February 8, 2016

Minutes

Present: Glenda Wilson, Dee Karnofsky, Bridget McCabe, Jennifer Putnam, Meg Dexter, Sue Murphy, Julie Snook, Carrie Woodcock, Bo Bigelow, Sally Mileson, Julie Brennan, Luc Nya, Makara Meng, Patrick Moore, Beth MyLroie, David Projansky, David Cowing, Representative Peter Stuckey, Staci Converse, David Lawrence, Kim Humphrey, Luann Lawler, Rob Lawler, Todd Goodwin, Neal Meltzer, Tyler Ingalls, Cullen Ryan, Vickey Rand. Via VSee – Auburn (John F. Murphy Homes): Ann Bentley, Darla Chafin, and Jamie Hoar. Bangor (UCPofME): Andrew Cassidy, Jon McGowan, and Melissa Lowe. Westbrook (Woodford Family Services): Stacy Lamontagne. Sanford (Waban): Morgan Jones. Winthrop (Autism Society of Maine): Cathy Dionne. Gardiner (Uplift): Mary Lou Dyer.

Cullen Ryan introduced himself and welcomed the group. Participants introduced themselves. A motion was made and seconded to accept the minutes from last month’s meeting. Minutes were accepted.

*Thank you to Senscio Systems, who has very generously covered the cost of lunch for our meetings!* *For more information on Senscio Systems you can visit their* [*website*](http://www.sensciosystems.com/)*, or connect with them on* [*Facebook*](https://www.facebook.com/senscio) *and* [*Twitter*](https://twitter.com/senscio)*.*

**Featured speakers: Neal Meltzer, Executive Director, Waban,** [**www.waban.org**](http://www.waban.org/)**, and Todd Goodwin, Chief Executive Officer, Community Partners, Inc.,** [**www.cpime.org**](http://www.cpime.org/)**. Topic: Continued discussion regarding the Section 21 proposed rule changes, including specific examples of funding cuts associated with people affected by the proposed rule changes.**

**Cullen:**  Unless you’re brand new to the Coalition you’re probably aware of the controversial proposed set of rules and changes to the way services are being decided for folks, which is heavily based on the SIS ([Supports Intensity Scale](https://aaidd.org/sis#.Vrj3qlgrKhc)) assessment. This proposed system has many parents, providers, and others concerned. The main concern is that using a single test doesn’t get to the whole of a person or provide a comprehensive understanding of who they are and what they need for services. On top of that, there are concerns regarding what to do if the SIS assessment doesn’t get it right. The Department has built in and is relying heavily on the QESS (Qualified Extra Support Service), but there appear to be significant flaws with that as well. Many have expressed their concerns around this table, and they will be the source of our dialogue today. We have two folks who have been service providers for a long period of time with a lot of expertise in this area. They bring with them compelling stories and do a remarkable job detailing the concerns I’ve heard expressed by parents and others. I am pleased to have Neal and Todd here, as they have put a lot of effort into determining what these proposed changes will mean for folks. Hopefully we’ll all be better informed by hearing from them.

