

MAINE STATE LEGISLATURE

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1 FIRST REGULAR SESSION
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE
4

5 Legislative Document

No. 941

6
7 S.P. 346

In Senate, March 7, 1985

8 Referred to the Committee on Human Resources and ordered printed.
9 Sent down for concurrence.

10 JOY J. O'BRIEN, Secretary of the Senate

Presented by Senator Gill of Cumberland.

11 Cosponsored by Senator Dow of Kennebec, Representative Chonko of
Topsham and Representative Higgins of Scarborough.

12 STATE OF MAINE
13

14 IN THE YEAR OF OUR LORD
15 NINETEEN HUNDRED AND EIGHTY-FIVE
16

17 AN ACT to Provide for Contingency Needs of
18 Intermediate Care Facilities for the
19 Mentally Retarded.
20

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

23 Sec. 1. 22 MRSA §3186 is enacted to read:

24 §3186. Principles of reimbursement

25 The department shall meet annually with providers
26 of community based intermediate care facilities for
27 the mentally retarded to review current principles of
28 reimbursement for United States Code, Title XIX and
29 discuss necessary and appropriate changes.

30 Sec. 2. 34-B MRSA §5437 is enacted to read:

31 §5437. Contingency fund

1 The bureau shall establish a contingency fund for
2 use by community based intermediate care facilities
3 for the mentally retarded. This fund shall be used
4 in accordance with the following provisions.

5 1. Approval of disbursements. Disbursements
6 must be approved by the bureau director.

7 2. List of approved usages. The director and
8 representatives of community-based facilities will
9 develop a list of approved usages of contingency
10 funds.

11 3. Approved usages; including. Approved usages
12 of contingency funds include, but are not limited to,
13 the following:

14 A. Payment for special client assessment and
15 treatment services not reimbursed through the
16 principles of reimbursement for intermediate care
17 facilities for the mentally retarded;

18 B. Payment for special client needs, such as
19 eyeglasses and wheelchairs and nonreimbursable
20 medications;

21 C. Payment for special staff needs to ensure ap-
22 propriate client treatment;

23 D. Payment for special facility needs to allow
24 clients to receive necessary treatment and ser-
25 vices;

26 E. Payment for extraordinary staff training re-
27 quirements; or

28 F. Payment for necessary and appropriate admin-
29 istrative needs.

30 4. Disbursement not to be approved. No dis-
31 bursement for client needs may be approved for any
32 service or activity not recommended by
33 interdisciplinary team or necessary to comply with
34 regulations.

35 Sec. 3. Appropriation. The following funds are
36 appropriated from the General Fund to carry out the
37 purposes of this Act.

1		1985-86	1986-87
2	<u>INTERMEDIATE CARE FACIL-</u>		
3	<u>ITIES FOR THE MENTALLY RE-</u>		
4	<u>TARDED CONTINGENCY FUND</u>		
5	All Other	\$150,000	\$150,000
6	Funds to be used for		
7	the Intermediate		
8	Care Facilites for		
9	the Mentally Re-		
10	tarded Contingency		
11	Fund established		
12	pursuant to the		
13	Maine Revised Stat-		
14	utes, Title 34-B,		
15	section 5437.		

16 STATEMENT OF FACT

17 Intermediate Care Facilites for the Mentally Re-
18 tarded are predominantly nonprofit groups and nursing
19 homes funded primarily through the Medicaid Program.
20 The homes are having difficulty providing all the
21 necessary services for their residents because
22 Medicaid will not pay for items such as eyeglasses,
23 wheelchairs and even some medications and pays so
24 little for various mental health and medical services
25 that they are almost impossible to find.

26 This bill would set up a contingency fund within
27 the Bureau of Mental Retardation to make funds avail-
28 able, on a case by case basis, for these services and
29 medical needs. Only needs consistent with the treat-
30 ment program for each resident and consistent with
31 the intermediate care facilities for the mentally re-
32 tarded program regulations are authorized to be ex-
33 pended from the contingency fund.

34 Section 2 of this bill provides for greater input
35 by providers on the State's policies governing inter-
36 mediate care facilities for the mentally retarded
37 program.

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