December 14, 2015

Minutes

Present: Dave Thompson, Julie Snook, Sue Murphy, John Geisel, Sally Mileson, Julie Brennan, David Cowing, Romy Spitz, Representative Drew Gattine, Bob Duranleau, Christine Campbell, Dina Martinez, Cathy Register, Todd Goodwin, Eve Sawyer, Arthur P. Clum, Joan Kelly, Jennifer Putnam, Diane Boas, Liz Weaver, Ed and Suellen Doggett, J. Richardson Collins, Laurie Raymond, Mary Chris Semrow, Maura McDermott, Maura Fay, Amanda Eisenhart, David Projansky, Kim Humphrey, Debbie Dionne, Jaime Hoar, Brian L. McKnight, Karen Mason, Elizabeth MyLroie, Cullen Ryan, Vickey Rand. Via VSee – Auburn (John F. Murphy Homes): Ann Bentley and Darla Chafin. Bangor (UCPofME): Andrew Cassidy and Catherine Robertson. Westbrook (Woodford Family Services): Stacy Lamontagne. Biddeford (CPI): Meg Dexter.

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: Kim Humphrey, David Cowing, Debbie Dionne, Family/Coalition Members, and Catherine Robertson, Independence Advocates of Maine** [**www.iamsupports.org**](http://www.iamsupports.org/)**. Topic: Launching Community Connect**

**Cullen:**  We have three parents and an advocate who have stepped up to the plate to take the work of the Coalition to the next level. The Maine Coalition for Housing and Quality Services has been around for nine years and has evolved into a clearinghouse of information, and a place for people to have their voices heard. The Coalition has helped to connect the dots for individuals, parents, and family members on a lot of things. Kim, David, Debbie, and Catherine are looking to up the ante – get out and help organize families and parents so that they can have better access to information and communicate with the powers that be to give testimony, comments on proposed changes, and overall effect change in a better way. They are trying to see if we can have the Coalition branch out and have smaller meetings occurring alongside our larger ones to rope in specific regions. This is exemplary and we are really lucky to have them. They are calling this new endeavor Community Connect.

**Kim Humphrey:** We are about to launch regional meetings of Community Connect, scheduling meetings late in January. Having expanded family and stakeholder involvement at the community level creates more opportunity for new relationships in the community and to exchange information. Engaging with other local meetings occurring in the community creates the opportunity to connect with people who possibly don’t know about the Coalition. This helps develop a stronger collective voice, which increases community awareness, reduces stigmas, and overall increases capacity. The idea is to continue as the Coalition has, working collaboratively with other organizations and ultimately providing individuals with a better quality of life. We are beginning with three meetings to see how they go. However, we have big aspirations! When the idea of Community Connect first emerged, we began with a conversation with Cullen and Mary Lou, who were both very enthusiastic. We all thought it would be great to have communities participate in a two-way street of information sharing. We started with a survey, which was vetted by a small steering committee of the Developmental Services Stakeholder Continuum of Care, about what people knew about the SIS ([Supports Intensity Scale/ Supporting Individual Success](http://www.maine.gov/dhhs/oads/trainings-resources/initiatives/sis.html)). With the changes to the system it’s important to have as many relationships as possible and communicate with people. With such a significant change we thought it was a good time to do it. We collected the surveys and discovered that only 25% of respondents felt informed and got their questions answered by their case managers. As part of this we also were successful in obtaining a grant from the DDC ([Developmental Disabilities Council](http://www.maineddc.org/)) to do some waiver advocacy training. Ten people filled out applications to receive this training. Shenna Bellows worked with us on this and did extraordinary work. We held a conference call and a follow up in-person training on how to influence change, and how to develop and deliver messages. She had committed to doing another training when the public hearing for the Section 21 rules came up. Now that the hearing is scheduled, we are holding a two-hour training on the evening of December 30th (location and exact time TBA). The training will include 45 minutes talking about regulations, 15 minutes on what to expect at a public hearing, 30 minutes on how to write testimony, and 30 minutes on delivering testimony. If you are interested in attending this training we are circulating a sign-up sheet. ([*Click here for more information.*](http://www.maineparentcoalition.org/december-2015-presentation.html)) Part of the original grant was testifying at the public hearing for [LD 1236](http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280056004) as well.