**Neal Meltzer:** I appreciate the opportunity to be here. This group, the Maine Coalition for Housing and Quality Services, has worked together for many, many years. New people come to the table while there are members who’ve been here for quite some time. This group has done the work necessary to understand what’s going on in the system of care, and mapped out a vision of an improved service system through the White Paper. It’s a real testament of the type of effort it takes to create system change, and illustrates what system change can and should look like. In contrast, I look at the SIS ([Supporting Individual Success](http://www.maine.gov/dhhs/oads/trainings-resources/initiatives/sis.html)) initiative. DHHS has put a lot of time and effort into it, and I have no doubt that they are very dedicated, committed individuals. With that said, there are numerous pieces involved in system change – it needs to be for the right reasons, the system must have provision of services supporting people for the duration of time they need them which for some will be their entire life, and they must meet health and safety needs while supporting a high quality of life. Looking at system change we need to take all of this into account. We can’t look at the service system through the lens of a two-year legislative cycle or a Governor’s term. With the SIS initiative, DHHS worked hard and it was a very dedicated effort – but this doesn’t always mean one gets it right. The concepts behind the SIS initiative aren’t bad concepts – having autonomy over services, customizing services to better meet needs – but how that happens, the execution as proposed in the new rule is very, very problematic. Cullen mentioned one of the key pieces of the initiative is the SIS assessment. An assessment by itself is not a bad thing. Having a valid tool look at what types of services people might need is good and using a tool to inform a process like the PCP (Person Centered Planning) process could be beneficial. However, in this case it’s how it’s being used – how people are being scored, having five categories condescend into three funding categories – that’s problematic. This invalidates the PCP. There are other pieces of the SIS initiative that are problematic, such as what happens when your package of services isn’t sufficient to meet health and safety needs and allow for a high quality of life. There is a mechanisms in the SIS initiative that is supposed to address this, the QESS, but it is also flawed. The QESS won’t work for several reasons. The qualifications providers need in order to provide the QESS are not realistic and are not proven to be necessary. The reality is, getting individuals that can provide this service, having three years’ worth of experience among a list of other qualifications, is near impossible. This begs the question, how are people getting services filled now? People are safe now; people have high quality services now. These services are provided by people who do not have three years’ experience. We determined that 84% of people that Waban supports would have their services reduced, with a 34% service reduction on average per individual. These are individuals who are living high quality lives now. There are many other agencies that provide services. Staffing challenges are very common but agencies work with their staff and individuals to provide a comprehensive system of care networks. That one requirement, needing three years’ experience, makes it very challenging if not impossible. Secondly, the rate of reimbursement for QESS is 18% less than the regular DSP (Direct Support Professional) rate. Even if we had staff that met the three years’ experience mark, we can’t pay them less than we’re paying other staff when higher qualifications are required. These are some of the challenges that give you a sense as to why what’s being rolled out truly needs more work. Providers are the fabric that have woven together the safety net of services for over thirty years. Parents depend on providers. You know your adult child is safe because of the relationship that’s there. Making sure we have regulations and services that really speak to the long term needs of the folks we support is essential – what’s being proposed doesn’t do that.

**Todd Goodwin:** Neal has done a nice job painting a broad picture. I want to add to the points he’s made to illustrate scope, and reference some efforts underway to try to achieve an independent review. The notion of an objective assessment makes perfect sense – it should be done. There’s always an opportunity for more objective assessment and deployment of services. On the methodological issue, we don’t dispute the need for assessment, rather how it’s being conducted. The QESS is a presumed opportunity to have needs better met when the original models, the tiers, are not up to the task. It’s great that there’s an opportunity built in for this. However, the seemingly arbitrary credentialing requirements are very problematic, such as the MHSS (Mental Health Support Specialist) credential. Theoretically it perhaps makes sense, but the fact of the matter is there are people providing terrific, high-quality services. We can point to good, high quality relationships that have been built. It’s the relationship and the knowledge the two parties have not the credentials that adds value. The credentialing requirements are arbitrary constructs that get in the way of that. Regarding an assessment and better deployment of services – the current system has this in place, this is how the system works today. The PCP team comes together and proposes a set of services based on need, which is then vetted by [APS healthcare](http://www.apshealthcare.com/), a nationally recognized evaluator. There is, in fact, a third-party that is addressing and evaluating the medical necessity of services being offered to people. It begs the question, how can it be that what’s being approved today would not be approved tomorrow under these new rules? Lastly, we have data on 63 people that we serve residentially. Of the 63 people 86% of those folks will see a reduction in authorized hours, with an average reduction of 22 hours per week per person. That’s a lot of hours lost. This forecasts a large concern in that there is a real possibility that the reduction in hours runs the risk of returning to a more custodial arrangement instead of a robust community inclusion model. This is not a good thing. Several organizations came together to get our heads around what’s happening and what we might be able to do to advance a more rational and logical consideration of this thing in front of us. We started talking about the impact. We looked at 296 people receiving residential services in central, southern, western, and mid-coast Maine; 248 individuals, or 84%, will see a reduction in hours, with an average reduction of 35 hours per week. These are not anomalies – this is reflective of a pattern, and it’s astounding. I hazard to presume that if we looked out wider and farther we’d see similar numbers. Several families and interested parties put forth an effort, a citizens’ petition, which was successfully submitted to the Legislature by the Legislative Council to ask for an opportunity for the Legislature to consider what’s in front of us. I’m hopeful. I know that the pertinent committee (HHS Committee) received the petition. We held a press conference last week and anticipate hearing back whether or not the HHS Committee will take up the petition this week. I’m hopeful there will be a more focused review of this, out of the realm of conjecture and presumption, which really looks at some wide ranging implications. More to come on that front. Kim Humphrey has been actively involved in soliciting action on the petition. Lastly, in Neal’s comments and my comments and discussion, we talk about the value of the PCP process as the critical driver of services for folks. That is a right mandated in statute. This SIS initiative would appear to supplant that statutorily mandated right in our current laws. At the very least the models and rules being proposed do not adequately address how the SIS initiative will honor and respect the current, statutorily mandated PCP process. Service packages driven by a capped budget is a bureaucratic process not the PCP process. This is a real concern.

