



Maine State Legislature
OFFICE OF POLICY AND LEGAL ANALYSIS

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BUDGET MATERIALS FOR REFERENCE

<i>Document</i>	<i>Page #</i>
1. Questions Posed by HHS and AFA during PHs	1 - 2
2. Effect of P.L. 2017, c. 459, 460 & 471 on Budget <i>(Prepared by Luke Lazure)</i>	3 - 4
3. Budget Initiatives Related to P.L. 2017, c. 459, 460 & 471 <i>(Prepared by Luke Lazure)</i>	5 - 6
4. P.L. 2017, c. 471 (LD 1923, An Act to Improve the Child Welfare System)	7 - 14
5. P.L. 2017, c. 460 (LD 925, An Act Making Certain Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government)	15 - 44
6. P.L. 2017, c. 454 (LD 401, An Act to Require Reimbursement Hospitals for Patients Awaiting Placement in Nursing Facilities)	45 - 46
7. P.L. 2017, c. 421 (LD 320, An Act to Provide MaineCare Coverage for Chiropractic Treatment)	47 - 48
8. P.L. 2017, c. 284 (LD 390, Biennial Budget 128th) <i>(Examples of language for transitions, transfers and emergency rulemaking)</i>	49 - 52
9. P.L. 2017, c. 284 (LD 390, Biennial Budget 128th) <i>(Environmental Specialist III positions)</i>	53 - 54
10. P.L. 2017, c. 284 (LD 390, Biennial Budget 128th) <i>(Division of Contract Management)</i>	55 - 60
11. P.L. 2017, c. 230 (LD 454, An Act to Ensure Safe Drinking Water for Families in Maine)	61 - 64
12. P.L. 2013, c. 368 (LD 1509, Biennial Budget 126th) <i>(MSP asset test)</i>	65 - 66

13. Resolve 2011, c. 71 (LD 1461, Resolve, to Implement the Recommendations of the Report on Services for Elders and Other Adults Who Need Long-term Home-based and Community-based Care)	67 – 70
14. P.L. 2007, c. 327 (LD 839, An Act to Establish a Prescription Drug Detailing Program)	71 - 74
15. Title 5, c. 621 (Maine Children’s Growth Council)	75 - 78
16. Title 22, section 3174-KK (MaineCare Stabilization Fund)	79 – 80
17. Title 34-B, c. 15 (Children’s Mental Health Services)	81 - 86

Questions for DHHS for the biennial budget:

Monday, March 4:

1. A-244: The costs in this initiative are rent. What are the moving costs?
2. Crosswalks for position counts. Which ones net to zero?
3. How many vacant positions are there? How many do you intend to fill between now and June 30? How many are slated for abandonment or converted to a different role?
4. Is there an increase in the number of positions in DHHS after this budget? Are there changes to skill levels and pay levels?
5. DHHS plan for FHM spending overall? What are the new expenditures from the FHM?
6. How much FHM funding is proposed to be used for opioids? How will that funding be spent?
7. Information on the program integrity unit – history, number of cases, funding amounts.
8. A-271: why are federal funds for plumbing source being replaced with FHM funding – Is federal funding ending?
9. What do the limited period Chemists do? Environmental or blood testing?
10. Describe all funds that are being spent on lead and tobacco (separately)?
11. Information about the drug rebate program – how it works, who participates, which drugs are included?
12. Update on the MACWIS improvement/replacement?
13. What is the Evergreen project?
14. Updates on implementation of all the increases in reimbursement or initiatives in LDs 924, 925 and 1923?

Tuesday, March 5:

1. A-305: Howard and Espa Michaud Charitable Trust fund? What is this?
2. Number of people being treated out of state in all sections of MaineCare and trends over time? Including adult forensic, brain injury, children's mental health.
3. Numbers on waitlists for all MaineCare programs and state funded services (e.g. for the elderly).
4. Waitlists for Sec. 65 services broken up by service.
5. Information about whether waitlists are driven by budgets or workforce.
6. Update on the roll-out of the increased 300 slots for Sec. 21 in LD 925.
7. Is there any information on whether the doubling of the Sec. 29 cap has impacted the Sec. 21 need/waitlist?
8. Please provide the report related to LD 924 and the Section 21/29 rules.
9. RPC: Calendar chart from point of denial of certification through January 30 with respect to DSH funding. Did the state collect any funding that needs to be returned?
10. Does DHHS have a plan or timeline for closing the AMHI consent decree?
1. Does DHHS have any plans around increasing the number of nursing facility beds? How many beds have been lost in recent years? What happened to the bed rights from the recently closed nursing facilities?
11. What is the department doing for SUD outside of opioid use disorder?
12. Breakdown of funding to Head Start?
13. How many people are on BRAP? Who administers BRAP? How big is the waiting list?

14. Is there a reason for the requirement for 51% of income on rent for BRAP? If not, when did that requirement change?

Wednesday, March 6:

1. Detailed timeline and assumptions for Medicaid expansion – assumptions for full enrollment, enrollment ramp-up, need, claims assumptions? How do DHHS assumptions and estimates differ from recent ones (DHHS in last administration, Manatt, OFPR)?
2. Additional information about the eligibility simplification project – what will that look like? Also further information about other DHHS IT projects? How much one-time funding is in the budget for IT projects?
3. Information about claims history by April 1st. Projected and actual enrolment at certain periods and claims in the future. What is the appropriate frequency for providing information to the committees that is useful?
4. Are there any trends available about those that have signed up for MaineCare that are not in the 90% eligible category? Trends in nonexpansion group?
5. What is the total amount of federal funds received for Medicaid? Expansion funding from the federal government is approximately what percentage of the whole?
6. Please provide the approved SPA information when it is available so that the Legislature understands the retroactivity part.
7. Will the department be promulgating rules pursuant to PL 2017, c. 454 (reimbursement to hospitals for patients awaiting placement)? There is funding in the budget but hospitals are not being reimbursed because the rules have not been amended.
8. Current information on TANF block grant revenues and committed expenditures?
9. How many additional people might qualify for TANF with the repeal of drug testing for drug felonies for TANF applicants or recipients?
10. Has the increased funding to NFs in LD 925 been implemented as written? There was testimony that the funding was insufficient and the NFs received less than expected.
11. States with asset tests for MSP? What happens if a person has two properties – what is excluded? Does estate recovery apply for MSP?

We are asking other people these questions:

1. When rates for methadone and suboxone are higher, does it translate into success for people in treatment? (Lisa Harvey-McPherson and Jim Cohen)
2. Number of behavioral health workers who are per diem (Malory Shaughnessy)?
3. Diagnostic categories for patients awaiting placement – table (Lisa Harvey-McPherson)?
4. State funding for Head Start in other states? (OPLA)

Broome, Anna

From: Lazure, Luke
Sent: Friday, March 08, 2019 11:14 AM
To: Legislature: Committee on Appropriations and Financial Affairs; Legislature: Committee on Health and Human Services
Cc: Dawson, Maureen; Nolan, Christopher; Broome, Anna; Dooling, Erin
Subject: Impact of LD's 924, 925 and 1923 from the 128th Legislature
Attachments: Summary of the 20-21 Biennial Budget Impact of PL 2017 c. 459 c. 460 and c. 471 (LD 924 LD 925 and 1923 from the 128th) - Revised 02-22-19.pdf

All,

During the DHHS Public Hearing for the 20-21 Biennial Budget, Rep. Gattine mentioned the impacts of LD 924, 925 and 1923 (which are PL 2017 c.459, c.460 and c.471 respectively) and requested that I send along an outline to both committees of this impact. I have attached a file that outlines these impacts.

This file breaks the total impact down by account. The file begins with the Baseline impact of last year's bills, which is not an initiative but is included in the accounts overall baseline number. The next section identifies the increases included as an initiative in the 20-21 Biennial budget, that relate to the 3 bills noted. The final section identifies the total impact on the 20-21 budget and is pictured below:

Total Impact of PL 2017 c. 459, c. 460 and c. 471 on General Fund in Biennial Budget

LR	2405
Version	Governor Proposed
Fund	General Fund

Program Code	Program	Baseline from SFY 2018-19	Total Impact SFY 2019-20	Total Impact SFY 2020-21
0137	IV-E Foster Care/Adoption Assistance	\$386,493	\$463,791	\$463,791
0139	State-funded Foster Care/Adoption Assistance	\$5,732,406	\$6,249,792	\$6,249,792
0147	Medical Care - Payments to Providers	\$15,909,789	\$21,223,168	\$24,067,802
0148	Nursing Facilities	\$5,475,685	\$12,901,721	\$19,030,791
0420	Long Term Care - Office of Aging and Disability S	\$1,504,208	\$2,303,554	\$2,797,259
Z009	PNMI Room and Board	\$704,784	\$1,636,834	\$2,131,742
Z199	Office of Substance Abuse and Mental Health Servi	\$6,813,000	\$6,813,000	\$6,813,000
Z208	Developmental Services - Community	\$134,722	\$186,509	\$215,984
Z211	Developmental Services Waiver - MaineCare	\$25,168,890	31669185	31708158
Z212	Developmental Services Waiver - Supports	\$2,718,540	2718540	2718540
0452	Office of Child and Family Services - District	\$5,411,491	5411491	5411491
Grand Total		\$69,960,008	\$91,579,585	\$101,608,350

I reviewed all the items included in the Biennial Budget that reference PL 2017 c. 460 or PL 2017 c. 471 and I only found 2 lines that had different amounts than the amounts included as projections in the original fiscal notes. The second page of the document just notes this difference for reference. For LD 925 Part A, the fiscal note assumed a GF increase in SFY 20 of 4.3M and the budget assumes an increase of 6.5M. There is also one other item that had a projected increase in the LD 925 part D, though this difference was rather minor.

Please note that LD 924 (PL 2017 c. 459) had no increases over the baseline in 20-21 Biennial Budget. This matched the fiscal note for LD 924 which had no increases projected in SFY 20 and SFY 21

Let me know if you have any questions.

Regards,

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Budget Initiatives related to PL 2017 c. 459, c. 460 and c. 471 (LD 924, LD 925 and LD 1923)

Baseline

LD	924, 925 and 1923
Version	engrossed
Fund	General Fund

ProgramCode	Program	Baseline from SFY 2018-19
0137	IV-E Foster Care/Adoption Assistance	\$386,493
0139	State-funded Foster Care/Adoption Assistance	\$5,732,406
0147	Medical Care - Payments to Providers	\$15,909,789
0148	Nursing Facilities	\$5,475,685
0420	Long Term Care - Office of Aging and Disability S	\$1,504,208
Z009	PNMI Room and Board	\$704,784
Z199	Office of Substance Abuse and Mental Health Serv	\$6,813,000
Z208	Developmental Services - Community	\$134,722
Z211	Developmental Services Waiver - MaineCare	\$25,168,890
Z212	Developmental Services Waiver - Supports	\$2,718,540
0452	Office of Child and Family Services - District	\$5,411,491
Grand Total		\$69,960,008

Increase over Baseline*

LR	2405
Version	Governor Proposed
Fund	General Fund

ProgramCode	Program	SFY 2019-20	SFY 2020-21
137	IV-E Foster Care/Adoption Assistance	\$77,298	\$77,298
139	State-funded Foster Care/Adoption Assistance	\$517,386	\$517,386
147	Medical Care - Payments to Providers	\$5,787,580	\$8,634,584
148	Nursing Facilities	\$7,426,036	\$13,555,106
420	Long Term Care - Office of Aging and Disability S	\$801,346	\$1,293,051
Z009	PNMI Room and Board	\$932,050	\$1,426,958
Z199	Office of Substance Abuse and Mental Health Serv	\$0	\$0
Z208	Developmental Services - Community	\$51,787	\$81,262
Z211	Developmental Services Waiver - MaineCare	\$6,500,295	\$6,539,268
Z212	Developmental Services Waiver - Supports	\$0	\$0
0452	Office of Child and Family Services - District	\$0	\$0
Grand Total		\$22,093,778	\$32,124,913

**LD 924 PL 2017 c. 459 had no increases over the baseline in 20-21 Biennial Budget. This matched the fiscal note for LD 924 which had no increases projected in SFY 20 and SFY 21*

Total Impact of PL 2017 c. 459, c. 460 and c. 471 on General Fund in Biennial Budget

LR	2405
Version	Governor Proposed
Fund	General Fund

ProgramCode	Program	Baseline from SFY 2018-19	Total Impact SFY 2019-20	Total Impact SFY 2020-21
0137	IV-E Foster Care/Adoption Assistance	\$386,493	\$463,791	\$463,791
0139	State-funded Foster Care/Adoption Assistance	\$5,732,406	\$6,249,792	\$6,249,792
0147	Medical Care - Payments to Providers	\$15,909,789	\$21,697,369	\$24,544,373
0148	Nursing Facilities	\$5,475,685	\$12,901,721	\$19,030,791
0420	Long Term Care - Office of Aging and Disability S	\$1,504,208	\$2,305,554	\$2,797,259
Z009	PNMI Room and Board	\$704,784	\$1,636,834	\$2,131,742
Z199	Office of Substance Abuse and Mental Health Serv	\$6,813,000	\$6,813,000	\$6,813,000
Z208	Developmental Services - Community	\$134,722	\$186,509	\$215,984
Z211	Developmental Services Waiver - MaineCare	\$25,168,890	31669185	31708158
Z212	Developmental Services Waiver - Supports	\$2,718,540	2718540	2718540
0452	Office of Child and Family Services - District	\$5,411,491	5411491	5411491
Grand Total		\$69,960,008	\$92,053,786	\$102,084,921

128th Bill Initiatives totals that do not match SFY 20 and SFY 21 Amounts in Biennial Budget

PL Chapter	Bill Part	Bill Sec	ProgramCode	128th LD 925 PL 2017 c. 460	
				2019-20	2020-21
	460 A		1 Z211	\$ 4,288,933	\$ 4,289,233
	D	3	147	\$ 265,821	\$ 580,915
Grand Total				\$ 4,554,754	\$ 4,870,148

Initiatives in Biennial Budget that do not match SFY 20 and SFY 21 Amounts in the 128th Bills

PL Chapter	Bill Part	Bill Sec	ProgramCode	128th LD 925 PL 2017 c. 460	
				2019-20	2020-21
	460 A		1 Z211	\$ 6,500,295	\$ 6,539,268
	D	3	147	\$ 474,201	\$ 476,571
Grand Total				\$ 6,974,496	\$ 7,015,839

Difference between Initiatives in Biennial Budget and the 128th Bills - PL 2017 c.460

PL Chapter	Bill Part	Bill Sec	ProgramCode	128th LD 925 PL 2017 c. 460	
				2019-20	2020-21
	460 A		1 Z211	\$ 2,211,362	\$ 2,250,035
	D	3	147	\$ 208,380	\$ (104,344)
Grand Total				\$ 2,419,742	\$ 2,145,691

P.L. 2017, c. 471

APPROVED
SEPTEMBER 7, 2018
BY GOVERNOR

CHAPTER
471
PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND EIGHTEEN

S.P. 758 - L.D. 1923

An Act To Improve the Child Welfare System

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, maintaining a sufficient number of qualified foster homes provides a critical safety net for vulnerable children; and

Whereas, recruitment and retention of highly qualified child welfare staff will allow for more timely and thorough investigations of allegations of abuse and neglect; and

Whereas, a new comprehensive child welfare information system will make more information available in a timely manner, which will allow for better outcomes for children; and

Whereas, this legislation provides funding necessary to enhance the child welfare system and services available to children in the care of the State; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. Rate increase for foster homes. The daily rates for foster homes must be increased as follows: Unlicensed Homes must be increased from \$10.00 to \$18.50, Level A Licensed Homes must be increased from \$16.50 to \$25.00, Level B Licensed Homes must be increased from \$26.25 to \$35.00, Level C Licensed Homes must be increased from \$39.38 to \$45.00, Level D Licensed Homes must be increased from \$52.50 to \$60.00, Level E Licensed Homes must be increased from \$65.62 to \$75.00 and Medical Licensed Homes must be increased from \$60.00 to \$70.00.