**Debbie Dionne:** I’m a mom of a 36 year-old daughter. I have been very involved with the agency that has delivered her services. We started a family advisory council for a similar purpose as Community Connect, but on a smaller scale. I was interested in connecting and being part of the system. For a parent, it’s extremely overwhelming to figure everything out on your own. I completed the SIS survey and connected with Kim. This was life changing for me because I felt part of the bigger picture and that I would effect change. I participated in the waiver advocacy training and was part of a group that testified at the LD 1236 public hearing. We were effective in getting the Health and Human Services (HHS) Committee to listen to us, and as a result they voted ought not to pass. We made an impact and it was very empowering. As a parent, I felt like “wow I can do this!” I want to help other parents be able to do this as well. This is exciting!

**David Cowing:** I have a 41 year-old son with ID/DD and I was a Special Education teacher for more than 30 years. I was continually struggling with trying to understand the system myself and in a way that I could communicate information to students and parents on how it works and how they could access services for their sons and daughters. I had been doing parent meetings for years, including transition meetings; when parents found out I had a son with ID/DD it was much more valuable and created a higher comfort level, as opposed to just being a Special Education teacher. It is a whole new universe of services. Most parents don’t realize they’re moving from a system of entitlements to a system where you scramble for whatever you can get and hope it meets the needs of your son/daughter/family. This is a challenging time for families, very difficult to get through, and very isolating. This is why learning about the system, advocating effectively, and getting what your sons and daughters need is critical. Coming from a school-based experience, I have found that supporting the family is often the best way to support the individual. I had been looking for ways to bring the Coalition to the mid-coast (Bath/Brunswick/Topsham area), and when I heard of Kim’s efforts at putting together Community Connect it seemed like the perfect opportunity. For parents trying to navigate a confusing system in transition, Community Connect is an opportunity to have parent-to-parent contact, which is very powerful. So far we have had an influence on LD 1236, which was a real plus for us moving forward with this work. We also advocated for creating a commission to study transition – which passed both the House and Senate but died on the Special Appropriations Table. I hope this can be resubmitted, as effective transitions are critical. There are a lot of people who can’t make it to this room who lose opportunities because they don’t have the skill set to navigate the complicated system. I’m looking forward to getting Community Connect in the mid-coast for this reason. Hopefully this will create a synergy where information from the Coalition flows to other parts of the state, and information from community/regional sites flows to the Coalition.

**Kim:** Lewiston/Auburn and Bangor are the other two sites, in addition to the mid-coast area. We will be having a phone meeting in January for anyone who wishes to participate to help prepare written comments. This is a fluid process so if you have ideas/suggestions they can help shape what we do. We can define things as we run into obstacles – there will be a lot to figure out with something new like this. We want to keep on top of advocacy. A lot of us had worked on the comments on the new behavioral regulations as well which we will discussing today.

**Discussion:**

**Cullen:** While we have representatives from DHHS in the room it might be best to jump right into the regulations. The LD 1816 workgroup, set up by the legislature, formed a couple years ago. The group adopted the Coalition’s Continuum of Care model and modified it slightly, and the Coalition accepted the modifications. The LD 1816 group merged with a parent subcommittee of this Coalition to form the Developmental Services Stakeholder Continuum of Care. This group meets once a month and acts as an ad hoc advisory/think tank committee to DHHS. Since DHHS was absent at the most recent Developmental Services Stakeholder Continuum of Care meeting, we had a discussion about the behavioral regulations, currently out for public comment with the comment period ending Friday, December 18th. The Developmental Services Stakeholder Continuum of Care accepted a series of questions they thought would be wise to ask the Department. I will read them to you with the hope they will resonate with the group, so the Coalition might consider adopting the questions for submission.  *(*[*Click here for the questions*](http://www.maineparentcoalition.org/december-2015-presentation.html)*).* What is this group’s reaction to the questions? Do they seem reasonable to ask? Do any stand out as inappropriate?