**Cullen:** If I recall the HHS Committee has to consider the petition by February 11th. Peter, could you weigh in on this?

**Representative Peter Stuckey:** Yes, members of the HHS Committee have to turn them back in by the 11th, which we will do. I’m fairly confident we’ll have the 5 signatures we’ll need to initiate the process. We’re trying to figure out where we want to lead it. I think the work session we had a couple weeks back was extremely helpful, and will be going forward. A lot of people learned a lot, many hearing information for the first time. It was a job well done all around from all of you in terms of giving us a chance to get up to speed with your world. I’m looking forward to hearing what you’re talking about today and really trying to redirect the Department in a way that allows them to join in a coordinated effort where everybody plays their role appropriately. This group, in my view, models that behavior. We all have roles to play for very good reasons, but whatever your role the most important thing is to be able to listen to the other participants in the group. I think there’s been a good amount of listening so far but not all the players have been there. The dialogue, the two-way communication, has to step up a notch. We have to figure out how to do that so there’s really a chance for everybody to get on the same page. There was a feeling I had a year and a half ago that we were heading in that direction; it’s been a huge disappointment that it appears that’s not where we are on the ground. My colleagues on the HHS committee will hopefully give us all one more opportunity to make that happen. We’re still trying to figure out the specifics; this isn’t a procedure or process that has been used very often before. This was an astute move on your part. I think some of us on the Committee were figuring out what options we had to slow things down and refocus. You guys didn’t wait for us to do that, and I think it’s good that you didn’t. I want you to know that I think the Committee is really interested in trying to understand why there is the disparity of viewpoints here. It wasn’t like there were multiple viewpoints expressed at the public hearing or the work session – it was 42 opposing the proposed rule change, and no one supporting it. We were told the comments generated a record number – and it was close to a shut-out there too. Based on this there is obviously something wrong that needs to get addressed and I’m confident that’s going to happen.

**Cullen:** My sense from the Coalition is that we just want to get it right. I’m glad to hear that’s what you’ve heard as well. For folks who are not familiar with this process, 5 of the 13 members of the HHS Committee need to accept the petition for it to move forward.

**Representative Peter Stuckey:** That’s correct. We’ve had caucuses about it but we individually respond and from there the Chairs will have to figure out the best procedure and plan going forward if we get the votes; I’d be pretty amazed if we didn’t.

**Cullen:** Your sense is that we have the numbers to take this up. Is there anything we can do as a Coalition to push this?

**Representative Peter Stuckey:** I’ve received a lot of emails regarding this, and I don’t think I’m the only one on the Committee who has.

**Mary Lou Dyer:** I’m glad Peter has received communication from folks. We have been asking people to contact the HHS Committee and leadership of both chambers. When I spoke with a few people a response I’ve received, that I wanted to share, is that DHHS is in the process of the Administrative Procedures Act (APA), and that they’re not being afforded the opportunity to change the plan based on feedback. When faced with this I have responded, and would suggest others do similarly, saying that we have participated in the comment periods for proposed rules. I explained in my 30 years of making what I hope were thoughtful comments I can only recall two times I’ve been successful. I went on to say that we have been contacting, talking to, and writing to DHHS with all of our concerns, pages and pages of concerns, and basically have been told DHHS will take it under consideration as part of the administrative procedures process. This has caused frustration. The petition is an opportunity to have another body of government review and make recommendations. I put this out there for people who get hit with that argument – there are a number of things you can say in response.

