



April 20, 2021  
Senator Ned Claxton, Chair  
Representative Michele Meyer, Chair  
Joint Standing Committee on Health and Human Services  
Cross Office Building, Room 209  
Augusta, Maine 04333

Re: Testimony in support of:

**LD 283, Resolve, To Address Inequities for Certain Direct Care Workers**

**LD 878, Resolve, To Increase MaineCare Reimbursement Rates for Services Provided by Direct Care Workers**

**LD 1267, Resolve, To Provide Medicaid Rate Increases for Professionals Working with Individuals with Intellectual or Developmental Disabilities**

**LD 1469, Resolve, To Give Direct Service Providers Hazard Pay and To Pay Additional COVID-19 Pandemic Costs**

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

My name is Monique Stairs and I am the Executive Director of Speaking Up For Us (SUFU). SUFU has been the self-advocacy network in Maine since 1993 and we are an established 501(c)3 non-profit. Self-Advocacy is part of the civil rights movement for people living with Intellectual and Developmental Disabilities (I/DD) to advocate and voice their opinions on issues that are important to them. Self-advocates are the people who have the lived experience of what it means to live with a disability. Our Board of Directors is made up 100% of adults living with I/DD, which makes us a unique organization.

I am submitting this written testimony in favor of the **LD 283, LD 878, LD 1267 and LD 1469** all regarding the subject of increasing the Medicaid rates in order to increase wages paid to Direct Care Workers in Maine.

Maine has been in a Direct Care Worker crisis for years and due to compounding factors with the COVID-19 pandemic the Direct Care Workforce is facing critical challenges regarding staff turnover, and position vacancy. This has had a direct affect on people living with disabilities to receive the services they need to live a supported life in the community. This issue is vast and complex, but must be addressed with urgency.

For most self-advocates, their workers are Direct Support Professionals (DSPs). Our service delivery system places a high expectation and demand on DSP's who we pay **minimum wage** with the only qualification required being a high school diploma. We expect staff people to connect individuals living with I/DD to their communities by building relationships, achieve their Person-Centered Planning (PCP) goals, and help them make informed choices about their own lives. There should be high expectations for these positions as people living with disabilities should be valued, and their health, safety, and overall wellbeing are in the hands of DSPs that they rely on for support. Overhauling the Direct Care Workforce to become a full career path with ongoing education and growth. With Medicaid reimbursement rates capped, we currently stagnate direct care workers from potential career growth, forcing many workers to find jobs in more competitive career fields.



Imagine trying to live your life just like everybody else, but the system that you rely on to provide you the support to accomplish this monetizes the value of providing you this much needed support and sets the rate so low that your DSP lives at or below the poverty level. **The lives of people living with IDD are not minimum wage lives.** The current Medicaid reimbursement rates for services are too low. This issue is affecting self-advocates and limiting their access to community.

In some parts of Maine, like in Portland, the minimum wage with hazard pay is more than the reimbursable amount. This has led to self-advocates having their support hours cut back, and in one case to only 1 hour of support per week during the pandemic. This means that an individual who was supposed to receive at least 10 hours of support, is now only getting 1 hour because their agency cannot afford to pay the hazard pay rates.

Another self-advocate who was serving on a stakeholder group for systems reform with the Office of Aging and Disability Services (OADS) no longer had the support staff she needed on Wednesdays to get logged onto Zoom and participate. Her agency cannot fill vacant positions and can only provide her services on Monday and Tuesday now. This has prevented her from representing self-advocates voices at the table providing important input on system reform.

Currently there is a lot of buzz on a federal level regarding the issues of investing in the direct care workforce and overhauling Home and Community Based Services (HCBS) in the HCBS Access Act. If passed, together these two pieces of federal legislation will help Maine to improve our system. I provide you with links to two articles regarding this federal information:

[Biden Has A \\$400 Billion Plan To Bolster Families' Home Health Care Needs : Shots - Health News : NPR](#)

[Dingell, Hassan, Casey, Brown Release Draft Proposal for HCBS Access Act | Congresswoman Debbie Dingell \(house.gov\)](#)

Self-advocates want to live and work in their community. In order to accomplish this, Maine must adjust our rate system to demonstrate that people with disabilities are valued. We must make changes to address this workforce crisis for people with disabilities as well as our aging population and begin paying the direct care workforce a livable wage.

Thank you for your time and consideration in submitting this testimony. Please let me know if you have any questions.

Sincerely,



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