-It was stated that the regulations have to be specific and more complicated to be sure the services are delivered appropriately.

**Cullen:** These questions ask mostly about how the regulations will be implemented. Are you concerned with these kinds of questions being raised?

-It was stated that in terms of common basic knowledge within the system these are good questions to ask. Many individuals stated they supported the questions, thought they were fair, and that it is the responsibility of this group to ask them. Some individuals stated that when they read the regulations they did so keeping in mind how they would affect their sons and daughters. Some were surprised at how basic the questions were, which indicated a lack of clarity in the regulations. A parent stated that her daughter has a behavior plan at school and was still brought to the Principal’s office the other day. The behavior plan was not followed; there was no clear knowledge among her caretakers. This could easily happen to other children due to lack of clarity and information.

* A motion was made, and seconded, for the Maine Coalition for Housing and Quality Services to submit these questions, as they have been read, as public comment for the behavioral regulations. All were in favor (DHHS staff abstaining).

**Cullen:** Thank you for allowing us to briefly skip ahead on the agenda. We will submit on behalf of the Coalition. I know we are all eager to hear more about Community Connect!

**David:** We have a basic information flyer on Community Connect for anyone here who may know of someone who would want more information. ([Click here for the flyer](http://www.maineparentcoalition.org/december-2015-presentation.html)).

-A parent stated that working fulltime makes it difficult to attend evening meetings. Having an online portal with information would be very helpful.

**Kim:** That’s a great idea!

-It was mentioned that [Maine Cite](http://mainecite.org/) runs webinars for free – and will caption it for free as well. Everyone in this Coalition should know about this option. They will host and archive educational materials that will help the public.

**Representative Drew Gattine:** The level of advocacy from this group is extremely high, but when we held the public hearing for LD 1236 people were particularly well prepared. It really seems to me there was a strong benefit from the advocacy training. There is an art to this, but I really saw the value and it was a really important bill that came up at the last minute. The result was great.

**Catherine Robertson:** I got involved in Community Connect as part of MACSP ([Maine Association for Community Service Providers](http://meacsp.com/)). My heart is in advocacy. The words of the people who are supported and their families are really powerful, and go a lot further than anything us as providers could say. I am very supportive in wanting to help in any way to promote Community Connect to invoke change in our system. I see my role now as trying to get the Bangor group up and running. I have identified some key people who can take the lead.

-It was stated that at the next meeting it might be time to discuss having the Maine Coalition for Housing and Quality Services become affiliated with a national agency. It was mentioned that there would be two major benefits to this, it would increase the Coalition’s clout and it would give the Coalition access to more information. There is a lot going on nationally that the Coalition is missing out on, from which it could benefit.

**Karen Mason:** I agree. With our work and partnership with HSRI ([Human Services Research Institute](http://www.hsri.org/)) we have discovered that they have some national family organizations that are tuned in across the country. We are ready to pass that information on to the Community Connect group. There is a lot of good work going on nationally as well as in Maine. I’m really excited for this.

**Cullen:** Thank you for taking the time to tell us about this, but more importantly thank you for the work you’re putting in to make this a reality. This is an exciting next step for all of us. Well done!

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

**DHHS Update:**

**Karen Mason, OADS, DHHS -** [**www.maine.gov/dhhs/oads**](http://www.maine.gov/dhhs/oads)**:** We have been responding to questions from CMS ([Centers for Medicare and Medicaid Services](https://www.cms.gov/)) regarding the Section 21 application, which we submitted a while back. As of Friday, December 11, the application was approved. This has been a long time coming and we’re excited that it has been approved.

