs, through three developmental preschools located in Waterville, at the Pineland Campus in Gray/ New Gloucester and in Westbrook. Most of these children receive 30

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Westbrook, ME 04092  
(207) 878-9663

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Manchester, ME 04351  
(207) 680-4790

**Pineland Preschool**  
71 Pineland Dr., Ste. 201A  
New Gloucester, ME 04260  
(207) 865-1993

**Waterville Preschool**  
2 Seton Center Dr.  
Waterville, ME 04901  
(207) 859-8778

hours of treatment only through a combination of hours authorized on their Individualized Education Plan (IEP) and their Individualized Treatment Plan (ITP).

Woodfords' primary concern is the enactment of any rule by the Department that would limit medically necessary treatment hours to what is listed on the Individualized Education Plan, as was previously proposed by the Department in rule last year. This would not only reduce weekly treatment hours, but also include an elimination of treatment provided to children during school and summer vacations. This reduction would result in a significant regression in the progress these children are making and the skills they will need prior to their transition to Kindergarten.

Our experience is that Child Development Services (CDS) approves on IEPs, on average, 15 hours or less per week, for these complex and medically needy children while pediatricians, clinicians and best practice in the field recommends 30 hours or more on ITPs. Here are the hours the children at Woodfords have written on their IEPs:

Of the 109 children we serve:

- 2 children have 30 hours written on their IEPs
- 66 children have 15 hours written on their IEP
- 41 children have less than 15 hours or less written on their IEPs

In contrast to Developmental Preschools, children in grades K-12 attending out of district Special Purpose Schools are routinely authorized for 30 hours of treatment on their IEPs. Comparably, the children in our preschool may have the same diagnosis, have the same or greater level of functional impairment, but based on his or her age are authorized by CDS for 60-80% or more of the treatment hours of older peers.

The following is an example of a child who would regress if not able to access 30 hours of medically-necessary treatment in our preschool program:

“Jacob” is a 5-year-old child with Autism, diagnosed at 2.5 after not being successful in a community based childcare center. He is written for 12 hours of Behavioral Health Day Treatment on his IEP but is receiving 30 hours of 1:1 BHP (Behavioral Health Specialist) support under MaineCare Section 28-Specialized Services. He requires daily BCBA support to follow a positive behavior support plan.

**He engages in the following behaviors:**

- **Refusal:** Episodes of not following a known direction within 10 seconds of presentation; episodes are separated by 30 seconds. **An average of 3 refusal tantrums per day lasting up to 30 minutes.**
- **Aggression:** Attempts or occurrences of hitting, kicking, throwing an object at someone, biting, pinching, or otherwise attempting to hurt someone. **An average of 4 occurrences per day.**
- **Environmental disruption:** Any occurrence of throwing, swiping, kicking objects, or

ripping items. **An average of 3 incidents per day.**

- **Disrobing:** Any occurrence of removing articles of clothing such as pants, shirt or underwear (not including socks and shoes). **An average of 1 incident per day.**
- **Urination/BM:** Any attempt or occurrence of intentionally urinating or having a bowel movement outside of the toilet. **An average of 1.8 per day.**

If Jacob were limited to only the hours on his IEP, he would experience a 75% reduction in treatment hours. Jacob cannot be adequately supported in a typical preschool or childcare environment. One of his parents would have to end their employment to stay home with Jacob.

Children deserve to have the right treatment, in the right setting with the right amount of hours to meet their needs. LD 854 ensures that any future rule making that impacts that medically-necessary treatment for children with disabilities in school-based settings will be done with input from stakeholders and in concert with the findings of the independent study authorized by the State and conducted by PCG, and with legislative oversight.

Woodfords appreciates the efforts of the Department in this matter and looks forward to working together to ensure children with disabilities can access appropriate treatment in school-based settings.

Sincerely,

Allyson Lowell, LCSW  
Director of Program Services  
Woodfords Family Services