MAINE STATE LEGISLATURE

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119th MAINE LEGISLATURE

FIRST REGULAR SESSION-1999

Legislative Document

No. 2212

H.P. 1555

House of Representatives, April 21, 1999

An Act to Revise Laws Regarding Persons with Mental Retardation.

Submitted by the Department of Mental Health, Mental Retardation and Substance Abuse Services pursuant to Joint Rule 204.

Received by the Clerk of the House on April 20, 1999. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

OSEPH W. MAYO, Clerk

Presented by Representative KANE of Saco. Cosponsored by Senator RAND of Cumberland and

Representatives: BERRY of Livermore, POWERS of Rockport, Senator: HARRIMAN of Cumberland.

Be	e it enacted by the People of the State of Maine as follows:
	Sec. 1. 34-B MRSA §5001, sub-§§1-B to 1-G are enacted to read
	1-B. Advocate. "Advocate" means an employee of the Off
	Advocacy established in section 1205, unless a person of
	rson's guardian has designated another individual
or	ganization to be the advocate, in which case it means
in	dividual or organization so designated.
	1-C. Ally. "Ally" means an individual who supports
рe	rson with mental retardation or autism.
	1-D. Autism. "Autism" has the same meaning as in sect
<u>60</u>	02.
	1-E. Correspondent. "Correspondent" means an individ
đe	signated as next friend of a person according to the follow
or	der of preference and principles:
	A. In the first instance, the person's private guardian;
	B. If the person does not have a guardian or has a pub
	guardian, the person's parents or parent;
	C. If the parents are unavailable, and they have failed
	designate an appropriate representative, the relative,
	any, in closest relationship with the person; or
	D. If no correspondent can be designated according to t
	subsection, the correspondent is an appropriate individ
	assigned by the Consumer Advisory Board.
	1-F. Crisis. "Crisis" means any incident, behavi
ac	tivity or pattern of activity that could lead to the loss o
	erson's residence, program or employment.
24.5	TAND A TO A TO AND
	1-G. Facility. "Facility" means a place of reside
	erated by the department for persons with mental retardation
av	tism.
	Sec. 2. 34-B MRSA §5001, sub-§3-A, as enacted by PL 1989,
73	, §4, is repealed.
	Sec. 3. 34-B MRSA §5001, sub-§3-B is enacted to read:
	3-B. Personal planning. "Personal planning" is a plann
pr	ocess that focuses on the individual, provides real choice

2	creativity in planning to the person and allows the needs and desires of a person to be articulated and identified.
4	Sec. 4. 34-B MRSA §5001, sub-§5, as amended by PL 1995, c. 560, Pt. K, §39, is further amended to read:
6	5. Region. "Region" means any of the geographic service
8	regions established by the department.
10	Sec. 5. 34-B MRSA §5001, sub-§5-A is enacted to read:
12	5-A. Respite. "Respite" means planned time for family caregivers, which provides a break from the responsibility of
14	caring for the person.
16	Sec. 6. 34-B MRSA §5001, sub-§6, ¶¶D and E, as enacted by PL 1983, c. 459, §7, are amended to read:
18	D. Medical and psychiatric care; and
20	E. Nutritional services, and
22	Sec. 7. 34-B MRSA §5001, sub-§6, ¶F is enacted to read:
24	F. Education.
26	Sec. 8. 34-B MRSA §5002, as enacted by PL 1983, c. 459, §7,
28	is repealed and the following enacted in its place:
30	§5002. Policy
32	1. Services. It is the policy of the State to provide education, training and support services to persons with mental
34	retardation or autism who need those services.
36	2. Setting. The setting for all such services must, consistent with adequate care and treatment:
38	A. Impose the fewest possible restrictions on the liberty
40	of each person with mental retardation or autism; and
42	B. Be as close as possible to the patterns and norms of the mainstream of society.
44	3. Principles quiding delivery of services. Delivery of
46	services to persons with mental retardation or autism and the interpretation of all laws pertaining to persons with mental
48	retardation or autism must be guided by the following principles.