**Cullen:** What does it mean to have the application approved?

**Karen:** We have to submit renewal applications for the waivers every five years. We had been working back and forth with the [Office of MaineCare Services](http://www.maine.gov/dhhs/oms/) to update the language and information in the Section 21 waiver. Because of the SIS initiative we solicited input from stakeholders, which many of you participated in, and made adjustments in the application so that when it came time for public comment and approval from CMS we had all of the information. This is part of the reason for the delay. The rules are open for public comment from now until January 15th. The Public Hearing is scheduled for January 5th at 10:00 am, 19 Union Street, Room 110, in Augusta. [The proposed rules are posted](http://www.maine.gov/dhhs/oms/rules/proposed.shtml) (*scroll down to the first two boxes, MaineCare Benefits Manual Chapter III section 21 and MaineCare Benefits Manual Chapter 21 Section II. In each section click either “WORD” or “PDF” to view them*); I encourage all of you to read them. Make sure your comments are entered so we’re looking at all the comments and questions – the good, bad, and the ugly. It’s always good to see positive feedback too, but if there is something that misses the mark make sure you include that as well. I would encourage all of you to sign up for the OADS and Office of MaineCare list serves. If you sign up you’ll get all of the alerts. There was some concern recently regarding Section 17 – which is under SAMHS ([Office of Substance Abuse and Mental Health Services](http://www.maine.gov/dhhs/samhs/)). The comment period on the changes to Section 17 ended on Friday. I had just heard myself on Friday that it was posted.

**Cullen:** I learned about it on Thursday evening. Since the comment period has closed, can you tell us what you see as far as changes?

**Karen:** I looked at it over the weekend. A parent called this morning as well regarding some of the language changes. The section that I think some parents are concerned about is eligibility. In the current Section 17 rule the language regarding those ineligible are for persons with a primary diagnosis of “a. Delirium, dementia, amnestic, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; *c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders.”* In the new proposed rule the language has been updated to exclude persons with the primary diagnosis being “Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders.” Neurocognitive disorders are inclusive of ADD and Autism Spectrum Disorders. There were a couple of questions from parents of children with ID/DD thinking that the change would result in their child being kicked off of the service. This should not be the case. If someone is denied you can always go back to the clinician and ask for clarity regarding the diagnosis. The change in eligibility appears to be solely related to updating the language; I don’t believe there has been a substantive change.

**Discussion:**

-It was stated that if someone in Karen’s position in the Department and others in this room don’t have timely notification it would be that much more difficult for other people throughout the state to have access to information. It’s a huge challenge when people receive last minute notification of changes without knowing if it is a substantive change or simply updating language or terminology. People need to have the time to be able to read it and digest the information. It was stated that with the Section 17 changes it was advantageous to cross-check between the old and the proposed changes, which is time consuming. Some felt that the acuity requirements were higher (issues around hospitalizations) in the proposed changes. A parent stated that as a parent of a child with Autism you do everything you can to not go to the hospital because it’s out of the normal routine.

-It was asked what happens with the Section 21 rules once they are promulgated. Will CMS have to sign off? The rules define what the waiver is in Maine and CMS needs to have detailed information, including information about the SIS.

**Karen:** All of that information is in the application, which CMS approved. The rule-making process is the state level. The CMS level is the application. CMS has asked all those questions.

**Representative Drew Gattine:** What comes first, the chicken or the egg? This is one of those scenarios. What happens if during the rule making process something changes substantially?

**Karen:** It’s my understanding that during this public comment period if it becomes apparent that there is one comment across the board that points to needing to make a significant change to what we’ve put in the CMS application we would most likely have to go back to CMS and say this is what we’re now asking for and see whether or not this is something they need to approve. We don’t want to create a rule that is counter to the waiver application that was approved on the federal level. All comments go right to the Office of MaineCare Services. The Department responds to all comments and posts them. We will look to see if we need to adjust the rule based on all of the feedback.

**Representative Drew Gattine:** I believe this is considered a major substantive rule change, which means that after the public comment period it will come back to the Legislature, where another public hearing will occur. After this the Legislature will vote.

**Karen:** I will look into whether this is a major substantive rule change for the minutes. (After the meeting Karen discovered that in terms of the Section 21 rules Chapter III is major substantive, however Chapter II is not.)