Sec. 2. New job classification. The Department of Administrative and Financial Services, Bureau of Human Resources and the Department of Health and Human Services shall work together to develop a new job classification for the Child Welfare Investigator position. This classification must consider relevant education and training in investigative practice in lieu of the possession of a license in social work. This education and training must be obtained from service and experience in law enforcement or other similar fields.

Sec. 3. Development of a new comprehensive child welfare information system. The Department of Health and Human Services shall conduct a needs analysis for its comprehensive child welfare information system and review possible solutions to meet those needs. The Department of Health and Human Services shall purchase or develop a new comprehensive child welfare information system.

Sec. 4. Report. The Department of Health and Human Services shall report in writing to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2019 on the progress of the department in implementing the provisions of this Act and the progress on and results from any external audit of the department's child protective services system.

Sec. 5. Department of Health and Human Services to conduct a rate study to develop a new rate for MaineCare reimbursement for trauma-focused cognitive behavioral therapy. The Department of Health and Human Services shall contract for a 3rd-party independent rate study to develop a separate reimbursement rate for trauma-focused cognitive behavioral therapy to be available to be billed under rule Chapter 101: MaineCare Benefits Manual, Section 65. In establishing the rate, the rate study must take into consideration the following:

1. The costs to the provider of delivering the service, including additional training for certification and continuing education;
2. Quality assurance and continuous quality improvement;
3. The need to attract enough providers to clear waiting lists for services;
4. The need to attract providers to all areas of the State, including underserved rural areas; and
5. The costs of ensuring fidelity to the trauma-focused cognitive behavioral therapy model.

The department shall ensure that the rate study is completed no later than April 1, 2019. The department shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the findings of the rate study no later than May 1, 2019. The department shall amend its rules to establish a separate reimbursement rate for trauma-focused cognitive behavioral therapy. Rules adopted pursuant to this resolve are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. 6. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

IV-E Foster Care/Adoption Assistance 0137

Initiative: Provides funding for increased foster home reimbursement rates to increase recruitment and retention of foster families in this State.

	2017-18	2018-19
GENERAL FUND		
All Other	\$0	\$386,493
GENERAL FUND TOTAL	\$0	\$386,493

	2017-18	2018-19
FEDERAL EXPENDITURES FUND		
All Other	\$0	\$579,738
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$579,738

Office of Child and Family Services - District 0452

Initiative: Provides increased funding for the creation of 16 Human Services Casework Supervisor positions within the Office of Child and Family Services, child protective services to increase coaching and oversight of child protective staff.

	2017-18	2018-19
GENERAL FUND		
POSITIONS - LEGISLATIVE COUNT	0.000	16.000
Personal Services	\$0	\$768,701
All Other	\$0	\$68,727
GENERAL FUND TOTAL	\$0	\$837,428

	2017-18	2018-19
OTHER SPECIAL REVENUE FUNDS		
Personal Services	\$0	\$168,740
All Other	\$0	\$21,182
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$189,922

Office of Child and Family Services - District 0452

Initiative: Provides funding for the creation of 2 Regional Associate Director for Child Welfare positions.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	2.000
Personal Services	\$0	\$161,112
All Other	\$0	\$8,580
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$169,692</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
Personal Services	\$0	\$35,366
All Other	\$0	\$1,883
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$37,249</u>

Office of Child and Family Services - District 0452

Initiative: Notwithstanding the Maine Revised Statutes, Title 5, section 7065, provides funding for the recruitment and retention of employees in Child Protective Services Caseworker positions, Child Protective Services Caseworker Supervisor positions, Child Protective Services Assistant Program Administrator positions and Child Protective Services Program Administrator positions via a \$5 per wage-hour stipend payment.

GENERAL FUND	2017-18	2018-19
Personal Services	\$0	\$3,040,731
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$3,040,731</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
Personal Services	\$0	\$651,269
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$651,269</u>

Office of Child and Family Services - District 0452

Initiative: Notwithstanding the Maine Revised Statutes, Title 5, section 7065, provides funding for the recruitment and retention of employees in Child Protective Services Caseworker positions, Child Protective Services Caseworker Supervisor positions, Child Protective Services Assistant Program Administrator positions and Child Protective Services Program Administrator positions via a \$1 per wage-hour stipend payment for employees holding or obtaining a relevant master's degree.

GENERAL FUND	2017-18	2018-19
Personal Services	\$0	\$93,808
	<u> </u>	<u> </u>

GENERAL FUND TOTAL	\$0	\$93,808
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OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
Personal Services	\$0	\$20,592
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$20,592</u>

Office of Child and Family Services - District 0452

Initiative: Provides funding for 8 Customer Rep Assoc II - HS positions to act as clerical case aides within the Office of Child and Family Services, child protective services.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	8.000
Personal Services	\$0	\$347,634
All Other	\$0	\$34,992
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$382,626</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
Personal Services	\$0	\$68,694
All Other	\$0	\$6,915
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$75,609</u>

Office of Child and Family Services - District 0452

Initiative: Provides funding for 16 Human Services Caseworker positions.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	16.000
Personal Services	\$0	\$817,222
All Other	\$0	\$69,984
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$887,206</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
Personal Services	\$0	\$161,487
All Other	\$0	\$13,829
	<u> </u>	<u> </u>

OTHER SPECIAL REVENUE FUNDS TOTAL \$0 \$175,316

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides funding for increased foster home reimbursement rates to increase recruitment and retention of foster families in this State.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$2,586,929
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$2,586,929</u>

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides increased funding for procurement of a pilot program for child welfare services to support children in the State's custody through supportive visitation, which will allow for the supervision of court-ordered visitation with relatives of the children and will provide assessment and evaluation of parental capacity as it relates to the parent's ability to safely care for the child.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$2,250,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$2,250,000</u>

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides increased funding for procurement of child welfare services to support children in the State's custody through clinical support and guidance of child welfare casework practice. This funding will allow each district office to procure a clinician to aid the district in clinical consultation within child welfare cases, in training to increase staff knowledge of mental health and behavioral needs of children in the State's custody and in consultation within child welfare cases on parental capacity. In addition, this increase in funding will allow for procurement of clinical services to support each district office to evaluate staff functioning and provide debriefing for critical incidents.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$880,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$880,000</u>

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides one-time funding for the development of a new comprehensive child welfare information system.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$8,000,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$8,000,000</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$19,514,913
FEDERAL EXPENDITURES FUND	\$0	\$579,738
OTHER SPECIAL REVENUE FUNDS	\$0	\$1,149,957
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$21,244,608</u>

Sec. 7. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Office of MaineCare Services 0129**

Initiative: Provides funding to contract with a 3rd party to conduct a rate study to develop certain rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 to be completed no later than May 1, 2019.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$50,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$50,000</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$50,000
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$50,000</u>

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND AND EIGHTEEN

—
H.P. 653 - L.D. 925

**An Act Making Certain Appropriations and Allocations and Changing
Certain Provisions of the Law Necessary to the Proper Operations of State
Government**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the 90-day period may not terminate until after the beginning of the next fiscal year; and

Whereas, certain obligations and expenses incident to the operation of state departments and institutions will become due and payable immediately; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Developmental Services - Community Z208**

Initiative: Provides funding for one Social Services Program Specialist II position to handle additional work required by an increase in members under a MaineCare Benefits Manual, Chapters II and III, Section 21 waiver.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	\$0	\$83,853
All Other	\$0	\$6,191
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$90,044</u>

Developmental Services Waiver - MaineCare Z211

Initiative: Provides funding for the Department of Health and Human Services, beginning October 1, 2018, to add 50 members a month from the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$5,068,738
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$5,068,738</u>

Medicaid Services - Developmental Services Z210

Initiative: Provides an allocation for the Department of Health and Human Services, beginning October 1, 2018, to add 50 members a month from the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$1,025,369
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$1,025,369</u>

Medical Care - Payments to Providers 0147

Initiative: Provides an allocation for the Department of Health and Human Services, beginning October 1, 2018, to add 50 members a month from the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$10,995,368
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$10,995,368

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$5,158,782
FEDERAL EXPENDITURES FUND	\$0	\$10,995,368
OTHER SPECIAL REVENUE FUNDS	\$0	\$1,025,369
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$17,179,519

PART B

Sec. B-1. 22 MRSA §1708, sub-§3, ¶F, as enacted by PL 2013, c. 594, §1, is amended to read:

F. Establish a nursing facility's base year every 2 years and increase the rate of reimbursement beginning July 1, 2014 and every year thereafter until June 30, 2018. For the state fiscal year beginning July 1, 2018, the base year for each facility is its fiscal year that ended in the calendar year 2016. For state fiscal years beginning on or after July 1, 2019, subsequent rebasing must be based on the most recent cost report filings available. The department may provide a mechanism for subsequent adjustments to base year costs to reflect any material difference between as-filed cost reports used in rebasing and subsequent determinations of audited, allowable costs for the same fiscal period. The department's rules must provide that, beginning in the state fiscal year beginning July 1, 2018, the rates set for each rebasing year must include an inflation adjustment for a cost-of-living percentage change in nursing facility reimbursement each year in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

Any rebasing done pursuant to this paragraph may not result in a nursing facility receiving a reimbursement rate that is lower than the rate in effect on June 30, 2018.

Sec. B-2. Rate increases for adult family care services, adult day services and homemaker services. The Department of Health and Human Services shall provide for rate increases for adult family care services, adult day services and homemaker services pursuant to rule as provided in this section.

1. Services provided pursuant to rules; rate increases for fiscal year 2018-19. The department shall amend its rules in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 2, Adult Family Care Services and Section 26, Day Health Services; and in 10-149, Chapter 5: Office of Aging and Disability Services Policy Manual, Section 61, Adult Day Services and Section 69, Independent Support Services

Program so that for the state fiscal year ending June 30, 2019 the MaineCare payment rates attributable to wages and salaries for personal care and related services provided pursuant to each of the rules are increased by 10%.

2. Rate increases for fiscal year 2019-20 and thereafter until completion of rate study. For the state fiscal year ending June 30, 2020 and each year thereafter until the completion of the rate study under subsection 3, the MaineCare payment rates attributable to wages and salaries for personal care and related services under subsection 1 must be increased by an inflation adjustment cost-of-living percentage change in reimbursement in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

3. Rate study. Cost-of-living increases as described in subsection 2 must continue on an annual basis until the Department of Health and Human Services has completed a rate study conducted by a 3rd party, including participation of providers, for adult family care services, adult day services or homemaker services and the rates in the rate study have been implemented.

Sec. B-3. Rate increases for nursing facilities. The Department of Health and Human Services shall amend its rule in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities to provide for the following.

1. Special wage allowance for fiscal year 2018-19. For the state fiscal year ending June 30, 2019, a special supplemental allowance must be made to provide for increases in wages and wage-related benefits in both the direct care cost component and routine care cost component as follows. An amount equal to 10% of allowable wages and associated benefits and taxes as reported on each facility's as-filed cost report for its fiscal year ending in calendar year 2016 must be added to the cost per resident day in calculating each facility's prospective rate, notwithstanding any otherwise applicable caps or limits on reimbursement. This supplemental allowance must also be allowed and paid at final audit to the full extent that it does not cause reimbursement to exceed the facility's allowable costs in that fiscal year.

2. Changes in occupancy penalty. For the state fiscal years ending June 30, 2019, June 30, 2020 and June 30, 2021, the reduction in allowable cost per day in the fixed costs component based on minimum occupancy standards applies only for an annual level of occupancy less than 70%. For fiscal years ending June 30, 2022 and thereafter, the reduction in allowable cost applies only for an annual level of occupancy less than 85% for facilities with 61 or more beds and 80% for facilities with 60 or fewer beds.

3. Low-cost, high Medicaid nursing facilities. Beginning July 1, 2019, the supplemental payment established by Public Law 2013, chapter 594, section 3, subsection 5 must be revised to provide that the supplemental payment increases to 60¢ per resident day, is not subject to cost settlement and must be retained by the facility in its entirety for any nursing facility whose MaineCare residents constitute more than 80% of the nursing facility's total number of residents and whose base year direct and routine aggregate costs per day are less than the median aggregate direct and routine allowable costs for the facility's peer group. The supplemental payment must continue to apply as provided in

Public Law 2013, chapter 594, section 3, subsection 5 for facilities that do not meet the standard set forth in this subsection.

4. Hold harmless. The rate of reimbursement for nursing facilities for direct care and routine costs that results from amending the law or the rules to reflect the revised method of rebasing the nursing facility's base year pursuant to this section may not result for any nursing facility in a rate of reimbursement that is lower than the rate in effect on June 30, 2018.

Sec. B-4. Rate increases for residential care facilities. The Department of Health and Human Services shall amend its rules in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Appendix C, Principles of Reimbursement for Medical and Remedial Service Facilities; and 10-144, Chapter 115: Principles of Reimbursement for Residential Care Facilities - Room and Board Costs to provide for the following rate changes.

1. Special wage allowance for fiscal year 2018-19. For the state fiscal year ending June 30, 2019, a special supplemental allowance must be made to provide for increases in wages and wage-related benefits in the direct care, personal care services and routine cost components as follows. An amount equal to 10% of wages and associated benefits and taxes as reported on each facility's as-filed cost report for its fiscal year ending in calendar year 2016 must be added to the cost per resident day in calculating each facility's prospective rate, notwithstanding any otherwise applicable caps or limits on reimbursement. This supplemental allowance must also be allowed and paid at final audit to the full extent that it does not cause reimbursement to exceed the facility's allowable costs in each component that is cost settled in that fiscal year.

2. Adjustment for inflation for rates for fiscal year 2019-20 and thereafter. For the state fiscal year ending June 30, 2020 and each year thereafter, the MaineCare payment rates attributable to wages and salaries in each cost component specified in subsection 1 must be increased by an inflation factor in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

Sec. B-5. Commission To Study Long-term Care Workforce Issues. Notwithstanding Joint Rule 353, the Commission To Study Long-term Care Workforce Issues, referred to in this section as "the commission," is established.

1. Members. The commission consists of up to 18 members as follows:

A. Two members of the Senate appointed by the President of the Senate, including a member from each of the 2 parties holding the largest number of seats in the Legislature;

B. Three members of the House of Representatives appointed by the Speaker of the House, including a member from each of the 2 parties holding the largest number of seats in the Legislature; and

C. Up to 13 members who possess expertise in the subject matter of the study as follows:

- (1) A direct care worker appointed by the President of the Senate;
- (2) A provider of home-based long-term care who is a member of a statewide association representing home-based long-term care providers appointed by the President of the Senate;
- (3) A representative of a statewide association representing nonprofit housing and senior service programming appointed by the President of the Senate;
- (4) A representative of an organization providing services to individuals with intellectual disabilities and autism including employment services and long-term home supports appointed by the President of the Senate;
- (5) A provider of facility-based long-term care who is a member of a statewide association representing facility-based long-term care providers appointed by the Speaker of the House;
- (6) A representative of an organization providing statewide homemaker services through the state-funded independent support services program within the Department of Health and Human Services appointed by the Speaker of the House;
- (7) A representative of an institution of higher education engaged in workforce development appointed by the Speaker of the House;
- (8) A representative of a service coordination agency providing service coordination to people receiving home-based and community-based long-term care appointed by the Speaker of the House;
- (9) A representative of an organization promoting independent living for individuals with disabilities appointed by the Speaker of the House;
- (10) A representative of a business that acts as a labor intermediary helping unemployed and underemployed people obtain employment appointed by the Speaker of the House;
- (11) The executive director of the long-term care ombudsman program described under the Maine Revised Statutes, Title 22, section 5106, subsection 11-C;
- (12) The Commissioner of Health and Human Services, or the commissioner's designee, who may be invited to participate; and
- (13) The Commissioner of Labor, or the commissioner's designee, who may be invited to participate.