	A. Persons with mental retardation or autism have the same
2	rights as all citizens, including the rights to live, work and enjoy recreational opportunities in the community.
4	VIII.
	B. All services provided should have the goal of maximizing
6	growth, development and social integration into the
·	community.
8	COMMITTEE.
O	O Duraldon of all complete much achieved and enhance
10	C. Providers of all services must acknowledge and enhance
10	the role of the family, as appropriate, as the primary and
	most natural caregiver. Family, for the purposes of this
12	section, may be defined individually by each person with
	mental retardation or autism, and may include, where
14	appropriate, unpaid individuals with whom the person resides.
16	D. Community integration is achieved by connecting
	individuals and families with local and generic supports
18	within the community.
20	E. Services provided to persons with mental retardation or
	autism must enhance each person's opportunity to assume
22	maximum control over that person's life.
24	F. Real work for real pay, in settings integrated into the
~ .	community, must be the cornerstone of all vocational
26	employment services.
20	CHIPTO AHENC PETATOER
28	G. Residential services must be small, integrated and
20	community based. Services designed to support each
30	individual in each individual's own home must be the primary
30	
2.2	objective of the delivery system.
32	
	H. Connections in other areas of each person's life, such
34	as friends, recreation and spirituality, must be considered
	in order to promote a high quality of life for each person.
36	
	4. Right to treatment by spiritual means. Nothing in this
38	chapter may replace or limit the right of any person with mental
	retardation or autism to treatment by spiritual means alone,
40	through prayer, if that treatment is requested by the person or
	the person's guardian.
42	
	5. Class members. Persons identified as class members in
44	Consumer Advisory Board v. Peet, Docket No. CV-91-321-P-C may not
	be denied services by reason of not meeting the definition of
46	"mental retardation."
48	Sec. 9. 34-B MRSA §5003, as amended by PL 1995, c. 560, Pt.
20	K, §§41 to 45, is further amended to read:
	w' Alar co an' is intrust guerran to tagg:

§5003. System of care for persons with mental retardation or autism who receive services from the department

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- 1. System of care. The Legislature declares that the system of care, through which the State provides services to and programs for mentally--retarded persons,--shall with mental retardation or autism must be designed not only to protect the integrity of the legal and human rights of these persons, but also to meet the needs of these persons.
- 2. Responsibilities of the department. To faeilitate-the development-of maintain a system that meets the needs of persons with mental retardation or autism, the commissioner shall:
- A. Provide a mechanism for the identification, evaluation, treatment and reassessment of and the provision of services to persons with mental retardation, --- ineluding --- an habilitation -- program --- for -- every --- client -- served --- by -- the department or autism;
 - B. Divert-mentally-retarded-persons-from-institutional eare, whenever professional-diagnosis and evaluation, the personal-preference of the elient-or-the client's-legal guardian, and the availability-of appropriate these persons should be placed in community environments and programs for persons with mental retardation or autism. In so doing, the department shall consider the personal preference of the client or the client's legal guardian and, when appropriate, utilize professional diagnosis and evaluation. The department shall continuously retain the services of persons experienced, skilled and trained in the development of housing and employment resources sufficient to meet the needs of its clients;
 - Provide Fund programs, so far as resources permit, for the-proper-habilitation providing assistance and treatment of mentally-retarded to persons with mental retardation or autism that include, but are not limited to, comprehensive medical care, education, recreation, physical habilitation training, social services and and rehabilitation services suited to the needs individual regardless of age, degree of retardation, handicapping condition or ability to pay;
- 46 Dr---Werk-toward-effectuating-the-nermalization-principle through-the-establishment-of-community-services-for-the mentally--retarded--person--as--a--viable--and--practical alternative--to--institutional--care--at--each--stage--ef individual--life--development,--but,--if--eare--in--an

