



Maine Developmental Disabilities Council

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23 April 2021

Testimony in favor of

LD 499: An Act To Eliminate the Waiting Lists for Older and Disabled Residents

Who Are Eligible To Receive Home-based Care;

LD 962: An Act To Appropriate Funds To Eliminate Waiting Lists for Home and Community-based Services for Adults with Intellectual Disabilities, Autism, Brain Injury and Other Related Conditions; and

LD 1360: An Act To Provide Services to Maine's Most Vulnerable Citizens by Eliminating the Waiting Lists for Certain MaineCare Services

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

My name is Rachel Dyer, and I am the associate director of the Maine Developmental Disabilities Council. Councils on Developmental Disabilities were created through the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) in 1970. Maine's DD Council has been advocating for individuals with developmental disabilities for nearly 50 years. The DD Council is a federally funded, independent organization with members from across the state, including persons with disabilities, family members, and representatives of public and private agencies which provide services and/or funding for services for individuals with developmental disabilities. As required in federal law, we are involved in advocacy, capacity building and systemic change activities, with the goal that individuals with developmental and other disabilities of all ages are fully included, integrated and involved in their communities and the decisions impacting their lives.

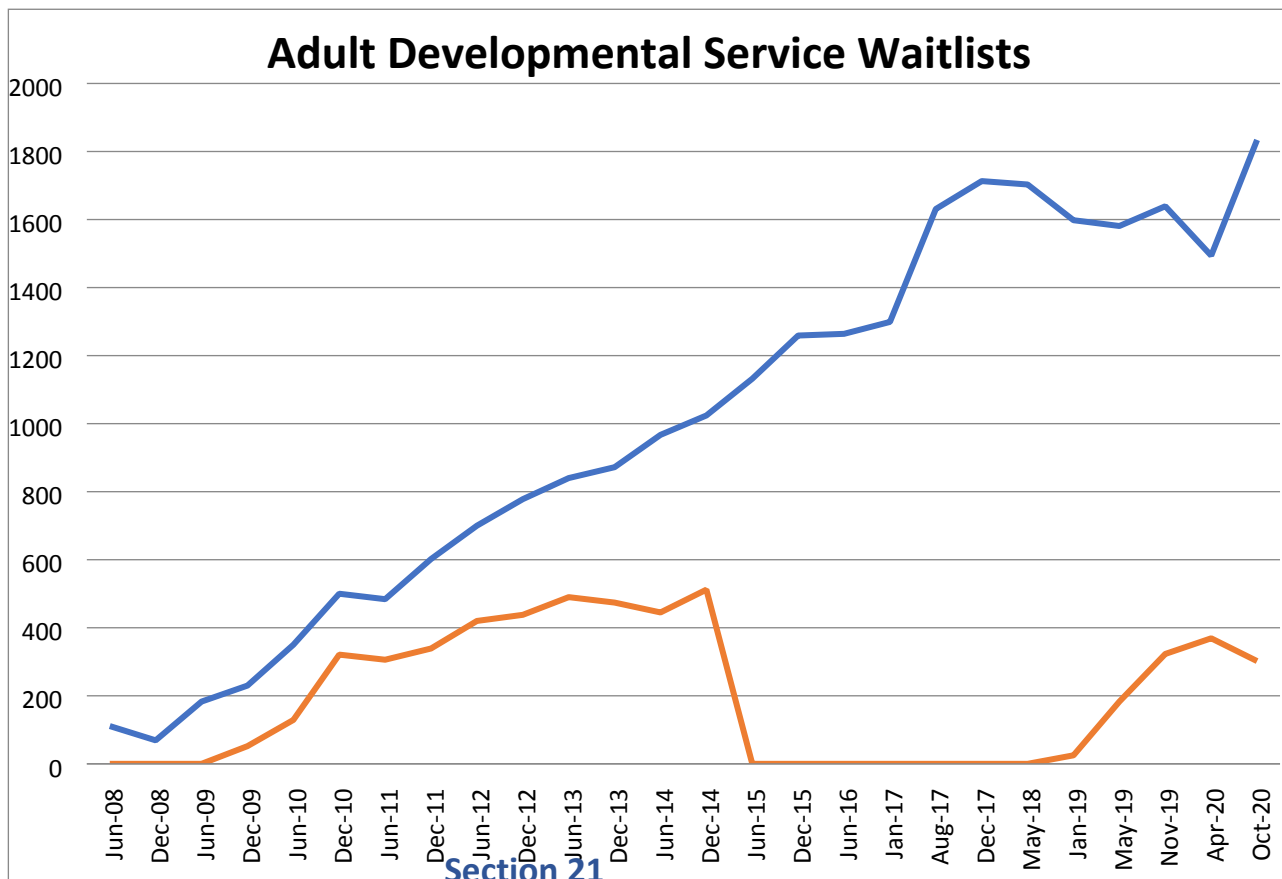
Please accept this testimony in favor of LDs 499, 962, and 1360, all with the intent to end waitlists for Home and Community Base Services

The intent of Home and Community Based Services is to deliver services who would otherwise be entitled to an institutional level of care. Medicaid HCBS waivers were developed in 1981 as an alternative to institutional care. They allow states to waive the three main provisions of the Social Security Act (i.e., state-

wideness, comparability, and income and resource rules) in order to tailor services for particular underserved populations that would otherwise require institutional based care (U.S. Department of Health and Human Services, 2000). These customized programs give states the flexibility to determine target groups, services, participant direction options, provider qualifications, health and welfare strategies, and cost-effective delivery systems at the state level.

Waitlists for HSBS continue to grow. That trend is likely to continue as there has been an increase in the numbers of people who are eligible for the services and as people receiving the service live longer.

MDDC supports people having access to services for which they are eligible. We support individuals being in charge of their lives, using services in ways that are meaningful & support their living as full members of their communities. To that end we encourage the Committee to support efforts to ensure that people with disabilities are able to access the services that they need to engage as full members of their communities.



Thank you for this opportunity to testify.