**Cullen:** We have some work to do to make sure people are informed here, including myself. I am hoping that we can crack the code on this. Finding out about this for the first time on Thursday when comments were due on Friday felt alarming. The comment period wasn’t short, it began months ago. We have to figure out some sort of process so none of us are caught by surprise and things become alarming.

**Karen:** I would suggest maybe the Coalition consider inviting some of the other offices’ staff to come to this meeting, because I don’t always know what is going on in every office. If I’m able to get a contact person that would be ready, willing, and able to come here, even if it’s just once a quarter, to let you know what’s happening that could be beneficial.

**Cullen:** If you want to extend the invitation that would be wonderful. This is an open meeting and we encourage Department participation. It seems this may help with transparency as well.

**Karen:** The Section 29 renewal application is also in process. We had submitted the application to CMS, they have asked us questions, and we are in the process of responding to their questions. As with Section 21, there is also the rule making piece. We’re starting to look at the rule and update the language as well. In terms of the rule itself for Section 29, the cap of services (approximately $23,771) currently includes home supports, community supports, work supports, assistive technology, and career planning. We are looking at taking career planning and assistive technology outside of the cap. This will mean the $23,771 cap would only apply to home, community, and work supports. Career planning and assistive technology would be pulled out and offered as standalone services, since they both have their own caps. This way consumers aren’t choosing between services.

**Cullen:** That sounds like a very positive change!

**Karen:** We believe it is! I should note that assistive technology remote support involves a staff person who would be billing for the same service – so in this instance one would have to choose one or the other. Overall we are very happy for this; it should be a real value add for individuals.

-It was asked if this change was largely supported within the Department. It was also asked when respite care services will be offered for families.

**Karen:** Yes, this change was supported right from the top down. In regards to respite care, I’m taking that on myself. This has been an offered service and I’m not sure what the barriers are to utilizing it. We are talking with CMS now regarding this. I’m truly not sure what the issue is, but thank you for bringing it up because we have to figure that out, especially with the changes coming in Section 21.

-It was asked if respite care is separate from the cap.

**Karen:** It was not intended to be included in the cap but we are investigating that now.

-Someone in the group mentioned that she had a high needs client and was not able to get respite care because a provider wouldn’t take her. The family then said they would take the client but one of the parents became ill and she was left with no support. Unfortunately the adult child returned to the family, but had respite care been an option, along with transportation, that would not have been necessary. It was stated that people felt that they had to seek out and recruit respite care providers.

**Karen:** I want to hear more about those circumstances because that shouldn’t be happening.

**Karen:** Also, for Section 29 there have been people waiting for an offer since July. About a month or so ago over 200 people were offered Section 29 that didn’t accept the service. We were perplexed by that. As you know the previous Waiver Manager moved to another position and we had two staff splitting the work. We now have a new Waiver Manager, Emily Kalafarski, who has really come up to speed quickly. She is in the process of looking at each person, starting with the earliest date offered services, and seeing at what happened. There are still 14 or 15 people who were offered Section 29 back in December 2014; it’s now a year later which is way outside of the allowed time frame (express the intent to use the service within 60 days, and begin utilizing the service within 6 months). We want to ensure that there weren’t glitches – someone moved and it didn’t get reflected in the EIS system, and so on. We’re looking in EIS to see each individual’s current circumstances before withdrawal letters are sent. We also want to track the reasons why someone didn’t accept the service, as this could be very telling and this group has requested that information as well. As of last week there were approximately 174 outstanding Section 29 offers. There is a cap in the Section 29 application, as well as a point-in-time cap that we cannot exceed. In order for us to make sure we’re not over the cap we are holding any application that has come in since July 1st in the queue. It’s like a puzzle trying to figure out how many new offers we can extend, as it depends on how many of the 172 individuals accept the outstanding offers. However, we are very close to being able to start making those offers again; it will probably be about another week or two.

-It was asked how many applications are in the Section 29 queue. Additionally it was stated that some people have been led to believe that the waitlists are closed.

