Maine Developmental Services Oversight and Advisory Board - Meeting Summary

Date: June 16, 2026
Location: Zoom
Time: 10:00 – Noon

Key Topics
- ❖ Lifespan Waiver applications
- ❖ General Updates
- ❖ New and/or continuing business

Attending

Board: Cullen Ryan (Chair), Kimberly Christensen, David Cowing, Rachel Dyer, Richard Estabrook, Kim Humphrey, Barrett Littlefield, Ann-Marie Mayberry, Bernie Oster, Jennifer Putnam, Rory Robb, Fatia Waite, Joshua Weidemann
Staff: Valerie Landry, Interim Executive Director, Amanda King (Admin), Susan Prew (Finance)

Actions
- ❖ Accepted: 5/19/26 Board Meeting Summary
  Motion made by Kim Christensen; Second by Rory Robb
- ❖ Approved: FY 2027 Budget subject to changes approved by the Executive Committee
  Motion made by Richard Estabrook; Second by Fatia Waite
- ❖ Agreed: Pursue information on the federal Home and Community-Based Services Access Act.
- ❖ Agreed: Increase understanding of the system of services by the general public and legislators.
- ❖ Agreed: Provide an update on the status of Positive Behavioral Health Support Plans implementation.

Discussion

1. Lifespan Waiver Applications

As discussed at the May board meeting, DHHS issued a notice of intent to submit two Lifespan related waiver applications to CMS with expected submission in mid-June. MDSOAB along with many other stakeholders submitted comments to DHHS on the topic. MDSOAB recommended that the applications not be submitted at this time to provide opportunity to resolve major concerns with the proposals. No information has been forthcoming about the status of the applications. Discussion:

Waitlist
If individuals on the waitlist for Section 21 are shifted to Lifespan, how will this affect the waitlist?

Inclusion of young people age 14 -17
- o How will the addition of 14-17 individuals be funded? Resources are insufficient now to address the full needs of this population, e.g., children hospitalized due to lack of residential options.
- o Incorporating transition age youth under Lifespan requires alignment and robust communication between DHHS and the Department of Education (DOE), something not in evidence now.
- o Lifespan is proposed as offering a smooth transition from child to adult services, for example by not having to change case managers. However, services offered under Section 92 [Behavioral Health Home Services] include pediatric and psychiatric support, family support, peer support, parent training, and more. Parents new to the system may not know what they are giving up with the Lifespan waiver. [Link: MaineCare Benefits Manual, Chapter II, Section 92: https://www.maine.gov/dhhs/oms/providers/provider-bulletins/mainecare-notice-agency-rulemaking-adoption-mainecare-benefits-manual-chapter-ii-section-92]

Case Management
Will individuals be able to keep their case managers?

Support Intensity Scale-Adult (SIS-A)
- DHHS is proposed as the entity that hears appeals. A neutral third party should oversee the process.
- The practice of SIS-A evaluators asking questions "over the computer" and not seeing how individuals manage in daily life does not provide an adequate picture of needs.

Fragmentation and complexity of the existing system and the Lifespan proposal
- It is extremely difficult to know how to access services, even if you have knowledge of the system.
- There is an absence of consistent, solid answers, due to either lack of communication or knowledge.
- Discreet services in Lifespan should be bundled to make them easier to both access and administer.
- Several years ago, the Maine Developmental Disabilities Council produced a map of Autism services, which might be a template for application to the broader system.

Shared Living and Rates
- Shared Living is being promoted while rates are being cut and a tiered system created.
- Will the rate structure be challenged?
- Individuals with different rates in the same Shared Living residence is problematic.

Workforce
Galvanizing people to want to do this work is just as important as getting funding. A comprehensive approach is needed, e.g., college loan forgiveness might make the work more appealing.

Existing waivers
Waivers now approved and operating should not be closed.

Licensing
Licensing does not interact with individuals or case managers.

Education/Awareness
Not enough people are aware of the issues. It is essential to educate legislators and the general public.

Related comments:

Home and Community-based Services Access Act (HAA)
The federal HAA would, among other aspects, require state Medicaid programs to provide Home and Community Based Services (HCBS) to all who are eligible and eliminate the need for HCBS waivers. Connect with the federal delegation.

Medicaid funding reductions
At the federal level, proposed reductions in Medicaid funding are existential. This includes the proposed *Community Engagement Requirement for Certain Individuals*, which requires certain Medicaid applicants and beneficiaries to demonstrate community engagement (work, volunteer, etc.) as a condition of eligibility. Although the proposed "work rules" are not intended to affect individuals with I/DD, they will further strain the administrative capacity of DHHS due to new state reporting requirements, verifications, and outreach to affected populations. Also, the loss of Medicaid funds for affected populations will further strain the existing service delivery capacity. Concern was expressed regarding individuals not receiving notices from Medicaid. To help to prevent missing notifications via mail, one can sign up with the United States Postal Service (USPS) for Informed Delivery. https://www.usps.com/manage/informed-delivery.htm

2. General updates

Board meetings
As the board considers future agendas, consideration might be given to having some meetings devoted to information gathering (such as briefings) in priority areas; whereas others would constitute regular board meetings during which time deliberations and actions would occur.

Website
The MDSOAB Website is under construction, with a landing page in its place with the governing statute and the names of board members.

Online banking
MDSOAB is converting from a manual bill paying to online banking. No changes will be made to the stipend payments for self-advocates until individual conversations occur with each member. Checks can continue to be mailed to individuals, as needed, or they can be deposited directly into bank accounts.

3. **New and/or continuing business**

Data and Shared Living.
Identify and obtain specific data from DHHS, including how many family members are involved in Shared Living.

Positive Behavioral Support Plans (PBSP)
Information is needed regarding PBSP training. It is not clear if and how service providers are receiving training on the transition from Behavior Management Plans (BMP) to PBSP. [Background information below includes a recent excerpt from a DHHS communication, excerpt from LD 769, and a link to the relevant statute.]

> "Historically, requests for Behavior Management Plans were reviewed through the Regional Review (three person) Committees. As part of this transition to a positive behavioral support model, the Regional Review Committees will be disbanded. The final meetings of these committees will take place in March 2026 at their regularly scheduled times. The Behavior Management Plan process is being replaced with a more streamlined process that aligns with LD 769." (DHHS, March 2026)

> "The department shall convene a support and safety committee, at least quarterly, to review data on the number and types of plans implemented for adults under this subsection. The department shall provide to the committee deidentified copies of positive behavioral health support plans for all individuals transitioning from a modifying behavioral health support plan to a positive behavioral health support plan. The committee must include, at a minimum, a self-advocate, a family member of the individual receiving services, a representative of the advocacy agency designated pursuant to Title 5, section 19502, a member of the Maine Developmental Services Oversight and Advisory Board established pursuant to Title 5, section 12004-J, subsection 15 and the licensed clinical social worker or psychologist employed by or under contract with the department under paragraph C." (L.D. 769, §D.) Link to statute: https://legislature.maine.gov/legis/bills/getPDF.asp?paper=SP0327&item=3&snum=132