2. Chairs and subcommittees. The first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission. The chairs of the commission are authorized to establish subcommittees to work on the duties listed in subsection 4 and to assist the commission. The subcommittees must be composed of members of the commission and interested persons who are not members of the commission and who volunteer to serve on the subcommittees without reimbursement.

3. Appointments. All appointments must be made no later than 30 days following the effective date of this Part. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members and after adjournment of the Second Special Session of the 128th Legislature, the chairs shall call and convene the first meeting of the commission. If 30 days or more after the effective date of this Part a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business.

4. Directive of commission. The commission shall study and make policy recommendations in each of the following areas:

- A. Measuring current demand for direct care workers and projecting future needs;
- B. Developing a campaign and statewide recruitment strategies to encourage more people to work in facility-based and home-based long-term care;
- C. Supporting career ladders throughout various long-term care settings;
- D. Identifying education needs and methods to fill education needs for direct care workers;
- E. Identifying barriers to hiring and methods to overcome barriers to hiring;
- F. Developing strategies to improve the quality of long-term care jobs; and
- G. Increasing opportunities for shared staffing among long-term care providers.

The commission shall make policy recommendations for public and private funding mechanisms to implement the commission's recommendations.

5. Program. The commission shall make recommendations for the establishment of a program that will contribute to long-term care direct care workers' postsecondary education in related fields.

6. Pilot program. The commission shall make recommendations for the establishment of a pilot program to pool part-time home care workers' hours for purposes of providing greater employment opportunity and obtaining employee benefits.

7. Staffing. The Legislative Council shall provide necessary staffing services to the commission.

8. Administration. The Commissioner of Health and Human Services, the State Auditor and the State Budget Officer shall provide necessary information and assistance to the commission as required for the commission's duties.

9. Report. No later than November 7, 2018, the commission shall submit a report that includes its findings and recommendations pursuant to subsections 4 to 6, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The joint standing committee of the Legislature having jurisdiction over health and human services matters may report out a bill regarding the subject matter of the report to the First Regular Session of the 129th Legislature.

Sec. B-6. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Developmental Services - Community Z208**

Initiative: Provides appropriations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$44,678
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$44,678</u>

Long Term Care - Office of Aging and Disability Services 0420

Initiative: Provides appropriations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$620,032
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$620,032</u>

Medical Care - Payments to Providers 0147

Initiative: Provides appropriations and allocations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$4,271,956
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$4,271,956</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$20,525,109
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$20,525,109</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$516,023
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$516,023</u>

Nursing Facilities 0148

Initiative: Provides appropriations and allocations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$5,475,685
GENERAL FUND TOTAL	\$0	\$5,475,685

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$1,108,680
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,108,680

PNMI Room and Board Z009

Initiative: Provides appropriations for an increase to rates for certain services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$687,649
GENERAL FUND TOTAL	\$0	\$687,649

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF
DEPARTMENT TOTALS**

	2017-18	2018-19
GENERAL FUND	\$0	\$11,100,000
FEDERAL EXPENDITURES FUND	\$0	\$20,525,109
OTHER SPECIAL REVENUE FUNDS	\$0	\$1,624,703
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$33,249,812

PART C

Sec. C-1. Department of Health and Human Services to establish and increase MaineCare rates. Notwithstanding any other provision of law, no later than the effective date of this Part, the Department of Health and Human Services shall amend rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 to establish new reimbursement rates and increase existing reimbursement rates for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns &

Associates, Inc. Rules adopted pursuant to this section are major substantive rules pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. C-2. Appropriations and allocations. The following appropriations and allocations are made.

EDUCATION, DEPARTMENT OF

General Purpose Aid for Local Schools 0308

Initiative: Provides funding for the additional costs associated with the establishment of reimbursement rates and the increase of existing reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$568,421
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$568,421</u>

**EDUCATION, DEPARTMENT OF
DEPARTMENT TOTALS**

	2017-18	2018-19
GENERAL FUND	\$0	\$568,421
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$568,421</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funding to establish reimbursement rates and increase existing reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$2,273,686
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$2,273,686</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$6,206,430
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$6,206,430

Mental Health Services - Community Medicaid Z201

Initiative: Provides funding to establish reimbursement rates and increase existing reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$577,566
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$577,566

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$2,273,686
FEDERAL EXPENDITURES FUND	\$0	\$6,206,430
OTHER SPECIAL REVENUE FUNDS	\$0	\$577,566
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$9,057,682

SECTION TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$2,842,107
FEDERAL EXPENDITURES FUND	\$0	\$6,206,430
OTHER SPECIAL REVENUE FUNDS	\$0	\$577,566
SECTION TOTAL - ALL FUNDS	\$0	\$9,626,103

PART D

Sec. D-1. Department of Health and Human Services to increase MaineCare rates. The Department of Health and Human Services shall amend the

rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 13, Targeted Case Management Services; Section 17, Allowances for Community Support Services; Section 23, Developmental and Behavioral Clinic Services; Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; Section 65, Behavioral Health Services; and Section 97, Private Non-Medical Institution Services, Appendix B and Appendix E to increase reimbursement rates, effective July 1, 2018, to ensure a net increase in funding from fiscal year 2008-09 to fiscal year 2018-19 of 2% as long as no rate for a service is lower than the rate reimbursed as of January 1, 2018. The rules must specify that the increase in reimbursement rates must be applied to wages and benefits for employees who provide direct services and not to administrators or managers.

Sec. D-2. Increase to employee wages. To qualify for the rate increase pursuant to section 1 of this Part, an agency providing services must demonstrate, to the satisfaction of the Department of Health and Human Services, that an increase in wages and benefits for employees providing direct services has been granted that equals the amount of increase received as a result of the increased reimbursement. The increase must be granted or paid out retroactively from the date the department begins reimbursing at the increased rates.

Sec. D-3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides appropriations and allocations to increase certain reimbursement rates by July 1, 2018 to reflect a 2% increase over rates in fiscal year 2008-09.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$6,036,063
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$6,036,063</u>
FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$11,974,266
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$11,974,266</u>
OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$0	\$600,591
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$600,591</u>

PNMI Room and Board Z009

Initiative: Provides appropriations to increase certain reimbursement rates, by July 1, 2018, to reflect a 2% increase from rates in fiscal year 2008-09.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$17,135
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$17,135</u>

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF
DEPARTMENT TOTALS**

	2017-18	2018-19
GENERAL FUND	\$0	\$6,053,198
FEDERAL EXPENDITURES FUND	\$0	\$11,974,266
OTHER SPECIAL REVENUE FUNDS	\$0	\$600,591
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$18,628,055</u>

PART E

Sec. E-1. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funding for a 15% rate increase for the medication management services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services, by July 1, 2018.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$552,527
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$552,527</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$1,003,012
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$1,003,012</u>

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides funding for a 15% rate increase for the medication management services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services, by July 1, 2018.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$15,477
GENERAL FUND TOTAL	\$0	\$15,477

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$568,004
FEDERAL EXPENDITURES FUND	\$0	\$1,003,012
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$1,571,016

PART F

Sec. F-1. 15 MRSA §5826, sub-§6, as amended by PL 1999, c. 408, §3, is further amended to read:

6. Final order of disposition of property; public education campaign. Following the entry of a verdict of forfeiture of property pursuant to this section or the entry of a guilty plea in open court on the record and following the court's disposition of all petitions for hearing timely filed by 3rd parties, the State has clear title to property that is the subject of the indictment, information or complaint. The final order must provide for the deposit of the property or the proceeds from the disposition of the property, less the reasonable expenses of the forfeiture proceedings, seizure, storage, maintenance of custody, advertising and notice, in the General Fund, except that, to the extent that the court finds it reasonable, the court may order forfeiture of as much of the property as is appropriate, less the reasonable expenses of the forfeiture proceedings, seizure, storage, maintenance of custody, advertising and notice, to a municipality, county or state agency that has made a substantial contribution to the investigation or prosecution of a related criminal case or, upon request of the investigating agency or the prosecuting agency, to a law enforcement agency in this State that provides case management and other social services to persons with substance use disorders.

Sec. F-2. 17-A MRSA §1105-A, sub-§1, ¶¶K and L, as enacted by PL 2003, c. 476, §2, are amended to read:

K. Death of another person is in fact caused by the use of ~~that scheduled drug~~ one or more scheduled drugs, the scheduled drug trafficked by the defendant is a contributing factor to the death of the other person and the that drug is a schedule W drug. A violation of this paragraph is a Class A crime; ~~or~~

L. Serious bodily injury of another person is in fact caused by the use of that ~~scheduled drug~~ one or more scheduled drugs, the scheduled drug trafficked by the defendant is a contributing factor to the serious bodily injury of the other person and the ~~that~~ drug is a schedule W drug. A violation of this paragraph is a Class B crime;
or

Sec. F-3. 17-A MRSA §1105-A, sub-§1, ¶M is enacted to read:

M. At the time of the offense, the person trafficks in fentanyl powder in a quantity of 6 grams or more or 270 or more individual bags, folds, packages, envelopes or containers of any kind containing fentanyl powder. A violation of this paragraph is a Class A crime.

Sec. F-4. 17-A MRSA §1105-B, sub-§1, ¶D, as enacted by PL 2003, c. 476, §5, is amended to read:

D. Death or serious bodily injury of another person is in fact caused by the use of that ~~counterfeit drug~~ one or more drugs and the drug furnished by the defendant is a contributing factor to the death or serious bodily injury of the other person.

Sec. F-5. 17-A MRSA §1105-C, sub-§1, ¶K, as enacted by PL 2003, c. 476, §7, is amended to read:

K. Death of another person is in fact caused by the use of that ~~scheduled drug~~ one or more drugs and the drug is a ~~schedule W drug~~ furnished by the defendant is a contributing factor to the death of the other person. A violation of this paragraph is a Class B crime. It is an affirmative defense to prosecution under this paragraph that the drug furnished was lawfully possessed by the defendant prior to furnishing and that the death was not a reasonably foreseeable consequence of the use of that scheduled drug. In determining whether the death was reasonably foreseeable, the jury shall consider:

- (1) The factual circumstances surrounding the furnishing of the drug;
- (2) The total quantity of the drug furnished;
- (3) The dosage of the units furnished;
- (4) The nature of the drug;
- (5) The overdose risk presented by use of the drug; and
- (6) Any safety warnings provided to the defendant at the time of dispensing the drug; or

Sec. F-6. 22 MRSA §7250, sub-§8 is enacted to read:

8. Report regarding program. The department shall provide to the joint standing committee of the Legislature having jurisdiction over health and human services matters on or before January 15th of each year, and at such other times as the committee requests, data pertaining to the aggregate number of prescriptions of each drug required to be included in the program, the number of prescribers participating in the program categorized by specialty, any historical trends or patterns in prescribing practices within

the State, any progress in the implementation of information sharing agreements authorized by subsection 4-A and any other information pertaining to the work of the program as requested by the committee that is reasonably available to the department, as long as all information reasonably likely to reveal the patient or the prescriber or other person who is the subject of the information has been removed.

Sec. F-7. Appropriations and allocations. The following appropriations and allocations are made.

INDIGENT LEGAL SERVICES, MAINE COMMISSION ON

Maine Commission on Indigent Legal Services Z112

Initiative: Provides funds for an anticipated increase in indigent legal services costs resulting from additional prosecutions involving death or serious bodily injury to a person.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$11,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$11,000</u>

PART G

Sec. G-1. 5 MRSA §20003, sub-§13-A is enacted to read:

13-A. Hub. "Hub" means an organization licensed by the department that provides timely access to comprehensive, integrated assessment, treatment and recovery support for individuals with substance use disorder, including but not limited to opioid use disorders. Hub services may be provided by licensed behavioral health organizations, community mental health centers, methadone clinics, hospitals and federally qualified health centers.

Sec. G-2. 5 MRSA §20003, sub-§15-A is enacted to read:

15-A. Integrated medication-assisted treatment. "Integrated medication-assisted treatment" means a treatment method that combines medication approved by the federal Food and Drug Administration for the treatment of substance use disorder with counseling, urine drug screening and behavioral therapy that has proven effective in treating substance use disorder.

Sec. G-3. 5 MRSA §20003, sub-§16-A is enacted to read:

16-A. Levels of care. "Levels of care" means the continuum of recovery-oriented services that reflect an individual's risks, needs, strengths, resources and skills as determined by an assessment with standardized placement criteria conducted by a qualified clinician.

Sec. G-4. 5 MRSA §20003, sub-§19-A is enacted to read:

19-A. Recovery support services. "Recovery support services" means services that recognize recovery is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential, including, but not limited to, safe housing, transportation, peer mentoring and coaching and assistance with and access to employment services. "Recovery support services" may include services provided in an integrated medication-assisted treatment setting or in a separate facility that is staffed by individuals in recovery and that provides services such as mentoring, education and resource provision.

Sec. G-5. 5 MRSA §20003, sub-§19-B is enacted to read:

19-B. Spoke. "Spoke" means a community-based provider, including, but not limited to, a primary care provider, that provides integrated medication-assisted treatment and behavioral health treatment and recovery support services to patients with substance use disorder, including, but not limited to, opioid use disorder, or refers those patients to such treatments or services.

Sec. G-6. 5 MRSA §20055 is enacted to read:

§20055. Hub-and-spoke model

No later than October 1, 2018, the department shall ensure that a continuum of evidence-based treatment and recovery support services for opioid use disorder is accessible to all people in this State through contracts with hubs and spokes. Hub providers may refer patients to spokes when clinically appropriate, and spokes may refer patients to hubs when clinically appropriate. The department shall provide funds to hubs and spokes to support the development of treatment capacity. The department shall also provide funds to hubs and spokes for treatment, including medication, for individuals who lack insurance or the ability to pay for treatment. The department shall provide funds to support recovery support services for individuals receiving treatment from hubs and spokes. The department shall ensure that individuals have access to the appropriate levels of care that meet the individuals' need, as determined by an assessment by a treating clinician. A hub is eligible to receive funding under this section only if the hub has the capacity to assess and treat or refer patients with multiple behavioral health diagnoses. A hub shall provide or contract for comprehensive services including intensive outpatient programs and integrated medication assisted treatment for individuals with acute needs. A hub shall provide or coordinate with recovery support services.

Sec. G-7. Department of Health and Human Services; services for opioid and substance use disorder. The Department of Health and Human Services, referred to in this section as "the department," shall assess federal funding opportunities to support integrated medication-assisted treatment and a hub-and-spoke model of delivery of services for opioid and substance use disorder as described in the Maine Revised Statutes, Title 5, section 20055 and distribute resources to hubs and spokes based on identified needs.

1. Development of grant funding for education. The department shall provide grant funding, when available, to hubs or other qualified entities to provide assistance with the development of hub-and-spoke infrastructure, as well as initial training and

ongoing education to hub-and-spoke providers across the State. Qualified entities may include providers that deliver health care services to meet the health needs of target populations.

2. Provide treatment to uninsured individuals seeking treatment. The department shall provide funds to support treatment for uninsured individuals seeking integrated medication-assisted treatment.

3. Evaluation and assessment. The department shall develop assessment measures for performance evaluation of the hub-and-spoke model. Assessment measures must include statistics regarding referrals of individuals seeking substance use disorder treatment; treatment for substance use disorder; success rates, including recovery engagement, adherence to medication-assisted treatment protocols, stability and workplace participation; wait time for services; and any other relevant measures.