**Karen:** There are about 100 applications in the queue. Thank you for bringing up the misinformation that the list was closed. This is absolutely not true. The legislature approved additional funding in the budget so that we can extend Section 21 offers for up to 200 people. It took a little bit of time with Emily coming on board to pull all of this together. There are over 400, almost 500 people on the Section 21 Priority 2 waitlist. Offers are made immediately to any individual identified as being Priority 1 for Section 21, where there is adult protective involvement. This has been happening for about a year now. We have no one on the Priority 1 waitlist. As of December 7th there are 465 individuals on the Priority 2 waitlist. For the additional funding approved through the Legislature, we need to look at all 464 people on Priority 2. We know there are individuals who have been on the waitlist for a really, really long time. Case managers are supposed to update assessment pages in the EIS system; sometimes this happens and sometimes it doesn’t. We determined that the best process would be to look at the original packet of information, reportable events, the assessment page from the case manager, and also make phone calls to family members, guardians, and members themselves. We needed to get real time, up-to-date information. Fifteen staff members made calls to individuals. Only 60 out of 465 people have yet to be reached by staff, though they are continuing to follow up and find out why they couldn’t be reached. Emily and Cindy, our data analytics staff person, have created a matrix, looked at all of the data points, taking into account questions on the questionnaire, and created a system. With this system we believe we have identified the top 50 people we believe should have offers immediately. We are looking to make those offers soon. We have received feedback from provider organizations that having 200 offers made all at once would be very demanding from the provider and case management perspective. So, we’re looking to potentially recommend who we believe are the top 50 or so people and make those offers, and continue to make a certain number of offers on a monthly basis moving forward. The number remaining on the waitlist after the initial set of offers will be divided by the remaining six months to create the number of offers per month.

-It was stated that in previous Coalition meetings that the Department talked about developing criteria for prioritizing people on the Priority 2 waitlist. It was asked if this is something that could be made publicly available.

**Karen:** The prioritization process is what I just described. These were very difficult decisions but we wanted to be as fair as possible. Looking at the information sometimes it comes down to having more involvement in one area than another – higher behavioral challenges, parents dealing with someone more medically needy, etc. If folks would like I could ask Emily and Cindy to attend this meeting and demonstrate the process. We just finished this work last week and it was a very difficult process, as you can imagine.

**Cullen:** Having Emily and Cindy attend next month to walk through this process would be wonderful.

-It was stated, and has been stated previously, that offers only go out to the individual or the guardian, which can be problematic. It was asked if a release of information (ROI) could be signed allowing the offer to be sent to someone else, another family member, a case manager, etc., to help with more timely responses.

**Karen:** The Waiver Manager legally is not allowed to send offers to anyone other than the individual or the guardian. However, I believe with an ROI someone other than the individual or the guardian could receive notice of the offer. I would suggest limiting it to one additional person, as having only one Waiver Manager a list of five different people would be daunting. You would obtain this release from the case manager. Offer notification letters state that individuals should talk to their case manager for assistance with next steps. The ROI would go beyond this. If I were applying today to get on the waitlist for services the application would be pulled together by the case manager, and the case manager would then obtain a signed release to go with that packet. The Waiver Manager would have that information so when the person gets an offer the Waiver Manager can disseminate the offer to whoever is on the list. One worry is that when people are on the waitlist for long periods of time the ROI may not reflect the current case manager, as there can be, and often is, turnover in case management. Additionally, the ROI would only be good for one year, so the ROI would need to remain updated. For the outstanding Section 29 offers it is possible that individuals may not have understood the letter or what to do with it. We are discovering a variety of things.

-It was asked if the Section 21 Priority 2 offers would come out before the holidays.

**Karen:** I wish I could tell you the timing, but unfortunately I don’t know.

**Cullen:** Thank you for being here and for that information. There’s a lot going on, and this opportunity for direct communication is very important!

