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Testimony of the  
Office of Aging and Disability Services  
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human

In Opposition to LD 1490  
An Act To Improve Home and Community-based Services for Adults with Intellectual  
Disabilities, Autism, Brain Injury and Other Related Conditions

Sponsored by: Representative R. Millett  
Hearing Date: April 21, 2021

Senator Claxton, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services, I am Paul Saucier, Director of the Office of Aging and Disability Services. I am here today to speak in opposition to LD 1490, An Act to Improve Home and Community-based Services for Adults with Intellectual Disabilities, Autism, Brain Injury and Other Related Conditions.

This bill introduces into statute a level of detail not appropriate for what is intended to be the broad authorizing language for the system of supports and services for adults with intellectual disability or autism. Much of what is outlined and recommended in this bill is already being addressed. For example, new federal regulations governing home and community-based services (HCBS) established new standards for how services are to be provided. Under these rules, HCBS may not be provided in a segregated setting and they must be provided in a way that protects individual rights and choice and promotes independence and community integration. The Department has been and will continue to work with stakeholders to identify strategies to update the HCBS waivers serving adults with intellectual disability or autism, so services are shaped by the life and life goals of the person receiving services and are delivered in a manner that complies with federal rules governing home and community based settings.

The Department publishes wait list data quarterly and will continue to do so. We also develop performance measures to meet federally required assurances and reports those measures in publicly available reports to the Centers for Medicare and Medicaid Services. The data and reporting requirements in this bill would not add value to existing reporting while requiring additional database enhancements and new personnel to manually collect, review, analyze and respond to the measures in this bill. Notably, this would also create new reporting burdens for provider organizations.

The Department has reform work underway, including extensive stakeholder involvement, which addresses many of the issues raised in this bill. For example, the Department has a Community Membership work group that is addressing strategies for more fully including people in all aspects of community life. We also have an Innovation work group that is identifying new

program options to build out the limited number of models currently offered Stakeholders are enthusiastically participating in these efforts, and this is where we want to continue to place our attention, rather than on a highly prescriptive set of statutory reporting requirements that address issues which may or may not be the most relevant ones facing our system in the future.

The bill also contains unallocated language with specific directives. Regarding Section 15, the Department proposed and is in the process of amending waivers and rules to introduce tiers of community support, making the language unnecessary. Regarding Section 16, the Department submitted its [report](#) to this Committee in September recommending that a value-based payment approach be developed for behavioral supports in the broader context of MaineCare's comprehensive rate system evaluation.

While we appreciate the intent of this bill, we do not believe it will result in any improvements to the system of services and supports for adults with disabilities. Rather, it will increase the Department's and providers' administrative costs and distract all of us from the important reform work in which we are engaged.

Thank you for your time today. I am happy to address questions now or at a work session.