4. 211 Maine information. The department shall support the development of a plan to create a statewide resource and referral center for substance use disorder treatment and recovery resources that uses the existing 211 Maine service and links it with comprehensive, statewide information on available treatment and recovery resources. The department shall work collaboratively with the United Ways of Maine to develop this plan, as well as with substance use disorder treatment providers and individuals from the substance use disorder recovery community.

5. Report. No later than February 1, 2019, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the progress and implementation of the hub-and-spoke model, federal funding, grants dispersed, evaluation and assessment measures and improvement of the 211 Maine service. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out legislation to the First Regular Session of the 129th Legislature related to the report.

Sec. G-8. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Office of Substance Abuse and Mental Health Services Z199**

Initiative: Provides funding beginning in fiscal year 2018-19 to hubs and spokes, as defined in the Maine Revised Statutes, Title 5, section 20003, to cover costs of intensive, intermediate and long-term treatment, including, but not limited to, the cost of medication, screening, behavioral health treatment, urine drug screens, office visits and recovery support services for individuals with opioid use disorder, including those who are uninsured. The department may use a portion of the funds to support training and education of hub-and-spoke providers.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$6,663,000
GENERAL FUND TOTAL	\$0	\$6,663,000

PART H

Sec. H-1. Sustainable funding review. The Department of Health and Human Services shall conduct a review of possible ways to provide adequate sustainable funding for affordable assisted living facilities that hold a valid contract with the office of aging and disability services within the Department of Health and Human Services, including providing permanent increases to existing funding levels, paying the medical costs of certain residents until they are eligible for MaineCare coverage, a practice known as Rate Code 53 spending, and designating facilities as private nonmedical institutions. The department shall report back with its recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 11, 2019.

Sec. H-2. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Office of Aging and Disability Services Central Office 0140

Initiative: Provides one-time additional funding for the provision of assisted living services.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$500,000
GENERAL FUND TOTAL	\$0	\$500,000

PART I

Sec. I-1. Department of Health and Human Services to increase MaineCare reimbursement for outpatient psychosocial treatments for children. The Department of Health and Human Services shall increase reimbursement rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% for the period from the effective date of this Part to June 30, 2019.

Sec. I-2. Rate study. The Department of Health and Human Services shall contract with a 3rd party to conduct a rate study of reimbursement rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy. The rate study must develop a rate that is set on a per case per

week basis. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018.

Sec. I-3. Report. The Department of Health and Human Services shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters with the findings of the rate study conducted pursuant to section 2 of this Part no later than January 30, 2019.

Sec. I-4. Rulemaking. The Department of Health and Human Services is authorized to adopt rules to implement new rates developed pursuant to the rate study in section 2 of this Part as long as those rates are no lower than the rates of reimbursement that exist on April 1, 2018 and the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services approves the reimbursement rates. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. I-5. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funding for a one-time increase to certain rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 by 20% until June 30, 2019.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$212,306
GENERAL FUND TOTAL	<hr/>	<hr/>
	\$0	\$212,306
FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$385,318
FEDERAL EXPENDITURES FUND TOTAL	<hr/>	<hr/>
	\$0	\$385,318

Office of MaineCare Services 0129

Initiative: Provides funding to contract with a 3rd party to conduct a rate study of certain rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 to be completed no later than December 1, 2018.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$50,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$50,000</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$50,000
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$50,000</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$262,306
FEDERAL EXPENDITURES FUND	\$0	\$435,318
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$697,624</u>

PART J

Sec. J-1. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Office of Substance Abuse and Mental Health Services Z199**

Initiative: Provides funds for case management and other ancillary services provided by the office for drug courts established by the Judicial Department. These funds must be used to provide services for up to 30 new participants either at a new drug court in the State or in existing drug courts in the State.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$150,000
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$150,000</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2017-18	2018-19
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GENERAL FUND	\$0	\$150,000
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$150,000

JUDICIAL DEPARTMENT

Courts - Supreme, Superior and District 0063

Initiative: Provides funds for active retired judges to cover other court time of full-time sitting judges assigned either to a new drug court in the State or to existing drug courts in the State to allow for up to 30 new participants.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$10,800
GENERAL FUND TOTAL	\$0	\$10,800

JUDICIAL DEPARTMENT DEPARTMENT TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$10,800
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$10,800

SECTION TOTALS	2017-18	2018-19
GENERAL FUND	\$0	\$160,800
SECTION TOTAL - ALL FUNDS	\$0	\$160,800

PART K

Sec. K-1. 5 MRSA §17852-A is enacted to read:

§17852-A. Computation of benefit for certain correctional facility employees

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Client" has the same meaning as in Title 34-A, section 1001, subsection 1-A.

B. "Closure" means the removal of all clients from a correctional facility pursuant to legislation enacted into law approving the removal of all clients.

C. "Correctional facility" has the same meaning as in Title 34-A, section 1001, subsection 6.

2. Correctional facility employees. Notwithstanding section 17852 and any other provision of law, the service retirement benefit for a member for whom funding has been received under subsection 6 is computed as provided in subsection 3 if the member:

A. Has creditable service of 25 years or more;

B. Has not reached what would be the member's normal retirement age absent this section;

C. Was employed in a correctional facility at the time legislation approving the closure of that correctional facility was enacted and that correctional facility is located more than 100 miles from the nearest correctional facility; and

D. Retires as a direct result of the closure of the correctional facility described in paragraph C.

3. Benefit. The amount of the service retirement benefit for a member qualified under subsection 2 is 1/50 of the member's average final compensation multiplied by the number of years of creditable service.

4. Certification and calculation of required funding. Within 5 days of a closure of a correctional facility, the Commissioner of Corrections shall provide certification of the closure and the date of enactment and the chapter of the law approving the closure to the retirement system. The retirement system shall determine the required funding for service retirement benefits under subsection 3 for all members who meet the conditions of subsection 2 and shall provide the determined amount to the Commissioner of Administrative and Financial Services, the Commissioner of Corrections and the joint standing committee of the Legislature having jurisdiction over retirement matters.

5. Increase in employer contribution. Upon receipt of the determined required funding from the retirement system pursuant to subsection 4, the Department of Administrative and Financial Services shall assess a one-time increase in the Department of Corrections' employer contribution rate provided for in section 17253 to fully fund the determined amount.

6. Receipt of funding. The service retirement benefit for a member who meets the conditions of subsection 2 is paid under subsection 3 only if the retirement system has received the funding from the additional assessment provided for in subsection 5 or received an appropriation from the Legislature for the required funding under subsection 4.

PART L

Sec. L-1. Task force established. The Task Force To Study and Plan for the Implementation of Maine's Early Childhood Special Education Services, referred to in this Part as "the task force," is established to study and plan for the implementation of Maine's early childhood special education programs and services provided for young children from 3 years of age to 5 years of age.

Sec. L-2. Task force membership. Notwithstanding Joint Rule 353, the task force consists of 20 members appointed as follows:

1. One member of the Senate appointed by the President of the Senate;
2. One member of the House of Representatives appointed by the Speaker of the House;
3. Sixteen members appointed as follows:
 - A. Two members who are parents of children with a disability between 3 years of age and 5 years of age, one from an urban community and one from a rural community, appointed by the President of the Senate. The 2 members must have knowledge of or experience with programs for children with disabilities;
 - B. One member who is a contracted service provider of early intervention and free, appropriate public education services, representing the Maine Association for Community Service Providers, appointed by the Speaker of the House;
 - C. Two members who are Child Development Services System staff members who provide direct services, appointed by the Speaker of the House;
 - D. One member who is a representative of a Head Start agency or program in the State, representing Head Start programs in Maine, appointed by the President of the Senate;
 - E. One member who is a representative of a child care program, appointed by the Speaker of the House;
 - F. One member who is a teacher in an early childhood education program for children 4 years of age that includes coordination of programs and services for eligible children within a public elementary school from a large school administrative unit, representing the Maine Education Association, appointed by the President of the Senate;
 - G. One member who is a special education director from a small school administrative unit, representing the Maine Administrators of Services for Children with Disabilities, appointed by the President of the Senate;
 - H. One member who is a principal of a public elementary school of a small school administrative unit that has implemented an early childhood education program for children 4 years of age that includes coordination of programs and services for eligible children, representing the Maine Principals' Association, appointed by the Speaker of the House;
 - I. One member who serves as a superintendent of a large school administrative unit that has implemented an early childhood education program for children 4 years of age that includes coordination of programs and services for eligible children, representing the Maine School Superintendents Association, appointed by the Speaker of the House;
 - J. One member who serves as a school board member of a school administrative unit that has implemented an early childhood education program for children 4 years of

age that includes coordination of programs and services for eligible children, appointed by the President of the Senate;

K. One member representing the Maine Developmental Disabilities Council, appointed by the Speaker of the House;

L. One member representing pediatricians, appointed by the President of the Senate;

M. One member representing a statewide association of occupational therapists, appointed by the President of the Senate; and

N. One member representing a statewide association of speech, language and hearing therapists, appointed by the Speaker of the House;

4. The Commissioner of Education or the commissioner's designee; and

5. The Commissioner of Health and Human Services or the commissioner's designee.

Sec. L-3. Chairs. The President of the Senate and the Speaker of the House shall each appoint one member of the task force to serve as cochair, except that, notwithstanding Joint Rule 353, the President of the Senate and the Speaker of the House may not appoint a Legislator to serve as a chair of the task force. Notwithstanding Joint Rule 353, the chairs may appoint, as nonvoting members of the task force, individuals with expertise in areas relevant to early childhood development services and systems.

Sec. L-4. Appointments; convening of task force. All the appointments must be made no later than 30 days following the effective date of this Part. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. Within 15 days after appointment of all members, the chairs shall call and convene the first meeting of the task force. If 30 days or more after enactment of this legislation a majority of but not all of the appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the task force to meet and conduct its business.

Sec. L-5. Duties. The task force shall examine:

1. National trends and relevant models of governing and delivering early childhood special education systems in other states and jurisdictions that hold the potential for enhancing the effectiveness, efficiency or accountability of the early childhood special education system in the State;

2. The short-term and long-term costs and benefits of the Department of Education's proposed plan to restructure the Child Development Services System as presented by the Commissioner of Education to the Legislature in Legislative Document 1870 in the Second Regular Session of the 128th Legislature;

3. The findings and recommendations of the Subcommittee To Study Early Childhood Special Education in its January 2007 report;

4. The findings and recommendations of the Office of Program Evaluation and Government Accountability in its July 2012 report on child development services; and

5. Any other issues the task force determines to be useful or necessary concerning early childhood special education systems matters.

Sec. L-6. Development of recommendations; plan. The task force shall develop recommendations for an early childhood special education services program plan, which must include, but is not limited to:

1. Models of best practices;
2. Fiscally sound budget forecasting, including all possible revenue streams and updated costs;
3. Transportation services;
4. Data systems, including a billing system, a system that allows coordination with the MaineCare program and a case management documentation system;
5. A timeline for the implementation of the plan under this section;
6. A procedure for data collection and analysis conducted by the Maine Education Policy Research Institute;
7. A method for assessing a school administrative unit's capacity for implementing early childhood special education programs;
8. Training requirements for service providers and leaders;
9. Public information communication strategy for implementation of the plan; and
10. Identification of potential revisions to the Department of Health and Human Services' rule Chapter 101: MaineCare Benefits Manual.

Sec. L-7. Authorized meetings. The task force may hold no more than 6 meetings.

Sec. L-8. Staff assistance. Notwithstanding Joint Rule 353, the Legislative Council shall contract for a facilitator for the task force using a request for proposals process. The Office of Policy and Legal Analysis shall provide drafting assistance to the task force.

Sec. L-9. Compensation. Legislative members of the task force are entitled to receive the legislative per diem and reimbursement for travel and other necessary expenses related to their attendance at authorized meetings of the task force. Other members of the task force may not receive compensation for their participation on the task force.

Sec. L-10. Report. No later than December 5, 2018, the task force shall submit a report containing its findings, recommendations and plan, including suggested legislation, for presentation to the Joint Standing Committee on Education and Cultural Affairs. The

joint standing committee of the Legislature having jurisdiction over education matters may submit a bill to the First Regular Session of the 129th Legislature.

Sec. L-11. Appropriations and allocations. The following appropriations and allocations are made.

EDUCATION, DEPARTMENT OF

Child Development Services 0449

Initiative: Provides one-time funds to address the Child Development Services System budgetary shortfall.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$3,700,000
GENERAL FUND TOTAL	\$0	\$3,700,000

PART M

Sec. M-1. 30-A MRSA c. 201, sub-c. 12-A is enacted to read:

SUBCHAPTER 12-A

LEAD ABATEMENT

§4981. Lead abatement program

1. Program. The Maine State Housing Authority shall establish and administer a program that provides assistance, including grants, for the abatement of lead paint hazards in residential housing, referred to in this subchapter as "the program." Program funds may be used to match federal funds available for lead abatement. The program is subject to the following conditions.

A. The Maine State Housing Authority shall establish eligibility standards for participation in the program, including, but not limited to, the following.

(1) Housing units or housing projects consisting of households with incomes up to 100% of the area median income as established by the United States Department of Housing and Urban Development, whether the housing is owned by an individual or a for-profit or nonprofit entity, are eligible.

(2) Annual rent for a housing unit or housing project receiving project funds may not exceed 30% of the area median income as established by the United States Department of Housing and Urban Development for 4 years after completion of the abatement work.

(3) Housing that serves as a child care location for children under 6 years of age is eligible as long as the owner has an annual income at or below 100% of the

area median income as established by the United States Department of Housing and Urban Development.

The Maine State Housing Authority may adopt the eligibility standards pursuant to this paragraph by routine technical rule as described in Title 5, chapter 375, subchapter 2-A.

B. All lead abatement performed pursuant to the program must comply with industry standards for lead abatement, including pre-abatement inspection and post-abatement inspection of the housing and other standards established by the Department of Environmental Protection. If the pre-abatement inspection identifies the presence of lead in or on the windows, replacement of those windows must be recommended.

C. An owner of housing that receives lead abatement assistance under the program shall pay a portion of the abatement costs as follows:

- (1) At least 10% of the costs of abatement; or
- (2) At least 25% of the costs of abatement if a child who is a resident of, or who receives child care services in, the housing has been determined to have lead poisoning, as defined in Title 22, section 1315, subsection 5-C.

Priority for program funds must be given to abatement projects for housing in which a child who has been determined to have lead poisoning, as defined in Title 22, section 1315, subsection 5-C, resides.

2. Lead Abatement Fund. The Lead Abatement Fund, referred to in this subchapter as "the fund," is established under the jurisdiction and control of the Maine State Housing Authority. The fund is nonlapsing and must be used to fund the program. The fund consists of funds appropriated or allocated by the Legislature for the purpose of this section and other funds acquired by the Maine State Housing Authority to accomplish the purpose of the program.

Sec. M-2. Appropriations and allocations. The following appropriations and allocations are made.

HOUSING AUTHORITY, MAINE STATE

Lead Abatement Fund N261

Initiative: Allocates one-time funds to provide grants for the abatement of lead paint hazards in residential housing and for the cost of establishing and administering the lead abatement program.

FUND FOR A HEALTHY MAINE	2017-18	2018-19
All Other	\$0	\$4,000,000
FUND FOR A HEALTHY MAINE TOTAL	<hr/> \$0	<hr/> \$4,000,000

PART N

Sec. N-1. Ongoing funding. During the First Regular Session of the 129th Legislature, the joint standing committee of the Legislature having jurisdiction over health and human services matters may report out legislation to provide ongoing funding for school-based health centers.

Sec. N-2. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Maine Center for Disease Control and Prevention 0143**

Initiative: Restores funding on a one-time basis to the State's school-based health centers to the level of funding provided in fiscal year 2016-17.