2	institutional-facility-becomes-necessary,-itshould-be-in the-least-restrictive-setting,-consistent-with-the-proper
	eare-ef-the-mentally-retarded-person;
4	E Eliminate its own duplicative and uppercent
6	E. Eliminate itsewn duplicative and unnecessary administrative procedures and practices in the system of care for mentally-retarded persons with mental retardation
8	or autism, encourage other departments to do the same and
10	clearly define areas of responsibility in order to utilize present resources economically;
12	FStrive-teward-having-a-sufficient-number-of-personnel
14	whe-are-qualified-and-emperienced-to-provide-treatment-that is-beneficial-te-the-mentally-retarded-clients;
16	G. Encourage other departments to provide to persons with mental retardation or autism those services that are
18	required by law, and in particular:
20	(1) The commissioner shall work actively to ensure that persons with mental retardation or autism, as
22	provided for in Title 20-A, chapter 303, receive educational and training services beginning at 5 years
24	of age regardless of the degree of retardation or accompanying disabilities or handicaps <u>including autism</u> ;
26	(2) The commissioner shall advise the Department of
28	Human Services about standards and policies pertaining to administration, staff, quality of care, quality of
30	treatment, health and safety of clients, rights of clients, community relations and licensing procedures
32	and other areas that affect persons with mental retardation or autism residing in facilities licensed
34	by the Department of Human Services; and
36	(3) The commissioner shall inform the joint standing committee of the Legislature having jurisdiction over
38	human resources matters about areas where increased cooperation by other departments is necessary in order
40	to improve the delivery of services to persons with mental retardation or autism; and
42	
44	(4) The commissioner or a designee of the commissioner shall work closely with the Department of Human Services, Division of Licensing and Certification to
46	ensure maximum coordination of policies, procedures and services;
48	
50	HReport-annually-to-the-joint-standing-committee-of-the
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	on-the-activities-of-the-Gonsumer-Advisory-Board-established
2	by-the-community-consent-decree-to-oversee-compliance-with
	the terms of that decree The commissioner or the
4	eemmissiener's designee -shallappear-inperson-beforethe
	eemmitteeandshallprovidethecommitteewith-themost
6	recent-annual-audit-ef-decree-standards-and-the-cerrective
	action-plans-required-by-the-auditThe-members-of-the
8	ConsumerAdvisoryBoardmayattendthecommissioner's
	presentationandprovideanindependentreportefits
10	aetivities-to-the-committee.
10	
12	I. Work toward the creation of broad public support for and
	acceptance of persons with mental retardation or autism in
14	the communities of the State through public education and
	training directed to health care providers, professionals,
16	law enforcement personnel, municipalities and recreational,
	avocational and spiritual providers and the public at large;
18	<u>and</u>
20	J. Maintain an adequate record-keeping system that must, at
20	a minimum, be sufficient to generate reliable information
22	for accurately representing the desires and needs of the
44	person served by the department. The system must include,
24	but is not limited to, an electronic system of managing
44	information with the capacity to generate accurate data for
26	budget and planning purposes.
20	Ander and browning barbobes.
28	3 Plan The commissioner - shall - prepare -a -plan, -subject - to
	the-following-provisions.
30	
	AThe-plan-must-indicate-the-most-effective-and-efficient
32	mannerinwhichtoimplementservicesandprogramsfor
	personswithmentalretardation,whilesafeguardingand
34	respecting-the-legal-and-human-rights-ef-these-persons-
36	BThe-plan-must-be-prepared-once-every-2-years-and-must-be
	submitted-te-the-joint-standing-committee-of-the-Legislature
38	having-jurisdiction-ever-health-and-human-services-matters
	by-no-later-than-January-15th-of-every-odd-numbered-year+
40	
	GThecommitteeshallstudytheplanandmake
42	recommendations - to - the - Legislature - with - respect - to - funding
4.4	improvements-in-programs-and-services-to-persons-with-mental
44	retardatien.
46	D The-plan-must-describe-the-system-of-mental-retardation
	services - in -each - of - the -mental - retardation - service - regions
48	and-statewide.

2	and-deficiencies-in-the-system-of-services+
4	Fr The -plan-must-include-an-assessment-of-the-roles-and
6	responsibilities of mental retardation agencies / human service agencies / health agencies and involved state
O	departments - and - suggest - ways - in - which - those - departments - and
8	agencies-can-better-cooperate-to-improve-the-service-systems-
Ü	ageneres-ean-seeeer-eeeperase seernprove suc service systemer
10	GThe-plan-must-be-made-publie-within-the-State-in-such-a
	manner-as-to-faeilitate-publie-involvement.
12	
	HThe-commissioner-must-ensure-that-the-development-of-the
14	planincludes theparticipationofcommunitymental
_	retardationservice-providers,consumerand-familygroups
16	and-other-interested-persons-or-groups-in-annual-statewide
10	hearings,-as-well-as-informal-meetings-and-work-sessions.
18	T The commissions much consider community consider mode
20	IThe-commissioner-must-consider-community-service-needs, relate-these-identified-needs-to-biennial-budget-requests
20	andincorporatenecessaryserviceinitiativesintoa
22	comprehensive-planning-document-
44	eembreverts. As and an end of an ex
24	3-A. Report. The commissioner shall report annually to the
	joint standing committee of the Legislature having jurisdiction
26	over human resources matters on the provision of services to
	persons with mental retardation or autism served by the
28	department. This report must include, at a minimum, the
	following:
30	
	A. A comprehensive assessment of current needs;
32	
	B. The effectiveness of the department's programs in
34	addressing housing, vocational and program needs of clients;
36	C. An assessment of rules and responsibilities of state
	departments and human services agencies in the provision of
38	services to clients:
40	D A summary of any program positions andit on sensumer on
40	D. A summary of any program reviews, audit or consumer or family assessments, or other internal or external reviews of
42	the department's programs and services; and
7.6	the department's programs and services, and
44	E. Recommendations by the commissioner for further
	improvements in the system, including information on
46	additional funding needs in order to meet outstanding unmet
	needs and to fund improvements in the system.
48	
	The commissioner shall develop this report in such a way as to
50	facilitate public involvement and shall strive to involve

persons with mental retardation or autism, their guardians, family members and allies in its creation.

