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***Testimony of Representative Melanie Sachs, in support of LD 296 “An Act to Create the Family Caregiver Grant Pilot Program” before the Joint Standing Committee on Health and Human Services***

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

My name is Melanie Sachs, and I am honored to represent House District 48, which includes Freeport and part of Pownal. I am submitting testimony today as a co-sponsor and strong supporter of LD 296, “An Act to Create the Family Caregiver Grant Pilot Program.”

One of my favorite positions in my career as a licensed clinical social worker was serving as a homecare and hospice services supervisor for Community Health and Counseling Services in Bangor. My team and I served families from Caribou, Presque Isle, Dover-Foxcroft, Machias, Calais, and all of Penobscot County. We tried to provide stability and support for Maine residents, many of whom lived alone in these rural areas, so that they could stay in their homes after an illness. It was an honor and a privilege to be allowed into their homes when they were at their most vulnerable. The programs providing basic in-home supports were defunded around that time, and we had tough conversations with families who had traveled to support their loved ones for a short time, but who could not stay longer, often due to financial circumstances.

That is why I am thrilled to see this pilot program proposed in LD 296. As the proposed sponsor amendment states, “The purpose of the pilot is to increase the number of families served by the Respite Care Fund, provide a family caregiver grant to increase economic security for family caregivers, and examine the needs and preferences of families served by the Respite Care Fund.” It contains significant data parameters which will be key to measuring effectiveness and to evaluate whether it should be replicated. These include measuring time between application and eligibility determination as well as application and receipt of services; time on wait list; the amount of funds that were allocated for respite care, assistive technology, home modification and

family caregiver grants (which will also indicate level of need of each of these categories). Perhaps most significantly, there will be an assessment of the extent to which the services provided under this section keep consumers in their homes and delay a transfer to a higher level of institutional care. We know that the cost of in-home care is significantly less than nursing home placement. We know that people prefer to remain in their homes as long as possible. This is an opportunity to quantify the return on investment and gain valuable data through this pilot grant program.

Thank you for the opportunity to express my support for LD 296, and urge you to unanimously support an “Ought to Pass” recommendation out of Committee.