FUND FOR A HEALTHY MAINE	2017-18	2018-19
All Other	\$0	\$600,000
FUND FOR A HEALTHY MAINE TOTAL	<u>\$0</u>	<u>\$600,000</u>

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND EIGHTEEN

H.P. 292 - L.D. 401

**An Act To Require Reimbursement to Hospitals for Patients Awaiting
Placement in Nursing Facilities**

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §3174-AAA is enacted to read:

**§3174-AAA. Reimbursement for days awaiting placement; reimbursement for
hospitals other than critical access hospitals**

Beginning January 1, 2019, the department shall provide reimbursement to hospitals other than critical access hospitals for each day after the 10th day that a MaineCare-eligible individual is in the care of a hospital while awaiting placement in a nursing facility. The department shall reimburse hospitals prospectively at the statewide average rate per MaineCare member day for nursing facility services. The department shall compute the statewide average rate per MaineCare member day based on the simple average of the nursing facility rate per MaineCare member day for the applicable state fiscal year or years prorated for the hospital's fiscal year. Reimbursement for days awaiting placement pursuant to this section is limited to a maximum of \$500,000 of combined General Fund funds and federal funds for each year. For purposes of this section, "critical access hospital" has the same meaning as in section 7932, subsection 10.

This section is repealed December 31, 2023.

Sec. 2. MaineCare Benefits Manual. The Department of Health and Human Services shall amend the rules under Chapter 101: MaineCare Benefits Manual, Chapter III, Section 45, Hospital Services to implement the Maine Revised Statutes, Title 22, section 3174-AAA. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funds to provide reimbursement to hospitals other than critical access hospitals for each day after the 10th day that a MaineCare-eligible individual is in the care of a hospital while awaiting placement in a nursing facility.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$17,690
GENERAL FUND TOTAL	<hr/>	<hr/>
	\$0	\$17,690
FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$31,932
FEDERAL EXPENDITURES FUND TOTAL	<hr/>	<hr/>
	\$0	\$31,932

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND EIGHTEEN

S.P. 94 - L.D. 320

An Act To Provide MaineCare Coverage for Chiropractic Treatment

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §3174-AAA is enacted to read:

§3174-AAA. Chiropractic services reimbursement

1. Reimbursement. The department shall reimburse under the MaineCare program for chiropractic evaluation and management examinations performed by a chiropractic doctor licensed under Title 32, chapter 9 that are within the scope of practice of chiropractic doctors. This subsection does not limit reimbursements under the MaineCare program that may be available for other chiropractic services or affect any limits that may apply to reimbursements such as limits relating to numbers of visits.

2. Rulemaking. The department may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

Sec. 2. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides appropriations and allocations for chiropractic evaluation and management examinations to be reimbursed under the MaineCare program.

GENERAL FUND	2017-18	2018-19
All Other	\$0	\$67,661
GENERAL FUND TOTAL	\$0	\$67,661

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$0	\$122,130
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$122,130</u>

PL 2017, c. 284

Examples of language for transition transfer and emergency rule making

This subsection does not apply to a contribution checkoff that has been on the individual income tax form for less than one year.

Sec. DDDD-3. 36 MRSA §5290, as amended by PL 2011, c. 685, §10, is repealed.

PART EEEE

This Part left blank intentionally.

PART FFFF

This Part left blank intentionally.

PART GGGG

This Part left blank intentionally.

PART HHHH

This Part left blank intentionally.

PART IIII

Sec. IIII-1. 36 MRSA §2892, as amended by PL 2013, c. 368, Pt. QQ, §1, is further amended by adding at the end a new paragraph to read:

For state fiscal years beginning on or after July 1, 2017, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2014.

PART JJJJ

This Part left blank intentionally.

PART KKKK

This Part left blank intentionally.

PART LLLL

Sec. LLLL-1. Transition provisions. Notwithstanding any other provision of law, at the end of fiscal year 2016-17, the State Controller, on behalf of the Department of Health and Human Services, formerly the Department of Behavioral and Developmental Services, shall transfer, after the deduction of all allocations, financial commitments and other designated funds and any other transfer authorized by statute, any remaining balances to the corresponding accounts in the Department of Health and Human Services. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services, formerly the Department of Behavioral and Developmental Services, continue in effect.

PART MMMM

Sec. MMMM-1. PL 2007, c. 240, Pt. X, §2, as amended by PL 2015, c. 267, Pt. BBB, §1, is further amended to read:

Sec. X-2. Transfer of funds. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, until June 30, ~~2017~~ 2019, available balances of appropriations in MaineCare General Fund accounts may be transferred between accounts by financial order upon the recommendation of the State Budget Officer and approval of the Governor.

PART NNNN

Sec. NNNN-1. Department of Health and Human Services; transfer of funds for MaineCare payments authorized. Notwithstanding any provision of law, for fiscal years 2017-18 and 2018-19 only, available balances of appropriations, excluding balances in the IV-E Foster Care/Adoption Assistance and State-funded Foster Care/Adoption Assistance programs, including available balances of Personal Services appropriations from any account within the Department of Health and Human Services, may be transferred among MaineCare, MaineCare-related and non-MaineCare-related accounts by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These transfers are not considered adjustments to appropriations.

Sec. NNNN-2. Transfer of Personal Services balances to All Other; state psychiatric centers. Notwithstanding any other provision of law, for fiscal years 2017-18 and 2018-19 only, the Department of Health and Human Services is authorized to transfer available balances of Personal Services appropriations in the Disproportionate Share - Dorothea Dix Psychiatric Center program, the Disproportionate Share - Riverview Psychiatric Center program and the Riverview Psychiatric Center program after all salary, benefit and other obligations are met to the All Other line category of those programs. These amounts may be transferred by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These transfers are not considered adjustments to appropriations.

PART OOOO

Sec. OOOO-1. PL 2015, c. 267, Pt. DDD, §1 is amended to read:

Sec. DDD-1. Transfer of funds. Notwithstanding any other provision of law, before fiscal year 2019-20, dedicated family support services funds within the Department of Health and Human Services, Developmental Services - Community program may be transferred to support individuals receiving services to the Office of Aging and Disability Services Central Office program and the Long Term Care - Office of Aging and Disability Services program by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These transfers are not considered adjustments to appropriations.

PART PPPP

Sec. PPPP-1. Transfer of funds. Notwithstanding any other provision of law, for fiscal years 2017-18 and 2018-19 only, the Department of Health and Human Services is authorized to transfer available balances of All Other or Personal Services appropriations, after all salary, benefit and other obligations are met, in the Developmental Services - Community program to the Personal Services line category of the Crisis Outreach Program by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These transfers are not considered adjustments to appropriations.

PART QQQQ

Sec. QQQQ-1. Transfer of funds. Notwithstanding any other provision of law, for fiscal years 2017-18 and 2018-19, the Department of Health and Human Services may transfer available balances of appropriations from the State-funded Foster Care/Adoption Assistance program in the All Other line category to the Office of Child and Family Services - Central and the Office of Child and Family Services - District programs to fund expenditures in the Personal Services or All Other line category that are incurred due to the cost of administering the child welfare program. These amounts may be transferred by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These transfers are not considered adjustments to appropriations.

PART RRRR

Sec. RRRR-1. Rename Office of the Commissioner program. Notwithstanding any other provision of law, the Office of the Commissioner program within the Department of Health and Human Services is renamed the Department of Health and Human Services Central Operations program.

PART SSSS

Sec. SSSS-1. Rename Division of Licensing and Regulatory Services program. Notwithstanding any other provision of law, the Division of Licensing and Regulatory Services program within the Department of Health and Human Services is renamed the Division of Licensing and Certification program.

PART TTTT

Sec. TTTT-1. Emergency rule-making authority; health and human services matters. The Department of Health and Human Services may adopt emergency rules under the Maine Revised Statutes, Title 5, sections 8054 and 8073 as necessary to implement those provisions of this Act over which the department has subject matter jurisdiction for which specific authority has not been provided in any other Part of this Act without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or general welfare.

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND AND SEVENTEEN

H.P. 281 - L.D. 390

An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2018 and June 30, 2019

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the 90-day period may not terminate until after the beginning of the next fiscal year; and

Whereas, certain obligations and expenses incident to the operation of state departments and institutions will become due and payable immediately; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Accident - Sickness - Health Insurance 0455

Initiative: BASELINE BUDGET

Services program and the Maine Center for Disease Control and Prevention program within the same fund to consolidate prevention services.

FUND FOR A HEALTHY MAINE	2017-18	2018-19
All Other	\$777,504	\$777,504
FUND FOR A HEALTHY MAINE TOTAL	<u>\$777,504</u>	<u>\$777,504</u>

Maine Center for Disease Control and Prevention 0143

Initiative: Continues 5 limited-period Environmental Specialist III positions established in Public Law 2015, chapter 267 and funded 100% in the Fund for a Healthy Maine, Public Health Infrastructure program through June 8, 2019. Also provides funding for related All Other.

FUND FOR A HEALTHY MAINE	2017-18	2018-19
Personal Services	\$409,700	\$429,335
All Other	\$505,307	\$461,847
FUND FOR A HEALTHY MAINE TOTAL	<u>\$915,007</u>	<u>\$891,182</u>

Maine Center for Disease Control and Prevention 0143

Initiative: Reduces funding to align allocations with available resources.

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	(\$19,000)	(\$19,000)
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>(\$19,000)</u>	<u>(\$19,000)</u>

MAINE CENTER FOR DISEASE CONTROL AND PREVENTION 0143

PROGRAM SUMMARY

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	76.500	76.500
Personal Services	\$5,211,819	\$5,327,062
All Other	\$3,374,926	\$3,374,926
GENERAL FUND TOTAL	<u>\$8,586,745</u>	<u>\$8,701,988</u>

P.L. 2017, c. 284

(A-255)

APPROVED

JULY 4, 2017

BY GOVERNOR

CHAPTER

284

PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND AND SEVENTEEN

H.P. 281 - L.D. 390

An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2018 and June 30, 2019

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the 90-day period may not terminate until after the beginning of the next fiscal year; and

Whereas, certain obligations and expenses incident to the operation of state departments and institutions will become due and payable immediately; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Accident - Sickness - Health Insurance 0455

Initiative: BASELINE BUDGET

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	(50,000)	(50,000)
Personal Services	(\$2,651,397)	(\$2,717,503)
All Other	(\$137,783)	(\$137,783)
OTHER SPECIAL REVENUE FUNDS TOTAL	(\$2,789,180)	(\$2,855,286)

Division of Audit Z157

Initiative: Provides funding for the approved step increases for 8 Fraud Investigator positions.

GENERAL FUND	2017-18	2018-19
Personal Services	\$26,808	\$18,285
GENERAL FUND TOTAL	\$26,808	\$18,285

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
Personal Services	\$26,808	\$18,272
OTHER SPECIAL REVENUE FUNDS TOTAL	\$26,808	\$18,272

DIVISION OF AUDIT Z157

PROGRAM SUMMARY

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	0.000
Personal Services	\$0	\$0
All Other	\$0	\$0
GENERAL FUND TOTAL	\$0	\$0

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	0.000
Personal Services	\$0	\$0
All Other	\$0	\$0
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$0

Division of Contract Management Z035

Initiative: BASELINE BUDGET

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	24.000	24.000
Personal Services	\$1,643,938	\$1,683,131
All Other	\$140,451	\$140,451
GENERAL FUND TOTAL	\$1,784,389	\$1,823,582

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	5.000	5.000
Personal Services	\$846,867	\$867,054
All Other	\$86,632	\$86,632
OTHER SPECIAL REVENUE FUNDS TOTAL	\$933,499	\$953,686

Division of Contract Management Z035

Initiative: Transfers all positions and All Other from the General Fund and Other Special Revenue Funds in the Division of Contract Management, Division of Audit, Division of Administrative Hearings and Office of the Commissioner District Operations programs to the General Fund and Other Special Revenue Funds in the Office of the Commissioner program and closes accounts under the respective programs. Position detail is on file in the Bureau of the Budget.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	(24.000)	(24.000)
Personal Services	(\$1,643,938)	(\$1,683,131)
All Other	(\$140,451)	(\$140,451)
GENERAL FUND TOTAL	(\$1,784,389)	(\$1,823,582)

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	(5.000)	(5.000)
Personal Services	(\$846,867)	(\$867,054)
All Other	(\$86,632)	(\$86,632)
OTHER SPECIAL REVENUE FUNDS TOTAL	(\$933,499)	(\$953,686)

**DIVISION OF CONTRACT MANAGEMENT Z035
PROGRAM SUMMARY**

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	0.000
Personal Services	\$0	\$0
All Other	\$0	\$0
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$0</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	0.000
Personal Services	\$0	\$0
All Other	\$0	\$0
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$0</u>

Division of Licensing and Regulatory Services Z036

Initiative: BASELINE BUDGET

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	33.000	33.000
Personal Services	\$3,232,108	\$3,302,033
All Other	\$1,240,683	\$1,240,683
GENERAL FUND TOTAL	<u>\$4,472,791</u>	<u>\$4,542,716</u>

FEDERAL EXPENDITURES FUND	2017-18	2018-19
All Other	\$1,406,743	\$1,406,743
FEDERAL EXPENDITURES FUND TOTAL	<u>\$1,406,743</u>	<u>\$1,406,743</u>

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	95.500	95.500
Personal Services	\$7,208,772	\$7,361,854
All Other	\$1,898,961	\$1,898,961
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$9,107,733</u>	<u>\$9,260,815</u>

Division of Licensing and Regulatory Services Z036

Initiative: Transfers and reallocates 66 positions among various accounts within programs administered by the Maine Center for Disease Control and Prevention to place them in the proper functional location. Position detail is on file in the Bureau of the Budget.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	13.000	13.000
Personal Services	\$964,902	\$1,001,638
All Other	\$93,343	\$93,628
GENERAL FUND TOTAL	\$1,058,245	\$1,095,266

Division of Contract Management Z035

Initiative: Eliminates one Counsel position from the Division of Contract Management within the Department of Health and Human Services and reduces funding for related All Other, as of July 1, 2018.

GENERAL FUND	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	(1.000)
Personal Services	\$0	(\$60,976)
All Other	\$0	(\$4,149)
GENERAL FUND TOTAL	\$0	(\$65,125)

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
Personal Services	\$0	(\$31,412)
All Other	\$0	(\$2,137)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$33,549)

Division of Licensing and Regulatory Services Z036

Initiative: Eliminates one General Counsel position from the Division of Licensing and Regulatory Services within the Department of Health and Human Services and reduces funding for related All Other, as of July 1, 2018.

GENERAL FUND	2017-18	2018-19
Personal Services	\$0	(\$36,908)
All Other	\$0	(\$2,200)
GENERAL FUND TOTAL	\$0	(\$39,108)

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
POSITIONS - LEGISLATIVE COUNT	0.000	(1.000)
Personal Services	\$0	(\$68,540)
All Other	\$0	(\$4,086)

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND AND SEVENTEEN

H.P. 321 - L.D. 454

An Act To Ensure Safe Drinking Water for Families in Maine

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §2601-A, as enacted by PL 1999, c. 761, §1, is amended to read:

§2601-A. Scope

This chapter establishes a system designed to help ensure public health; to allow the State, municipalities and public water systems to identify significant public water supplies and strive for a higher degree of protection around source water areas or areas that are used as public drinking water supplies; and to allow the State, municipalities and water systems to pursue watershed or wellhead protection activities around significant public water supplies; and to improve testing for and treatment of contaminants or properties in residential private drinking water wells.

Sec. 2. 22 MRSA §2602-A, sub-§1, as enacted by PL 1983, c. 837, §1, is amended to read:

1. Purpose. The Legislature finds that there is a growing threat to the state's State's drinking water from a variety of contaminants or properties and that testing of private residential water supplies ~~may be~~ is necessary ~~under certain circumstances~~ to protect the public health. The Legislature recognizes that certain testing may be prohibitively expensive and accordingly provides for state-funded testing as set forth in this section.

