Maine Developmental Services Oversight and Advisory Board - Meeting Summary (DRAFT)

Date: April 28, 2026
Location: Via Zoom
Time: 10:00 – Noon

Key Topics

- ❖ Maine Developmental Disabilities Council 5-Year Plan
- ❖ Department of Health and Human Services (DHHS) suspension of certain provider payments
- ❖ DHHS Office of MaineCare Services (OMS) upcoming submission of two waiver applications to Centers for Medicare & Medicaid Services (CMS): Community Resource Coordination 1915(b)(4) and Lifespan Waiver 1915 (c)

Attending

Board: Cullen Ryan (Chair), Kimberly Christensen, David Cowing, Richard Estabrook, Kim Humphrey, Barrett Littlefield, Ann-Marie Mayberry, Bernie Oster, Jennifer Putnam, Katie Qualey, Rory Robb, Fatia Waite
Presenters: Derek Fales, Deputy Director, DHHS Office of Aging and Disability Services (OADS), Nancy Cronin, Executive Director, Maine Developmental Disabilities Council
Staff: Valerie Landry
Guests: Debbie Riordan Dionne, Maggie Hoffman

Actions

- → A special meeting of the board will be scheduled regarding DHHS waiver applications to develop comments by May 13, 2026.
- → Board meeting minutes, financial statements, and bank authorizations were approved.

Agenda Items

1. DHHS Update - *Derek Fales, Deputy Director, DHHS Office of Aging and Disability Services (OADS)*

Service provider funding suspension

DHHS suspended MaineCare funding for two service providers resulting in the relocation of 56 individuals. The "emergency" suspensions were prompted by health and safety concerns, such as lack of hygiene, poor nutrition, and absence of positive support plans. OADS "rapid response team" with assistance from case managers, offered choice of new service providers located within an hour of existing locations. Additional suspensions could occur in the future as a result of audits and investigations conducted by Unified Program Integrity Contractors (UPICs). *[Note: UPICs are private entities under contract to CMS to conduct audits, data analysis, and investigations.]*. CMS has complete discretion over the investigations. The lead time between notification of investigation and suspension can be short.

Lifespan and Community Resource Coordination waiver applications (Links to applications below.)

DHHS/OMS published two waiver applications with comments due by May 13. *[Note: One application 1915(b)(4) Waiver Fee-for-Service (FFS) Selective Contracting Program application would waive participant's freedom of choice of providers for Community Resource Coordination (comprehensive case management as a waiver service). The second application seeks to implement a new HCBS 1915(c) waiver (Lifespan) to offer a range of home and community-based services options to individuals with intellectual disabilities (ID), autism spectrum disorder (ASD), or other related conditions (ORC) aged 14 years and above.]*

Q & A: In response to questions and comments from board members

- There is no limit on the number of times an individual can request a change in residence.
- DHHS is learning about the criteria being used by UPICs to identify "high risk" service providers and is reviewing suspensions to surface any patterns
- Atypical claims patterns, such as a sharp increase in billing, could trigger a UPIC audit.
- DHHS is working to license 80-100 unlicensed residences, largely one or two person residences.
- Case managers may not have had face-to-face contact with individuals in the suspended residences (or others) however the standards are being modified to require it.
- DHHS/OADS is seeking to hire eight new Community Resource Coordinators.
- The 30-day public notice and comment period is consistent with CMS regulations. No information sessions are planned regarding the applications before the deadline for comments on May 13, however, public information sessions are planned for summer 2026.

Comments

- The Lifespan Waiver application is worrisome.
- It is difficult to comment on something so complex in such a short timeframe. It is confusing. An information session on these applications would be helpful.
- Members should have choice of qualified providers.
- Concern was expressed regarding categorizing people. What happens if a guardian disagrees?
- Inadequate reimbursement rates will reduce the number of qualified providers. As residences close, replacing them will be more costly due to the increasing cost of renting and purchasing properties, therefore potentially reducing the supply of residential options.
- The Lifespan concept is described as "cost neutral." How can providing additional services be cost neutral without reducing services for current members?
- Restricting choice of case managers means that some individuals will lose current case managers.
- Multiple case managers are problematic, for example, with adjudicated youth.
- The difference between Case Management and Community Resource Coordination is nebulous. The only distinction seems to be around transporting individuals to appointments.
- Information regarding the suspension of MaineCare payments was disseminated by media outlets without official confirmation of facts.
- The Lifespan waiver would encompass children age 14 and up, some with complex issues, requiring coordination among multiple systems (e.g., OADS, MDOE, schools, etc.). How will this coordination be assured? The concept of "fail fast" is problematic.
- Case Managers and Care Coordinators are not synonymous roles.
- A special meeting of the MDSOAB may be needed to review comments on the waiver applications.

Links to waiver applications:

Community Resource Coordination 1915(b)(4)
https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/rule-2026-04/LIfespan1915%20b4%20Draft%20Applcation.pdf

Lifespan Waiver 1915(c)
https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/rule-2026-04/LIfespan1915%20b4%20Draft%20Applcation.pdf

2. Maine Developmental Disabilities Council Five-Year Plan – *Nancy Cronin, Executive Director*

The Council's purpose is to promote system change to ensure that all individuals with developmental and other disabilities are able to live and fully participate in their community of choice. Working in partnership with people with disabilities, parents, advocates, and policy makers, the Council promotes the

independence, integration, and inclusion of all people with disabilities through advocacy, capacity building, and systems change activities throughout the state of Maine and on a national level. The Council is developing its 2027-2032 Five-Year Plan and meeting with groups, such as the MDSOAB, to share the draft plan and obtain feedback. The draft plan has two overarching goals:

Individuals with developmental disabilities and their families will have expanded opportunities for self-direction, informed choice, and meaningful community membership.

Maine's systems of support will be more coordinated, efficient, and responsive to the needs of individuals with developmental disabilities and their families.

Supporting these goals are five objectives:

Increase the availability and consistent use of decision-support approaches that help individuals—including those with complex support needs—and families make informed, practical choices that support safety, independence, and long-term stability.

Strengthen leadership capacity among people with developmental disabilities and families to support community problem-solving, civic participation, and contribution throughout the state.

Maine's systems of support for individuals with developmental disabilities and families will operate in a more coordinated, effective, and responsive manner, improving service availability, continuity, and responsible use of public resources.

Strengthen systemic and community readiness to support individuals with developmental disabilities and families, including those in rural areas, through early identification, prevention-focused approaches, and access to coordinated services.

Improve the availability of integrated, high-quality services that support independence, employment, and community participation while promoting accountability and effective use of public funding.

Comments

- Appreciation was expressed for the Council's work and presentation.
- The Council was applauded for its work in health services. Several members commented on the difficulty finding physicians with familiarity with people with IDD. As stated, "When behaviors change, check pain."

More detail on the Council's plan including a comment link can be found here: https://docs.google.com/forms/d/e/1FAIpQLSc5vVyKOKf4-1QXbf5JQje8jBfKDY_41T0qt8E_yHL-MEIaoA/viewform

3. Approval of Minutes, Finance Reports, and bank authorization.

- On a motion from Ann-Marie Mayberry and seconded by Fatia Waite, the email vote authorizing Interim Executive Director Valerie Landry to conduct banking transactions on behalf of the MDSOAB was ratified unanimously.
- On a motion from Rory Robb and seconded by Katie Qualey, the January and March meeting minutes, and the combined January-March finance report were accepted unanimously.

The next scheduled regularly scheduled board meeting is **May 19, 2026, from 10:00 – Noon.**