**Neal:** If the feedback that we shared was new information, the first time it was presented, perhaps having more confidence in the rule making process might be warranted. However, the message hasn’t changed, all of these concerns have been brought up as the rule was drafted and unfortunately very few of those concerns were addressed. The concerns about the SIS aren’t new, they have been brought up multiple times. We have all expressed concern about the SIS replacing the PCP process, the validity of the tool and how it’s being used, and the collapsing of categories into only three funding categories. We have expressed our concerns about the QESS. These concerns have been brought up for well over a year now. At this point none of the feedback given for well over a year was incorporated into the rule that was proposed so I think that necessitates there being different kinds of action taken.

**Todd:** With the SIS, it’s worth remembering this is an assessment tool that has been internationally normed, and is utilized in many states, at last count 22, and some provinces in Canada for assessment. The argument is that by virtue of it being a nationally normed tool that it holds validity. We’ve discovered that what we know to be true about the way New Mexico uses the SIS is different from how North Carolina does, which is different from California, etc. The other factor at play is for a while it seemed as though, by virtue of the fact these rules are addressing rates, they would be considered major substantive rule changes, which would go before the Legislature. This group had a robust discussion at the December meeting that they would require legislative oversight, when in reality only one part of the rules do. This is yet another reason for the petition.

**Representative Peter Stuckey:** We’re still trying to figure out what to do. The petition gives us a certain range of opportunity to respond. Certainly that’s something that has been part of our preliminary discussion – even prior to the petition. We want to bring this back into the realm of oversight the methodology, not just the money being applied. From my sense, going back to trying to shift the paradigm regarding how we as a State wanted to provide services to this population, there was a commitment to a partnership and involvement. Certainly, the “major substantive” versus “routine technical” distinction doesn’t deal with the situation head on but it diverts it enough to live another day and have that discussion.

**Discussion:**

-It was stated that 13 of 13, or even a majority, of the HHS Committee accepting the petition would send a powerful message. It was asked if Representative Stuckey felt comfortable saying who on the Committee might be swayed.

**Representative Peter Stuckey:** Having not talked to all of my colleagues I’m not sure I want to get into that conversation. The challenge is there are multiple processes all in motion right now. There are people, myself included, wanting to understand what they all are before picking the path. It would be awful if we jumped and picked a path that wasn’t going to work, whereas there might be a different one that after some reflection we might see as a more reasonable approach to take. We should turn over as many stones as we can so we get it right.

**Cullen:** One of the things Peter mentioned was the work session that was held a couple weeks ago. This was a very kind gesture on the part of the HHS Committee that allowed several providers, parents, etc. to educate the committee regarding what we were looking for in terms of services. This work session included folks from the Department as well. This was a very rare opportunity to have a robust dialogue. What truly stuck me was that I was asked questions very evenhandedly; there was a clear concern from every person on the Committee. I didn’t get a sense that this was a partisan issue.

**Representative Peter Stuckey:** It was a *real* work session. We have different points of view and philosophies, but in that room on that afternoon there was a real interest in hearing what’s going on where the rubber meets the road. We haven’t had a chance as a whole group to talk about it since then. When the petition came along the process was explained to us fairly clearly – we weren’t going to have a Committee report, we have to individually make up our minds. There could be people who have already decided they’re not going to support it, that the Department deserves the right to continue with due process and respond to the written comments, and that we shouldn’t do anything to redirect them from that. I think there’s a lot of us that will think that one doesn’t preclude the other. There’s a way to respond to the petition without derailing the Department’s opportunity to respond to comments. How it plays out in the end is my concern. We have an opportunity to weigh in, in a purposeful, meaningful way, before these system changes are allowed to go forward. Whether you agree with one position or the other, clearly everyone was on the same page that we didn’t have it right yet.

**Mary Lou:** Regarding the work session, I rarely have seen that kind of meaningful, in-depth discussion among all members of the Committee, where they allowed generous time for each of us to describe different aspects of this system. After the two-hour work session we went right into discussing Representative Stuckey’s bill to expand hours available for Section 29, where again we were able to participate in another discussion about the ID/DD system. This was incredibly thoughtful on the part of the Committee members and it truly was a unique opportunity. Back to the need for review by the HHS Committee sooner rather than later – the Department has decided to promulgate the rules under the normal APA process, not as an emergency as we originally thought would be the case. Even Chapter 3 (the one aspect of the Section 21 proposed rule changes categorized as major substantive) might not be reviewed until the next session (January of 2017). By the time there was any kind of review the worries and damage we’re anticipating would have wreaked havoc. This is another reason why it’s very important to do it sooner rather than later.