Sec. 3. 22 MRSA c. 601, sub-c. 8 is enacted to read:

SUBCHAPTER 8

SAFE DRINKING WATER FROM RESIDENTIAL PRIVATE WELLS

§2660-S. Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Private drinking water well. "Private drinking water well" has the same meaning as in Title 38, section 1392, subsection 8.

§2660-T. Uniform testing recommendation; specified contaminants and properties

The department shall develop a uniform recommendation for the testing for specific contaminants or properties for which residential private drinking water wells should periodically be tested. The uniform recommendation must specify contaminants or properties that should be included in the periodic testing, including but not limited to arsenic, bacteria, nitrates, nitrites, chloride, hardness, copper, iron, pH, sodium, lead, uranium, manganese, fluoride and radon, unless the department determines that testing for a contaminant or property listed in this section is not necessary based on previous test results or credible scientific evidence. The department or an entity that provides testing of or provides education or advertisements related to testing of a residential private drinking water well shall include the uniform recommendation developed by the department pursuant to this section in its written materials related to testing of a residential private drinking water well.

§2660-U. Fees

The Health and Environmental Testing Laboratory established in section 565 shall collect a fee not to exceed \$10 from a person or entity ordering a water test for a water sample from a residential private drinking water well. The fees collected must be credited to the Private Well Safe Drinking Water Fund established in section 2660-W and used for the purpose of increasing testing of residential private drinking water wells. The department shall establish by rule a percentage of the fee to be directed toward administrative costs for collecting data from private laboratories. If more than one test of a water sample from the same residential private drinking water well is conducted, the department may waive payment of a fee established under this section for a one-year period. A fee collected under this section is in addition to any fee charged by the department pursuant to section 2602-A, subsection 2.

§2660-V. Educational outreach

Within available resources, the department shall revise and update its education and outreach materials as needed and conduct educational outreach regarding residential private drinking water wells, including the need to conduct testing for contaminants or properties specified pursuant to section 2660-T through a laboratory certified pursuant to section 567, the potential health effects of those contaminants or properties and options for water treatment to reduce the level of those contaminants or properties.

§2660-W. Private Well Safe Drinking Water Fund

1. Fund established. The Private Well Safe Drinking Water Fund, referred to in this section as "the fund," is established within the department as a nonlapsing fund for the purposes specified in this section.

2. Sources of fund. The fund is funded from all fees collected under section 2660-U and from other funds accepted by the commissioner or allocated or appropriated by the Legislature. The commissioner may accept donations or grants to the fund from any source.

3. Purposes. Expenditures from the fund may be made only for the following purposes:

A. To improve the rate of testing of residential private drinking water wells for contaminants or properties specified pursuant to section 2660-T;

B. For educational outreach programs consistent with section 2660-V; and

C. To defray the department's costs in administering this subchapter and in waiving fees under section 2602-A, subsection 2.

4. Expenditures. The division of environmental health within the department shall expend funds with the review and advice of an advisory committee established by the department. The advisory committee must include representatives from at least 2 laboratories certified pursuant to section 567. Preference in expending funds must be given to community-based programs that reach high-risk or underserved populations. The department may contract for professional services to carry out the purposes of this section.

§2660-X. Rules

The department shall adopt routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A necessary to administer and enforce this subchapter. The rules may address, but are not limited to, testing recommendations for contaminants or properties specified pursuant to section 2660-T, water sample test reporting and fee schedules.

Sec. 4. 32 MRSA §4700-H, sub-§8 is enacted to read:

8. Educational materials. The commission shall adopt rules to require the distribution of educational materials to a landowner when a residential private drinking water well is drilled or deepened to inform the landowner about the importance of testing for arsenic and other contaminants or properties specified in Title 22, section 2660-T. Rules adopted by the commission pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 5. Water testing guide update. The Health and Environmental Testing Laboratory within the Department of Health and Human Services shall update its water testing guide and related information on its publicly accessible website for consistency with this Act. For testing of water samples from residential private drinking water wells as defined in the Maine Revised Statutes, Title 22, section 2660-S, subsection 1, the

update must ensure a clear, simple-to-understand and prominent recommendation for testing consistent with Title 22, section 2660-T. The laboratory shall consult with relevant personnel within the Department of Health and Human Services, Maine Center for Disease Control and Prevention's division of environmental health prior to the update required by this section to ensure that the revised information constitutes an effective environmental public health communication.

Sec. 6. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Private Well Safe Drinking Water Fund N207

Initiative: Provides allocations for additional lab supplies for water tests.

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$12,205	\$16,273
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$12,205</u>	<u>\$16,273</u>

Private Well Safe Drinking Water Fund N207

Initiative: Provides allocations to revise and update education and outreach materials and to conduct educational outreach on the importance of testing for arsenic and other contaminants.

OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
All Other	\$27,425	\$36,567
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$27,425</u>	<u>\$36,567</u>

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF (FORMERLY DHS)
DEPARTMENT TOTALS**

	2017-18	2018-19
OTHER SPECIAL REVENUE FUNDS	\$39,630	\$52,840
DEPARTMENT TOTAL - ALL FUNDS	<u>\$39,630</u>	<u>\$52,840</u>

FUND FOR A HEALTHY MAINE	2013-14	2014-15
All Other	\$4,500,000	\$4,200,000
FUND FOR A HEALTHY MAINE TOTAL	<u>\$4,500,000</u>	<u>\$4,200,000</u>

Medical Care - Payments to Providers 0147

Initiative: Provides funding to increase the MaineCare rate to \$9,128.31 per psychiatric discharge for patients under 18 years of age from hospitals in the Lewiston-Auburn area.

GENERAL FUND	2013-14	2014-15
All Other	\$259,911	\$259,741
GENERAL FUND TOTAL	<u>\$259,911</u>	<u>\$259,741</u>

FEDERAL EXPENDITURES FUND	2013-14	2014-15
All Other	\$418,866	\$418,036
FEDERAL EXPENDITURES FUND TOTAL	<u>\$418,866</u>	<u>\$418,036</u>

Medical Care - Payments to Providers 0147

Initiative: Provides funding to increase the MaineCare rate for inpatient substance abuse services based on a case-mix index multiplied by the psychiatric discharge rate.

GENERAL FUND	2013-14	2014-15
All Other	\$611,120	\$615,200
GENERAL FUND TOTAL	<u>\$611,120</u>	<u>\$615,200</u>

FEDERAL EXPENDITURES FUND	2013-14	2014-15
All Other	\$988,880	\$984,800
FEDERAL EXPENDITURES FUND TOTAL	<u>\$988,880</u>	<u>\$984,800</u>

Medical Care - Payments to Providers 0147

Initiative: Reduces funding as a result of including an asset test in the eligibility determination for the Medicare Savings Program based on the asset test used for the state-funded home-based care program.

GENERAL FUND	2013-14	2014-15
All Other	(\$1,558,590)	(\$1,558,590)
GENERAL FUND TOTAL	<u>(\$1,558,590)</u>	<u>(\$1,558,590)</u>

FEDERAL EXPENDITURES FUND	2013-14	2014-15
All Other	(\$2,522,023)	(\$2,494,960)
FEDERAL EXPENDITURES FUND TOTAL	<u>(\$2,522,023)</u>	<u>(\$2,494,960)</u>

Medical Care - Payments to Providers 0147

Initiative: Deappropriates funds as a result of increased MaineCare 3rd-party liability cost avoidance and recoveries.

GENERAL FUND	2013-14	2014-15
All Other	(\$1,079,135)	(\$1,079,135)
GENERAL FUND TOTAL	<u>(\$1,079,135)</u>	<u>(\$1,079,135)</u>

FEDERAL EXPENDITURES FUND	2013-14	2014-15
All Other	(\$1,746,196)	(\$1,727,458)
FEDERAL EXPENDITURES FUND TOTAL	<u>(\$1,746,196)</u>	<u>(\$1,727,458)</u>

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by adjusting the baseline assumption for Medicare crossover payments to reflect the corrections to the Maine Integrated Health Management System scheduled to be completed June 30, 2013.

GENERAL FUND	2013-14	2014-15
All Other	(\$1,500,000)	(\$1,500,000)
GENERAL FUND TOTAL	<u>(\$1,500,000)</u>	<u>(\$1,500,000)</u>

FEDERAL EXPENDITURES FUND	2013-14	2014-15
All Other	(\$2,427,216)	(\$2,401,170)
FEDERAL EXPENDITURES FUND TOTAL	<u>(\$2,427,216)</u>	<u>(\$2,401,170)</u>

MEDICAL CARE - PAYMENTS TO PROVIDERS 0147

66

Resolve 2011, c. 71

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND AND ELEVEN

—
S.P. 452 - L.D. 1461

**Resolve, To Implement the Recommendations of the Report on Services for
Elders and Other Adults Who Need Long-term Home-based and
Community-based Care**

Preamble. Whereas, as a result of legislation in the 124th Legislature, the Department of Health and Human Services engaged over 30 interested parties in a so-called "lean thinking" process that examined Maine's system of long-term services and supports; and

Whereas, this process resulted in a report to the Legislature that included recommendations and a specific Lean Implementation Plan; and

Whereas, the Lean Implementation Plan contains important changes and modifications that improve the efficiency, cost-effectiveness and quality of services delivered to consumers of long-term services; and

Whereas, it is the intent of the 125th Legislature to promote equity and optimize consumer use by streamlining the long-term care system into one structure that meets all long-term care needs within existing resources; now, therefore, be it

Sec. 1. Plan adoption. Resolved: That the Commissioner of Health and Human Services, within the limits of existing resources, shall adopt the Lean Implementation Plan effective July 1, 2012 and make its action items a work priority. For the purposes of this resolve, "Lean Implementation Plan" means the plan developed as part of the report prepared for the 124th Legislature by the Department of Health and Human Services entitled "Services for Elders and Other Adults Who Need Long-Term Home- and Community-Based Care," dated January 20, 2010; and be it further

Sec. 2. Elements. Resolved: That the specific action items under section 1 include, but are not limited to:

1. Consolidating the 2 existing waivers for adult and elderly community-based services, currently codified under MaineCare rule as Chapter II, Section 19 and Section 22 and taking any appropriate action with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to achieve the consolidation;

2. Consolidating the 2 personal care assistant programs currently codified under MaineCare rule as Chapter II, Section 12 and Section 96, exploring the feasibility of providing homemaker services under the consolidated programs and taking any appropriate action with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to achieve the consolidation;

3. Consolidating the 2 state-funded in-home care and community support services programs for elderly and other adults, currently codified under Chapter 65, Section 63 of the Office of Elder Services manual and Chapter 11 of the Office of Cognitive and Physical Disabilities Services manual;

4. Developing a long-term care services statewide plan that ensures access to care in the least restrictive environment;

5. Maximizing federal opportunities available through the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services;

6. Consolidating the 3 existing consumer-directed service models into a single uniform self-directed model;

7. Maximizing individualization and flexibility of plan of care to ensure that appropriate and timely services are provided, including, but not limited to, allowing a care coordinator to make adjustments within a plan of care without requiring a new assessment as long as the net adjustment remains below the maximum value under the consumer's level of care;

8. Improving value and respect for direct care workers through initiatives that include, but are not limited to, creating strategy and standards for ensuring workforce training for all persons accountable to the long-term care system and exploring the feasibility of equalizing hourly reimbursement rates across the direct care worker continuum; and

9. Designing and establishing effective quality management strategy across funding streams and population groups to ensure a high-quality long-term care service system; and be it further

Sec. 3. Report. Resolved: That the Commissioner of Health and Human Services shall report to the Joint Standing Committee on Health and Human Services on the progress of the Department of Health and Human Services in completing the Lean Implementation Plan action items under sections 1 and 2 by January 5, 2012.

In House of Representatives, 2011

Read and passed finally.

..... Speaker

In Senate, 2011

Read and passed finally.

..... President

Approved 2011

..... Governor

means a decent, safe and sanitary dwelling, apartment building or other living accommodation that includes at least 6 units, that meets at least one of the following affordability restrictions and for which those affordability restrictions, as applicable, expire in 10 years or less from the date of the sale or transfer of the property:

(a) At least 20% of the units have restricted rents affordable to households earning no more than 80% of the area median income as determined by the United States Department of Housing and Urban Development;

(b) The property is assisted by the United States Department of Housing and Urban Development, the United States Department of Agriculture or the Maine State Housing Authority; or

(c) The property qualifies for low-income housing credits under the United States Internal Revenue Code of 1986, Section 42.

(2) For the purposes of this paragraph, property does not qualify as multifamily affordable housing property unless:

(a) The transferee agrees to maintain the property as multifamily affordable housing property for an additional 30 years from the scheduled expiration;

(b) If the existing federal, state or other assistance is not available to maintain the property as multifamily affordable housing property, the transferee agrees to ensure that 1/2 of the units are affordable to persons at 60% of the area median income as determined by the United States Department of Housing and Urban Development for 30 years from the expiration of the then-existing affordability restrictions; or

(c) The transferee agrees to an alternative affordability agreement approved by the Maine State Housing Authority; and

Sec. 3. 30-A MRSA §4722, sub-§1, ¶BB is enacted to read:

BB. Make a loan, or contract with a financial institution to make a loan on behalf of the Maine State Housing Authority, to pay off an existing loan or to pay amounts past due on an existing loan on an owner-occupied single-family residence to assist a homeowner who is in default of the existing loan or in danger of losing the residence through foreclosure. Prior to receiving a loan under this paragraph, a homeowner must re-

ceive counseling with a 3rd-party, nonprofit organization approved by the United States Department of Housing and Urban Development, a housing financing agency of this State or the regulatory agency that has jurisdiction over the creditor.

See title page for effective date.

CHAPTER 327

HP 638 - L.D. 839

An Act To Establish a Prescription Drug Academic Detailing Program

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA c. 603, sub-c. 1-A is enacted to read:

SUBCHAPTER 1-A

PRESCRIPTION DRUG ACADEMIC DETAILING

§2685. Prescription drug academic detailing program

By January 1, 2008, the department shall establish a prescription drug academic detailing program, referred to in this section as "the program," to enhance the health of residents of the State, to improve the quality of decisions regarding drug prescribing, to encourage better communication between the department and health care practitioners participating in publicly funded health programs and to reduce the health complications and unnecessary costs associated with inappropriate drug prescribing.

1. Program design. The department shall design the program after consultation with prescribers and dispensers of drugs, carriers and health plans, hospitals, pharmacy benefit managers, consumers, the MaineCare Advisory Committee and the MaineCare drug utilization review committee under section 3174-M, subsection 2-A.

2. Definitions. As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

A. "Academic detailing" means the provision of information regarding prescription drugs based on scientific and medical research, including information on therapeutic and cost-effective use of prescription drugs.

B. "Carrier" has the same meaning as in Title 24-A, section 4301-A, section 3.

C. "Dirigo Health insurance" means the program of health coverage provided under Title 24-A, section 6910.

D. "Dispenser" means a licensed mail order prescription pharmacy as defined in Title 32, section 13702, subsection 13; a licensed drug outlet as defined in Title 32, section 13702, subsection 10; and any other person or entity licensed to dispense prescription drugs under Title 32, chapter 117.

E. "Elderly low-cost drug program" means the elderly low-cost drug program provided under section 254-D.

F. "Health plan" means a health plan providing prescription drug coverage as authorized under the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003, Public Law 108-173.

G. "MaineCare program" means the MaineCare program administered under chapter 855.

H. "Maine Rx Plus Program" means the Maine Rx Plus Program established under section 2681.

I. "Prescriber" means a person who is licensed, registered or otherwise authorized in the appropriate jurisdiction to prescribe and administer drugs in the course of professional practice.