**Legislative Updates:**

**Representative Drew Gattine, Chair, HHS Committee:** I’ve never had the opportunity to come to this meeting before and I’m grateful I could be here today. I came to hear Peter Stuckey’s update, but unfortunately he could not attend today’s meeting. The Legislature hasn’t been in session since July. The HHS Committee had a few meetings over the fall to talk about some public health initiatives. We will come back for the second session the first week in January. The second session is designed to be shorter – it tends to ramp up and move more quickly. We plan to hit the ground running. I am meeting with my Co-Chair this week to talk about our schedule. There are a number of bills held over from the past session, as well as a number of items requiring updates – including the implementation of the SIS, issues related to Riverview, and public health initiatives. We continue to hear concerns about the behavioral regulations, and the implementation of the SIS. Things are starting to move quickly now that we have approval from CMS for the Section 21 application. I do believe the regulations are deemed as major substantive rule changes, which means after the comment period ends they will be introduced as a bill, a hearing will be scheduled, we will take public comment, and then it will go through the bill process. For the upcoming session there is a lot of motivation to stick to the four-month timeframe. If there are issues you’re interested in please talk to your friends, peers, and legislators – things will happen in the blink of an eye.

**Cullen:** Last session there were a number of bills that seemed like they passed both chambers, but at the end of the session they were not enacted. What happens to these bills?

**Representative Drew Gattine:** I haven’t been through this process that many times myself, so the learning curve is high! There are a lot of bills we pass that require funding. When we consider bills we don’t know what kind of money will be available in the budget to financially support them. Bills will pass and either the money can be put into the budget, or at the end of the session all of the bills go to the Special Appropriations Table. At the end of a session there could be 50 or 60 bills on the table. We look at state revenues, go through the bills, take input and additional information from people, and develop a proposal of what will be funded. This goes through the Legislature right at the end. Bills that pass can be kept on the table. I haven’t looked at the bills still on the table from the first session but undoubtedly there will be some.

**Housing Update:**

**Cullen:** Due to the various and plentiful changes to the service side of the system this group has been focused largely on that recently. On the housing side, DHHS and MaineHousing are partnering on the HUD Section 811 program.

**David Projansky:** MaineHousing andDHHS are working on the HUD Section 811 program, which will provide project-based rental assistance – where the rental subsidy is tied to the apartment. $2 million will be leveraged into rental assistance for 60 units in four parts of the state (Bangor, Lewiston/Auburn, Portland, and Augusta). DHHS is supplying the consumers and will manage the services. MaineHousing will find landlords, provide the subsidy, and lease up the units. This project has been in the works for about a year. The hope is to begin leasing up units in March or April of 2016. We are doing the preliminary work to develop the waiting list so we can hit the ground running. I am passing around a notice regarding vouchers being leveraged by MaineHousing ([Click here for the notice](http://www.maineparentcoalition.org/december-2015-presentation.html)). MaineHousing is leveraging an additional 40 Housing Choice Vouchers (HCVs), commonly known as Section 8, specifically for individuals on the waivers. In order to be eligible individuals must be currently on the Section 18, 19, 20, 21, or 29 waivers (currently on the waiver, not on the waitlist), be over 18 years of age, and meet income guidelines. The 40 HCVs are intended to be used in areas outside of the four identified areas. We are hoping to get these vouchers in place and use the people who applied for them as the waiting list for the 60 project-based vouchers. Please feel free to contact me if you have any questions: [David.projansky@maine.gov](mailto:David.projansky@maine.gov).

**Cullen:** HUD Section 811 used to be a bricks and mortar funding stream. The change in the program allows for additional Section 8 vouchers so that people can get housed out in the community. This is exciting.

-It was stated that since DHHS holds the waiver list they could send the letters out to everyone currently on the waivers.

**David:** The vouchers just recently got approved. Before we could do anything MaineHousing had to sign their letter of agreement with HUD. We’re in the process of getting information out to as many people as we can. There are currently more than 5,000 people on the waivers – mailing notices to everyone on the waivers is neither feasible nor prudent. We’re trying to do broad outreach first.

**Cullen:** Check out our completely revitalized 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 new 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 **January 11, 2016,** our featured speaker will be **Diane Boas. Topic: Section 29 Toolkit.**

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).***