-It was stated that some people were disappointed that they couldn’t sign the petition, based on their location or inability to access it.

**Kim Humphrey:** There is a Support Petition effort circulating that you can sign by noon on Wednesday, 2/8. If you want to add your voice to the concerns expressed there’s an online link. ([Click here](https://www.surveymonkey.com/r/NKBNFF9)). (*This was circulated to the Coalition via an email Action Alert after the meeting).*

-A parent stated that with her son the SIS actually allotted more hours than before, however he has never received one hour of services because living in Bar Harbor, or anywhere along the coast, there isn’t an agency that can provide the care needed because they cannot hire and retain staff. She stated that they visited six group homes in Bangor and couldn’t find one that was adequate for his needs, so they kept him in Bar Harbor. She stated that her son is now in a shared living arrangement in Auburn; it is better than expected but still painful. She stated that in her experience there wasn’t quality supervision in group homes that also kept people inspired. It was almost like they didn’t realize that he had a disability. She stated that her son went to summer camp all summer at the Y and had a great summer because there were other people there, with whom he had meaningful interactions. It’s all about the individual and the kind of care he or she needs. She stated that there are all of these rules but no one is looking at her son and what he truly needs. Figuring out congregate services for adults seems to be the hardest thing. She stated that if you bring in things to do as a group they’ll do them happily, and they will be happy and healthy for it. However, the State doesn’t have any way of delivering services as a group. She stated that as a parent it’s very frustrating seeing your child languish.

-A provider stated that in western Maine they are splitting up a four-bed home into two, two-bed homes, as it was the only way to keep it open and keep these four people housed in the area where they have family and can thrive. She stated that doing this is a ridiculous waste of money. She stated that they are literally splitting a split-ranch at a huge expense when they should be thinking about all of the aforementioned things.

**Todd:** I’m sorry to hear these struggles. Another real concern is workforce. There are already workforce shortages that lead to the experiences like you describe. Regarding what’s in front of us, there’s nothing in there that helps that, and in fact I fear what’s being proposed will make workforce issues that much more problematic. The range of hour reductions for the people we have the privilege to work with is 3 to 76 hours per week. From an organizational standpoint we could possibly absorb and manage a loss of 3 hours per week, though this is still precious time for the individual. However, 76 hours per week is nearly two full-time positions. It absolutely presents a challenge to the people who are living in that home who require and have come to expect those two people. This perpetuates the problem you identify.

-A parent stated that it appears money isn’t going to the right places. She stated her son doesn’t need more hours, instead he needs the right services. She continued by saying that 24-hour in-home care can position people in a way that doesn’t allow for growth. However, parents also don’t want their children to lose hours. She stated that for success the support system in the home should allow more independence.

**Neal:** I appreciate you sharing this experience. I was intrigued and pleased to hear how successful your son was when he had natural supports around him. One of the things you spoke to is the challenge of finding services. We have a waiting list for services, of which people are fortunate to get off and receive services, now we are looking at more people coming off of the waitlist. As a provider that has a 50-year history providing services, of establishing services that goes back before building homes to get people out of Pineland, we don’t know if we’re going to be able to serve people coming off the waitlist. This is not because we don’t want to; it’s difficult to move forward and do more when you have legacy populations of people you’ve supported for 10, 20, or even 30 years and you’re struggling trying to determine how you’re going to make it work for them. It’s an unfortunate reality of the system and a real challenge. It’s not about there not being enough incentive, it’s about determining how we make it work. To Representative Stuckey’s comment that DHHS hasn’t gotten it quite right, that’s absolutely correct. We’re talking about system changes, the complexities to them, and the intended and unintended consequences. These need to be truly identified and we need to have a dialogue which leads to meaningful action. These are some of the pieces that need to happen.

-It was stated that an integrated approach of government entities, parents, providers, and other stakeholders all coming together, as detailed in the [Developmental Services Lifelong Continuum of Care](http://www.maineparentcoalition.org/dd-continuum-of-care.html), derived from the Coalition’s White Paper, would be ideal.