J. "State employee health insurance program" means the state employee health insurance program provided under Title 5, section 285.

3. Program components. Program components must include outreach and education regarding the therapeutic and cost-effective use of prescription drugs as issued in peer-reviewed scientific, medical and academic research publications and made available to prescribers and dispensers of drugs in the State, including through written information and through personal visits from program staff. To the extent possible, program components must also include information regarding clinical trials, pharmaceutical efficacy, adverse effects of drugs, evidence-based treatment options and drug marketing approaches that are intended to circumvent competition from generic and therapeutically equivalent drugs. Academic detailers shall observe standards of conduct in their educational materials and written and oral presentations as established by rules adopted by the department that are consistent with the following federal regulations regarding labeling and false and misleading advertising: the Food and Drug Administration labeling requirements of 21 Code of Federal Regulations, Part 201 (2007) and prescription drug advertising provisions of 21 Code of Federal Regulations, Part 202 (2007) and the Office of the Inspector General's Compliance Program Guidance for Pharmaceutical Manufacturers issued in April 2003, as amended. The rules must require academic detailers to disclose evidence-based information about

the range and cost of appropriate drug treatment options and the health benefits and risks of all appropriate drugs.

4. Program coverage. The program must provide outreach and education to prescribers and dispensers who participate in, contract with or are reimbursed by state-funded health care programs, including but not limited to the MaineCare program, the Maine Rx Plus Program, Dirigo Health insurance, the elderly low-cost drug program and the state employee health insurance program. The program may provide outreach and education to carriers, health plans, hospitals, employers and other persons interested in the program on a subscription or fee-paying basis under rules adopted by the department.

5. Funding. The program may be funded from the General Fund, from federal funds and from other special revenue funds. One half of the funds collected under section 2700-A, subsection 4 annually must be allocated to the costs of the program. The program may accept funds from nongovernmental health access foundations, the Tobacco Manufacturers Act under chapter 263, subchapter 3, undesignated funds associated with pharmaceutical marketing and pricing practices acquired through litigation or action of the Office of the Attorney General and fees from subscriptions, contracts and agreements with private payors as established by rule. Savings achieved as a result of the program may be retained for operation of the program or paid into the General Fund, at the option of the department.

6. Annual report. By April 1st each year the department shall provide to the Legislature an annual report on the operation of the program. The report must include information on the outreach and education components of the program; revenues, expenditures and balances; and savings attributable to the program in state-funded health care programs.

7. Rulemaking. The department shall adopt rules to implement the program. Rules adopted under this subsection are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

Sec. 2. 22 MRSA §2700-A, sub-§4, as amended by PL 2005, c. 683, Pt. B, §17, is further amended to read:

4. Fees. Beginning April 1, 2006, each manufacturer of prescription drugs that are provided to Maine residents through the MaineCare program under section 3174-G or the elderly low-cost drug program under section 254-D shall pay a fee of \$1,000 per calendar year to the State. Fees collected under this subsection must be used to cover the cost of overseeing implementation of this section, including but not limited to maintaining links to publicly accessible websites to which manufacturers are posting clinical trial information under subsection 3 and other relevant

sites, assessing whether and the extent to which Maine residents have been harmed by the use of a particular drug and undertaking the public education initiative under subsection 5 and the prescription drug academic detailing program under section 2685. One half of the annual revenues from this subsection must be allocated to and used for the academic detailing program under section 2685. Revenues received under this subsection, with the exception of funding designated for the academic detailing program under section 2685, must be deposited into an Other Special Revenue Funds account to be used for the purposes of this subsection.

Sec. 3. 22 MRSA §2700-A, sub-§5, as enacted by PL 2005, c. 392, §1, is amended to read:

5. Public education initiative. The department shall undertake a public education initiative to inform residents of the State about clinical trials and drug safety information and shall coordinate the public education program with the prescription drug academic detailing program under section 2685.

Sec. 4. Initial program design. In planning for the design of the prescription drug academic detailing program under the Maine Revised Statutes, Title 22, section 2685, the Department of Health and Human Services shall investigate initially establishing the program collaboratively with the states of New Hampshire and Vermont. The department shall review and evaluate use of the educational and assessment materials developed by the Commonwealth of Pennsylvania for the prescription drug academic detailing program that involved the cooperative work of that state and Harvard Medical School and shall consider adopting the Pennsylvania program as a starting point for the program. The department shall include discussion of these aspects of initial program design in the first 2 annual reports to the Legislature.

Sec. 5. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF (FORMERLY DHS)**

Prescription Drug Academic Detailing N026

Initiative: Provides a base allocation for the costs of the prescription drug academic detailing program to be funded from a share of the fees collected from prescription drug manufacturers under the Maine Revised Statutes, Title 22, section 2700-A, subsection 4.

OTHER SPECIAL REVENUE FUNDS	2007-08	2008-09
All Other	\$500	\$500

OTHER SPECIAL	\$500	\$500
REVENUE FUNDS TOTAL		

See title page for effective date.

**CHAPTER 328
SP 323 - L.D. 1006**

**An Act To Ensure Fairness for
Maine Businesses**

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §1825-B, sub-§14 is enacted to read:

14. Condition of doing business with the State. Notwithstanding any provision of law to the contrary, any purchase by the State of \$100,000 or more of tangible personal property, except for public utility purchases, as defined in Title 36, section 1752, subsection 17, or emergency purchases pursuant to subsection 2, paragraph B, may be made only from a person who is registered as a seller pursuant to Title 36, section 1754-B. As a condition of doing business with the State, the seller must collect, report and remit taxes in accordance with Title 36, Part 3. As provided in this subsection, the State is prohibited from doing business with a person who is not registered as a seller pursuant to Title 36, section 1754-B and is not in compliance with the requirement to collect, report and remit taxes pursuant to Title 36, Part 3. After notification of the award, the seller must provide the State Purchasing Agent with a valid retailer certificate issued by the State Tax Assessor within 7 business days. If the seller fails to provide the registration certificate within 7 business days, the State Purchasing Agent may cancel the award and make a new award pursuant to subsection 7. The State Purchasing Agent shall provide the State Tax Assessor with a copy of all contracts awarded pursuant to this section. The State Tax Assessor shall notify the State Purchasing Agent if at any time during the term of the contract the person is no longer registered or is not collecting, reporting and remitting taxes in compliance with the requirements of Title 36, Part 3. Until the noncompliance is corrected, the State Purchasing Agent may withhold any payments to the person.

Sec. 2. 36 MRSA §191, sub-§2, ¶HH, as amended by PL 2005, c. 683, Pt. A, §64, is further amended to read:

HH. The disclosure to an authorized representative of a municipality that has adopted a municipal property tax assistance program under chapter 907-A of information related to a claimant's receipt of benefits under chapter 907. This para-

Maine Revised Statutes

Title 5: ADMINISTRATIVE PROCEDURES AND SERVICES

Chapter 621: MAINE CHILDREN'S GROWTH COUNCIL

§24001. MAINE CHILDREN'S GROWTH COUNCIL

1. Definitions. As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

A. "Council" means the Maine Children's Growth Council established in subsection 2. [2007, c. 683, Pt. A, §2 (NEW) .]

B. "Young children" means children from birth through 5 years of age. [2007, c. 683, Pt. A, §2 (NEW) .]

[2007, c. 683, Pt. A, §2 (NEW) .]

2. Establishment. The Maine Children's Growth Council, as established in section 12004-J, subsection 16, is created to develop, maintain and evaluate a plan for sustainable social and financial investment in healthy development of the State's young children and their families.

[2007, c. 683, Pt. A, §2 (NEW) .]

3. Membership. The council consists of the members listed in this subsection who must have a strong interest in early childhood and early care and education and must be influential in their communities:

A. Two members of the Senate, one from each of the 2 political parties having the greatest number of members in the Senate, appointed by the President of the Senate; [2007, c. 683, Pt. A, §2 (NEW) .]

B. Two members of the House of Representatives, one from each of the 2 political parties having the greatest number of members in the House, appointed by the Speaker of the House; [2007, c. 683, Pt. A, §2 (NEW) .]

C. The Governor or the Governor's designee and the Attorney General or the Attorney General's designee; [2007, c. 683, Pt. A, §2 (NEW) .]

D. Three parents, at least one of whom has a young child, one each appointed by the Governor, the President of the Senate and the Speaker of the House; [2007, c. 683, Pt. A, §2 (NEW) .]

E. Two persons with experience in public funding and philanthropy, appointed by the President of the Senate; [2007, c. 683, Pt. A, §2 (NEW) .]

F. One person representing child abuse and neglect prevention, appointed by the Speaker of the House; [2007, c. 683, Pt. A, §2 (NEW) .]

G. One person representing postsecondary education, appointed by the Governor; [2007, c. 683, Pt. A, §2 (NEW) .]

H. Eight persons representing statewide, membership or constituent organizations that advance the well-being of young children and their families, nominated by their organizations and appointed by the Governor, of whom:

(1) Three must represent statewide organizations or associations involved in early care and education programs, child care centers, Head Start programs, family child care providers, resource development centers, programs for school-age children, child development services, physicians and child advocacy;

(2) One must represent a law enforcement organization involved with children;

- (3) One must represent an organization that works on community organization and mobilization;
- (4) One must represent public health;
- (5) One must represent the Maine Economic Growth Council; and
- (6) One must represent a labor organization; [2009, c. 392, §1 (AMD) .]

I. One person representing a statewide association of business and industry and one person representing a business roundtable on early childhood investment, appointed by the Governor; [2007, c. 683, Pt. A, §2 (NEW) .]

J. Up to 8 members of the public, appointed by the Governor; [2009, c. 392, §1 (AMD) .]

K. Three ex-officio nonvoting members: the Commissioner of Education or the commissioner's designee, a Department of Health and Human Services employee who works with early childhood programs including Head Start and a person representing the office within the Department of Health and Human Services that is the fiscal agent for the federal grant program for comprehensive early childhood initiatives; and [2009, c. 392, §1 (AMD) .]

L. The director of the Head Start collaboration project within the Department of Health and Human Services, Office of Child Care and Head Start. [2009, c. 392, §1 (NEW) .]

[2009, c. 392, §1 (AMD) .]

4. Terms of appointment. Except for ex-officio members, members of the council are appointed for terms of 3 years. Members who are Legislators are appointed for the duration of the legislative terms in which they were appointed. Members who are not Legislators may serve beyond their designated terms until their successors are appointed.

[2007, c. 683, Pt. A, §2 (NEW) .]

5. Cochairs. The Governor shall appoint cochairs for the council.

[2007, c. 683, Pt. A, §2 (NEW) .]

6. Quorum; meetings. A majority of the voting members of the council constitute a quorum. The council may meet as often as necessary but shall meet at least 6 times a year. A meeting may be called by a cochair or by any 5 members.

[2011, c. 388, §1 (AMD) .]

7. Compensation. Members of the council serve without compensation for their services, except that parents appointed under subsection 3, paragraph D who are not reimbursed by another organization may receive mileage reimbursement and a per diem to cover related costs such as child care, and Legislators are entitled to receive the legislative per diem, as defined in Title 3, section 2, and reimbursement for travel and other necessary expenses for attendance at authorized meetings of the council.

[2007, c. 683, Pt. A, §2 (NEW) .]

8. Staffing; funding. The council may hire staff as necessary for its work and as resources permit. The council may accept grant funding and other funding as may be available for the work of the council.

[2011, c. 388, §2 (AMD) .]

9. Logo. The council may develop, adopt and publicize a logo or slogan to identify its work.

[2007, c. 683, Pt. A, §2 (NEW) .]

SECTION HISTORY

2007, c. 683, Pt. A, §2 (NEW). 2009, c. 392, §1 (AMD). 2011, c. 388, §§1, 2 (AMD).

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77

Title 22: HEALTH AND WELFARE
Subtitle 3: INCOME SUPPLEMENTATION
Part 1: ADMINISTRATION
Chapter 855: AID TO NEEDY PERSONS

§3174-KK. MaineCare Stabilization Fund

(REALLOCATED FROM TITLE 22, SECTION 3174-II)

1. Fund established. The MaineCare Stabilization Fund, referred to in this section as "the fund," is established as an Other Special Revenue Funds account for the purposes specified in this section.

[RR 2005, c. 1, §7 (RAL) .]

2. Nonlapsing. Any unexpended balances in the fund may not lapse but must be carried forward.

[RR 2005, c. 1, §7 (RAL) .]

3. Fund purposes. Allocations from the fund must prevent any loss of services or increased cost of services to a MaineCare member or a person receiving benefits under the elderly low-cost drug program under section 254-D that would otherwise result from insufficient General Fund appropriations, insufficient federal matching funds or any other shortage of funds, changes in federal or state law, rule or policy or the implementation of the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

[2005, c. 683, Pt. A, §35 (AMD) .]

4. Report by State Controller. The State Controller shall report at least annually on the fund on or before the 2nd Friday in November to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must summarize the status of and activity in the fund.

[RR 2005, c. 1, §7 (RAL) .]

SECTION HISTORY

RR 2005, c. 1, §7 (RAL). 2005, c. 683, §A35 (AMD).

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79

TITLE 34-B, CHAPTER 15

CHILDREN'S MENTAL HEALTH SERVICES

CMHOC §15004
(X-reference in
other sections)

§15001. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Blended funding; pooled funding; flexible funding. "Blended funding" means funding from all sources from the budgets and funds of the departments that are combined to be used for the provision of care and services under this chapter. "Pooled funding" and "flexible funding" have the same meaning as "blended funding".

2. Care. "Care" means treatment, services and care for mental health needs, including but not limited to crisis intervention services, outpatient services, respite services, utilization management, acute care, chronic care, residential care, home-based care and hospitalization services.

3. Child. "Child" means a person from birth to 20 years of age who needs care for one of the following reasons:

A. A disability, as defined by the Diagnostic and Statistical Manual of Mental Health Disorders published by the American Psychiatric Association;

B. A disorder of infancy or early childhood, as defined in Disorders of Infancy and Early Childhood published by the National Center for Clinical Infant Programs;

C. Being assessed as at risk of mental impairment, emotional or behavioral disorder or developmental delay due to established environmental or biological risks using screening instruments developed and adopted by the departments through rulemaking after consultation, review and approval from the Children's Mental Health Oversight Committee; or

D. A functional impairment as determined by screening instruments used to determine the appropriate type and level of services for children with functional impairments. The functional impairment must be assessed in 2 or more of the following areas:

(1) Developmentally appropriate self-care;

(2) An ability to build or maintain satisfactory relationships with peers and adults;

(3) Self-direction, including behavioral control;

(4) A capacity to live in a family or family equivalent; or

(5) An inability to learn that is not due to intellect, sensory or health factors.

4. Committee. "Committee" means the Children's Mental Health Oversight Committee established in section 15004.

5. Department. "Department" means the Department of Health and Human Services.

6. Departments. "Departments" means the Department of Corrections, the Department of Education and the Department of Health and Human Services.

7. Family. "Family" means the child's family and includes, as applicable to the child, the child's parents, legal guardian and guardian ad litem.

8. Other departments. "Other departments" means the Department of Corrections and the Department of Education.

9. Program. "Program" means the Children's Mental Health Program established in section 15002.

10. Treatment. "Treatment" means the same as "care," as defined in subsection 2, for the purposes of this chapter.

§15002. Children's Mental Health Program established

The Children's Mental Health Program is established to identify children with mental health needs and to improve the provision of mental health care to children and supportive services to their families. The program must track the provision of care and services, the progress of the departments in providing care and services, the development of new resources for care and services and the use of all types of funds used for the purposes of this chapter, including funds from the departments' own budgets or through blended, pooled or flexible funding. The program is child and family-centered, focusing on the strengths and needs of the child and the child's family and providing care to meet those needs. The program is intended to create a structure for coordination of children's mental health care provided by the

departments. The program does not create any new entitlements to care or services and does not diminish any entitlements granted by state or federal law, rule or regulation. The program is under the supervision of the commissioner and a director of children's mental health services, who has lead responsibility for implementation, monitoring and oversight of the program.

1. Individualized treatment planning process. The individualized treatment planning process is based on the needs of the child and includes the participation of the child's family with the child, the department and the other departments. The individualized treatment planning process considers short-term and long-term objectives and all aspects of the child's life. Decisions in the individualized treatment planning process first address the need for safety for the child and then address the child's mental health and emotional, social, educational and physical needs in the least restrictive, most normative environment.

2. Principles of care delivery and management. Decisions about the delivery of care to a child are made and care is managed at the local level in accordance with the following principles.

- A. Care is clinically appropriate and is provided in the least restrictive manner possible.
- B. Care is provided as close to a child's residence as possible.
- C. The program promotes prevention, early identification and intervention for children in need of care and at risk of developing emotional problems.
- D. Each child has access to the same choices for care, regardless of residence, through a case management system that coordinates multiple services in a therapeutic manner and adjusts to changing needs, including the provision of adult mental health services when appropriate.
- E. Planning for the delivery of care takes into account the advice of the community service networks established under section 3608.

3. Care delivery and management practices. Care delivery and management practices must adhere to the principles stated in subsection 2 and are subject to the requirements of this subsection.

- A. Using the resources of the departments, the program must provide the child and family with a central location for obtaining information, applying and being assessed for care and supportive services, maintaining contact with case managers and department staff and, to the extent possible, obtaining care and supportive services.
- B. The delivery of care must be determined in accordance with subsections 1 and 2 using uniform intake and assessment protocols. Waiting lists may not be maintained if prohibited by law. The departments shall maintain records of all entries onto waiting lists with information about care that is needed and alternate or partial care that is provided. When the department releases waiting list information, that information may not identify the child or family by name or address.
- C. The system of providing care must be a functionally integrated, network-based system with the department as the single point of accountability.

4. Grievance; appeal. The provisions of this subsection govern the right to grievance and appeal. The department shall provide notice to children and their families and guardians about the right to an informal grievance process and a formal appeal under this section for the review of care for the child, including clinical diagnosis and care, and departmental decisions.

A. The departments shall adopt rules providing for an informal grievance process that may be initiated at the request of a child or the child's family. The informal grievance process, which may utilize mediation, must include a written decision with findings of fact by an impartial hearing officer within one week of the filing of the grievance if mediation is not requested by the child or the child's family and, if mediation is requested, within 2 weeks of the filing of the grievance. Providers of care and advocates for the child may be heard at the request of the child or the child's family. The informal grievance process is provided in addition to any rights of appeal that may be available under law, rule or regulation. If the right to appeal is limited to a certain time period, that time period begins to run on the date of issuance of a decision under this paragraph.

B. The child or the child's family may exercise any rights of appeal available by law, rule or regulation. The departments shall adopt rules providing for an appeal process that must include alternative dispute resolution and, notwithstanding any provision of state law or rule to the contrary, must provide that the commissioner or the commissioner's designee act as the decision maker in any hearing and issue a written decision with findings of fact. This paragraph does not supersede federal law.

C. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375,

subchapter II-A.

5. Public education program. The departments shall conduct a public education campaign about mental health, the need for mental health care and the availability of care through the program. The campaign must include written materials; media presentations; and a toll-free telephone number for information, referral and access to the program. Public information must include a resource guide that contains information about departmental responsibilities, community-based and residential-based resources for care and services and grievance and appeals procedures. If the department maintains waiting lists for any care or services, information must be provided about the use of the waiting lists and what options are available for care and services.

6. Rights protections; cultural sensitivity. The program must protect the rights of children to receive care without regard to race, religion, ancestry or national origin, gender, physical or mental disability or sexual orientation.

7. Rulemaking. The departments shall adopt rules to implement this chapter. Rules in effect for care under the authority of the departments, prior to the adoption of rules pursuant to this subsection, remain in effect until the effective date of the new rules. In addition to the rule-making procedures required under Title 5, chapter 375, prior to adoption of a proposed rule, the department shall provide notice of the content of the proposed rule to the committee and the joint standing committee of the Legislature having jurisdiction over health and human services matters. When a rule is adopted, the department shall provide copies of the adopted rule to the committee and the joint standing committee of the Legislature having jurisdiction over health and human service matters. Unless otherwise specifically designated, rules adopted pursuant to this chapter are routine technical rules as defined in Title 5, chapter 375, subchapter II-A.

8. Spiritual treatment. Nothing in this chapter may replace or limit the right of any child to care in accordance with a recognized religious method of healing, if the care is requested by the child or by the child's family.

§15003. Responsibilities of the departments

In addition to any responsibilities otherwise provided by law, the departments have the following responsibilities.

1. Agreements between departments. The departments shall enter into agreements that designate the department as responsible for the implementation and operation of the program and specify the other departments' respective responsibilities. The agreements must provide mechanisms for planning, developing and designating lead responsibility for each child's care and for coordinating care and supportive services.

The agreements must include memoranda of agreement that provide for clinical consultation and supervision, delivery of care, staff training and development, program development and finances. Revisions to the memoranda of agreement may be made after consultation with and subject to the approval of the committee.

2. Coordination. The department is responsible for coordinating with the other departments to:

A. Establish policies and adopt rules necessary to implement the program, including, but not limited to, policies and rules that provide access to clinically appropriate care; establish eligibility standards; provide for uniform intake and assessment protocols; adopt screening tools for functional impairment pursuant to section 15001, subsection 3, paragraph D; and provide for access to information among departments. Rules regarding functional impairments must be developed and adopted by the departments through rulemaking after consultation, review and comment by the committee pursuant to section 15504, subsection 2, paragraph A, subparagraph 3;

B. Develop necessary community-based residential and nonresidential resources for care and supportive services;

C. Provide clinically appropriate care in accordance with the memoranda of agreement executed pursuant to subsection 1, including providing all care provided under the authority of the Department of Health and Human Services through residential and nonresidential resources within the State by July 1, 2004; and

D. Monitor available care and supportive services, the extent of any unused capacity and unmet need, the need for increased capacity and the efforts and progress of the departments in addressing unmet needs.

3. Medicaid rules. The department, after consultation with the Department of Corrections and the Department of Education, shall adopt rules for the provision of mental health care to children under the Medicaid program. The rules must address eligibility and reimbursement for different types of care in different settings, including management of psychiatric hospitalization. Rules in effect prior to the adoption of rules adopted pursuant to this subsection remain in effect until the effective date of the new rules.

Rules for managed care initially adopted under this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A and when first adopted must be adopted following the procedure for such rules.

4. Statutory responsibilities; services, benefits or entitlements. Nothing in this chapter may be construed to constrain or to impair any departments of this State in carrying out statutorily mandated responsibilities to children and their families or to diminish or to alter any services, benefits or entitlements received by virtue of statutory responsibilities.

5. Fiscal management. Funds appropriated or allocated for the purposes of this chapter must be used to provide care, to administer the program, to meet departmental responsibilities and to develop resources for children's care in this State as determined necessary through the individualized treatment planning process pursuant to section 15502, subsection 1.

A. When care is provided for a child that costs less than the amount that had been budgeted for that care from funds within the budgets of the Department of Human Services, Medicaid accounts and the Department of Behavioral and Developmental Services, the savings in funds must be reinvested to provide care to children or to develop resources for care in the State.

B. The departments shall adopt fiscal information systems that record appropriations, allocations, expenditures and transfers of funds for children's care for all funding sources in a manner that separates funding for children from funding for adults.

C. The departments shall shift children's program block grant funding toward the development of a community-based mental health system that includes developing additional community-based services and providing care and services for children who are not eligible for services under the Medicaid program. The departments shall maximize the use of federal funding, the Medicaid program and health coverage for children under the federal Balanced Budget Act of 1997, Public Law 105-133, 111 Stat. 251.

D. The departments shall work with the Department of Administrative and Financial Services to remove barriers to allow appropriate funds, irrespective of origin or designation, to be combined to provide and to develop the care and support services needed for the program, to use General Fund money to meet needs that are not met by other funds and to leverage state funds to maximize the use of federal funding for each child, including the use of funds under the Adoption Assistance and Child Welfare Act of 1980, Title IV-E of the Social Security Act, 42 United States Code, Sections 670 to 679a (Supplement 1997) and other federal funds for care delivered to children living at home and in all types of residential placements.

6. Management information systems. The departments shall work toward integration of management information systems to administer the program and to perform the functions provided in this subsection.

A. The management information systems must track all types of nonresidential and residential care provided for children and supportive services provided for their families; the extent of met and unmet need for care; the extent of any waiting lists used in the program; behavioral, functional and clinical information; the development of resources; and the costs of the program.

B. Information on the care of children served through the program must be kept by treatment need, region, care provided, a child's progress and department involvement. Information on children who transfer from care out of the State to care in the State must be kept as part of the total system and must be kept separately.

C. The departments shall work toward data collection systems that use compatible data collection tools and procedures and toward care monitoring and evaluation systems.

7. Evaluation process. The departments shall develop an evaluation process for the program that includes:

A. Internal quality assurance mechanisms, clinical progress and performance indicators and information on costs;

B. System capacity and unmet need for care and department progress in responding to excess capacity and unmet need for care; and

C. Auditing as required by subsection 8.

Copies of all evaluation reports must be provided to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the committee upon completion.

The department shall seek funding from grants and other outside sources for external evaluations on program effectiveness and cost effectiveness.

8. Audits; financial reports. The departments shall provide access to their books, records, reports, information and financial papers for federal and state audits for fiscal and programmatic purposes and shall cooperate with all requests for the purposes of auditing. Auditing must be done annually and may be retrospective as determined by the auditor. Reports resulting from audits are public information.

9. Reports. The department shall report by August 1st each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the committee on the following matters:

- A. The operation of the program, including fiscal status of the accounts and funds from all sources, including blended, pooled and flexible funding, related to children's mental health care in the departments; numbers of children and families served and their residences by county; numbers of children transferred to care in this State and the types of care to which they were transferred; any waiting lists; delays in delivering services; the progress of the departments in developing new resources; appeals procedures requested, held and decided; the results of decided appeals and audits; and evaluations done on the program;
- B. The experiences of the departments in coordinating program administration and care delivery, including, but not limited to, progress on management information systems; uniform application forms, procedures and assessment tools; case coordination and case management; the use of pooled and blended funding; and initiatives in acquiring and using federal and state funds; and
- C. Barriers to improved delivery of care to children and their families and the progress of the departments in overcoming those barriers.

10. Reporting on children's crisis services. Beginning October 31, 2001, the department shall report by the last day of each month on the status of children's crisis services provided or requested under this chapter. The report must cover the number of children in crisis situations for the preceding month and the time it took to resolve the crisis situations and secure appropriate hospital or residential placements or crisis beds or in-home crisis supports for the children. The report must include all children in crisis situations, regardless of the source of payment for hospitalization, residential placement, crisis beds or in-home crisis supports. The report must protect the confidentiality of all persons involved in the situation as required by state or federal law, rule or regulation.

- A. In preparing the report, the department shall make a reasonable effort to obtain information from general hospitals, psychiatric hospitals and children's residential programs. The department shall develop a standardized format for the reporting of data on a monthly basis and shall distribute the form to crisis service providers and children's residential programs electronically on the first working day of each month.
- B. Crisis service providers and children's residential programs funded by the department shall report the information requested on the electronic forms under paragraph A to the department by the 15th of each month.
- C. If the department determines that there is a substantial need for residential placement, increased hospital resources or community-based crisis services or that action may be required by the Legislature, the department shall highlight those issues in the report.
- D. The department shall provide the report, which is public information, to the Children's Mental Health Oversight Committee established in section 15004 and the joint standing committee of the Legislature having jurisdiction over health and human services matters.
- E. The provisions of this section must be accomplished within the department's existing resources.

§15004. Children's Mental Health Oversight Committee

There is established the Children's Mental Health Oversight Committee to advise the departments and to oversee implementation of the program.

1. Membership. The committee consists of the following 16 members:

- A. Three representatives of the joint standing committee of the Legislature having jurisdiction over health and human services matters who must serve on the committee at the time of their appointments and who may continue to serve while they are Legislators until they are replaced by a new appointment. One member is appointed by the President of the Senate. Two members are appointed by the Speaker of the House, representing each major political party;
- B. One representative of the joint standing committee of the Legislature having jurisdiction over criminal justice matters, appointed by the Speaker of the House;
- C. One representative of the joint standing committee of the Legislature having jurisdiction over education and cultural affairs, appointed by the President of the Senate;
- D. One representative of the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, appointed jointly by the President of the Senate and the Speaker of the House;
- E. The Commissioner of Corrections, the Commissioner of Education and the Commissioner of Health and Human Services, or designees of the commissioners who have authority to participate in full and to make

decisions as required of committee members;

F. Three representatives of families whose children receive services for mental health, 2 of whom are appointed by the President of the Senate and one of whom is appointed by the Speaker of the House. One of the appointments of the President of the Senate to the initial committee must be for 2 years. All other appointments are for 3 years;

G. Three representatives of providers of children's mental health services who have clinical experience in children's mental health services, one of whom is appointed by the President of the Senate and 2 of whom are appointed by the Speaker of the House. One of the appointments of the Speaker of the House to the initial committee must be for 2 years. All other appointments are for 3 years; and

H. One representative of a statewide organization that advocates for children, appointed jointly by the President of the Senate and the Speaker of the House for a 3-year term.

2. Duties. The committee shall undertake the following responsibilities:

A. Oversight, monitoring and review responsibilities, including the responsibilities to:

(1) Receive reports and provide advice regarding children's mental health Medicaid waiver applications, in particular the managed care Medicaid waiver that must be submitted by January 1, 1999, unless an extension is agreed to by the committee, and progress in implementing managed care initiatives and memoranda of agreement executed by the departments;

(2) Maintain contact with and receive reports from the quality improvement councils, the clinical best practices advisory group established under subsection 4 and other entities reporting to the committee;

(3) Review and comment on rules as provided under this chapter;

(4) Receive reports from the departments on the program, including its strengths and weaknesses and its administration, and on the process of transition of young adults to adult mental health care;

(5) Receive reports from the departments pursuant to section 15003, subsection 9; and

(6) Gather facts regarding care and support services provided under this chapter and report its recommendations to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters by October 1st each year and as frequently as the committee determines to be appropriate; and

B. Meeting every 2 months or more often, as the committee determines necessary. The committee shall elect a secretary from among its members who shall work with staff to keep and to distribute minutes to members and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over corrections matters, the joint standing committee of the Legislature having jurisdiction over education and cultural affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters.

3. Cochairs. The President of the Senate and the Speaker of the House shall jointly select cochairs to plan for and to preside over meetings.

4. Clinical best practices advisory group. The committee shall appoint a clinical best practices advisory group to provide advice to the committee on children's mental health best practices. The advisory group must include not less than 3 children's mental health professionals, at least one of whom must represent private sector providers of care and at least one of whom must represent public providers of care.

5. Reimbursement. Members of the committee who are Legislators may be reimbursed for expenses and are entitled to legislative per diem for attendance at committee meetings. All other members serve voluntarily and without reimbursement.

6. Staff. The department shall provide staffing assistance to the committee. The committee may request staffing assistance from the Legislative Council. Staffing assistance provided by the Legislative Council must be secondary to the staffing responsibilities of the departments.

7. Public meetings and information. The committee is subject to the freedom of access laws under Title 1, chapter 13, subchapter I.