-There was discussion regarding VR ([Vocational Rehabilitation](http://www.maine.gov/rehab/dvr/)) implementing work readiness at a younger age and transition. It was stated that committees on transition were established. Starting the transition to adult services earlier is beneficial as when people leave the children’s system they are often not prepared because they didn’t have someone to facilitate the transition process. It was stated that time, energy, and money have been put into closing that gap but it never seems to fully close.

**Cullen:** This group pulled together stakeholders from across the state with different areas of expertise to create a [Blueprint for Effective Transition](http://www.maineparentcoalition.org/blueprint-for-effective-transition.html). OCFS ([Office of Child and Family Services](http://www.maine.gov/dhhs/ocfs/)) and OADS ([Office of Aging and Disability Services](http://www.maine.gov/dhhs/oads/)) have stated that they’re on board and are trying to pull themselves together to see this through.

-It was stated that a bill regarding transition, [LD 1061](http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280055749), was submitted in the first legislative session last year. The bill was approved by both the House and Senate, however it died on the Special Studies Table and was not carried over into the second session.

-A former high school functional skills educator stated that he learned very quickly that kids don’t need to know how to do school better, they need to know how to do community better. He stated that parents needed help trying to lead their sons and daughters in this. He continued by saying that for any student over age 18 tying the IEP meeting to a PCP meeting is advantageous because it gets everyone around the same table and they can begin to establish those essential relationships.

-A parent stated that he hears a lot about consumer choice from the Department. He stated that consumer choice is imperative, however, his son would choose to eat ice cream and watch television all day and be content. Often times people need encouragement, having someone ask “would you like to do x, y, or z.” He stated that with this encouragement his son would take up a suggestion and be happy and better for it. This is something to consider.

-It was asked if members of the Coalition were to contact members of the HHS Committee would the message be for them to respond to allow more consideration of the proposed rule changes.

**Representative Peter Stuckey:** I think this message and encouraging the Committee to keep going with our shared understanding is very appropriate and would fall on receptive ears.

**Cullen:** After the meeting I will send out two action alerts for the Coalition, one presenting the opportunity for people to sign on to the Support Petition, and one regarding sending a message to the members of the HHS Committee and leadership in both chambers.

-It was asked if keeping the message simple and staying focused on the SIS would be more appropriate, or if people should go a level deeper and discuss the other changes, such as the provider tax.

**Representative Peter Stuckey:** I think the provider tax has gotten the attention of the core group of people who are working on that. I would never say relax because I don’t think you can ever do that, but I think the interest in getting it right for the consumers of waiver services is huge and has a real hook in it for people. There’s a genuine interest in understanding the service system – it’s another issue to understand the infrastructure that supports that service system and determining how to put some serious compromise into it. That recognition is different than the recognition that cutting back services is going to have a dramatic effect on people. To me the SIS is part of the service system and the piece of it currently in focus. Though, I hope the conversation goes to a larger conversation that has to do with both waivers and the transition plan. There’s a whole conversation about how someone progresses through the whole system from beginning to end. It feels to me there’s a confluence of interests around understanding how all those parts fit together. It’s interesting to me to think that if we change how we apply Section 21, would that not open up the role of Section 29? Is there a need for two waivers, or can they be rolled into one? If you get rid of the current waitlist what about the waitlist that’s 5 years out, for which we could probably name people today? These are a lot of bigger picture aspects to consider. I don’t want to think too small. We need to get it right.

-A parent stated that a couple weeks ago he and his wife had the opportunity to meet with DHHS Deputy Commissioner Ricker Hamilton. The Department wanted to know how they can improve communication.

**Cullen**: Ricker has been part of this group historically. One of the things I keep hearing at this table is that we really need to have DHHS leadership at the table, not just to report out but to hear us and open up a dialogue. We had a more inclusive dialogue about a year or two ago. However, the Department then became very insular and they haven’t been at the table the way we need them to be. We’re right here. Perhaps this conversation could be a catalyst to invite Ricker here to speak with us and more importantly to hear from us.

**Cullen:** I want to thank our presenters. They provided important information which opened up an excellent dialogue on the proposed rule changes. Thank you!

**End of presentation.** *(Round of applause)*

**DHHS Update:**

**OADS, DHHS -** [**www.maine.gov/dhhs/oads**](http://www.maine.gov/dhhs/oads)**:**

**Cullen:** Department leadership have stated that they cannot attend meetings such as the Coalition due to being in rule making. However, I reached out to Karen and encouraged her to attend today, even if only for the portion of the meeting that did not relate to the rule making process. Unfortunately she is not in attendance today.

**Legislative Updates:**

**Mary Lou Dyer:** This is the second legislative session, the short session, so there aren’t many new bills. Representative Stuckey’s bill to increase the Section 29 cap, [LD 475](http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280054840), had a work session and will likely have another work session in the not too distant future. There was a proposed major substantive rule for [Section 32](http://www.maine.gov/tools/whatsnew/attach.php?id=653889&an=2) over the last few weeks ([LD 1522](http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058869)), and a work session was held on February 3rd. This generated a good discussion about the need for those services that we don’t normally see. The Committee asked Jim Martin, Director of OCFS, to keep them informed about where they are in making sure there is a robust children’s system. A major concern is that there are a number of children currently out of state and there isn’t a good process and support system to bring those children back to Maine and give them the supports they need to get back with their families. We all want to know what happens with that. Also, the bill that would implement the [ABLE Act](https://www.congress.gov/bill/113th-congress/house-bill/647) in Maine, [LD 1421](http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280056913), was assigned to the Taxation Committee and an amendment was recently added. This would be a great tool for families to establish savings accounts to support their children with disabilities and not have it effect the public supports they receive. As of yet, no state in the country has implemented the ABLE Act. The big question is, who is going to have the oversight of the financial planning piece? We are hearing rumors about the potential for a legislatively created budget bill or an executive budget bill. Either way, those could be vehicles for increasing the Section 29 cap or addressing the provider tax issue, which I cannot relax about! We need a solution; we need action.

**Representative Peter Stuckey:** Regarding the Section 29 bill, there is the desire for the Committee to hold on to it as long as we can to see what plays out in the larger arena. Usually coming here helps me a great deal and it has today – I encourage everyone to keep hammering on me and the committee with your energy – it’s good energy and informative.

**Cullen:** Peter, thank you for being here and for all your work keeping the Section 29 bill going.

**Representative Peter Stuckey:** Also, though a little outside of this realm we heard bills last week addressing nursing facilities and PNMI (Private Non-Medical Institutions) reimbursement. As part of that conversation some of my colleagues mentioned that we can’t just focus on one aspect of a continuum, as everything is interconnected. It’s generally a matter of resources. I think helping everyone on that continuum understand how one area effects the whole is helpful. We’re much stronger when we speak with one voice. How we care for people needs an infusion of enthusiasm and money. When everything becomes compartmentalized it becomes much more difficult to do that.

**Housing:**

**Cullen:** The House unanimously passed the Housing Opportunity Through Modernization Act (HOTMA). HOTMA would streamline Section 8, making important improvements in certain areas while maintaining the integral characteristics of the program that has made it effective. Additionally, HOTMA would reduce program costs by $311 million over five years while also increasing the supply of Section 8. The bill still needs to go through the Senate, but with it passing unanimously in the House we are very hopeful it will do well in the Senate. This is very good news.

**David Projansky, OADS, DDHS:** The HUD Section 811 program is moving along well. MaineHousing has a good waiting list for the 40 vouchers, though HUD has yet to release them. Due to this, the program start will be pushed from April to May. We’re very excited.

**Cullen:** Check out our website [www.maineparentcoalition.org](http://www.maineparentcoalition.org)! You can find the title of any of our past presentations: Click the link, and you will go right to the minutes. There is also a forum on the Section 21 & 29 page on the website. You can log in and post questions/topics for other parents to answer. Additionally, the website can always use more pictures! Take another look at the website from a parent perspective and make sure things are really clear, such as transition.

**Cullen:** At our next meeting on **March 14, 2016,** our featured speaker will be **TBA. Topic: TBA.**

Unless changed, Coalition meetings are on the 2nd Monday of the month from 12-2pm.

***Burton Fisher Community Meeting Room, 1st Floor of One City Center in Portland (off of the food court).***