- 4. General Fund account; Medicaid match; mental retardation. The commissioner shall establish a General Fund account to provide the General Fund match for mental retardation Medicaid eligible services. Any unencumbered balances of General Fund appropriations remaining at the end of each fiscal year must be carried forward to be used for the same purposes.
- Medicaid savings. Intermediate care facilities for 12 persons with mental retardation and providers of freestanding day habilitation programs shall submit payment to the department 14 equal to 50% of any Medicaid savings due the State pursuant to the principles of reimbursement, as established under Title 22, 16 sections 3186 and 3187, that are reported in any unaudited cost report for fiscal years ending June 30, 1995 and thereafter. Payment is due with the cost report. After audit, any amount 18 submitted in excess of savings allocated to the facility or 20 provider pursuant to the principles of reimbursement must be returned to the facility or provider. Notwithstanding 22 requirements or conditions contained in the principles of reimbursement, any amount due the State after final audit in 24 excess of savings paid on submission of a cost report must be paid to the State within 90 days following receipt of the 26 department's final audit report.
 - Sec. 10. 34-B MRSA §5003-A is enacted to read:
 - §5003-A. Rules

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- 1. Rulemaking. Adoption, amendment and repeal of rules under this section are governed as follows.
- A. The department shall adopt, and may amend or repeal,
 routine technical rules governing the administration of this
 chapter in accordance with Title 5, chapter 375, subchapter
 II-A.
- B. Except in cases requiring emergency rulemaking, the department shall hold a public hearing before adopting, amending or repealing the rules, and shall give notice of the public hearing in accordance with Title 5, chapter 375.
- Sec. 11. 34-B MRSA §5004, as enacted by PL 1993, c. 687, §9 and as amended by PL 1995, c. 560, Pt. K, §82 and affected by §83, is further amended to read:
 - §5004. Sexual activity with recipient of services prohibited

- A person who owns, operates or is an employee of an 2 organization, program or residence that is administered, licensed or funded by the Department--ef--Mental Health, --- Mental --- Retardation -- and -- Substance --- Abuse --- Services department or the Department of Human Services may not engage in a sexual act, as defined in Title 17-A, section 251, subsection 6 1, paragraph C, with another person or subject another person to 8 sexual contact, as defined in Title 17-A, section 251, subsection 1, paragraph D, if the other person, not the actor's spouse, is a 10 with mental retardation or autism who receives person therapeutic, residential or habilitative programmatic services 12 from the organization, program or residence.
- Sec. 12. 34-B MRSA §5201, as amended by PL 1995, c. 560, Pt. K, §47 and affected by §83, is further amended to read:

§5201. Duties

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The Department of Mental Health, Mental Retardation and Substance Abuse Services is responsible for:

- 1. Institutional programs. The supervision of adult mental retardation and autism programs in the state institutions;
- 2. Statewide system. The planning, promotion, coordination and development of a complete and integrated statewide system of services for persons with mental retardation services—for—adults or autism;
- 30 3. Liaison. Serving as liaison, coordinator and consultant to the several state departments in order to develop the statewide system of mental retardation and autism services;
- 4. Community-based services. Ensuring that adults with mental retardation or autism residing in community residential facilities, including nursing homes, boarding homes, foster homes, group homes or halfway houses licensed by the Department of Human Services are provided, insofar as possible, with residential accommodations and access to habilitation services appropriate to their needs; and
- 42 4-A. Quality improvement plan and management information system. Development and utilization of a comprehensive quality improvement plan and management information system in order to provide substantive information necessary for planning, budget development, program development and resource allocation.
- 5. Protective and supportive services. Providing protective and supportive services, in accordance with section

2	capable of living and functioning in society.
4	Sec. 13. 34-B MRSA §5203, sub-§3, as amended by PL 1995, c. 560, Pt. K, §50, is repealed.
6	See 14 24 P MPSA o 5 cmb o III as annual a factorita
8	Sec. 14. 34-B MRSA c. 5, sub-c. III, as amended, is further amended by repealing the headnote and inserting in its place the following:
10	SUBCHAPTER III
12	
14	SERVICES FOR PERSONS WITH MENTAL RETARDATION OR AUTISM
	Sec. 15. 34-B MRSA c. 5, sub-c. III, Art. I, as amended, is further
16	amended by repealing the headnote and inserting in its place the following:
18	Article_I
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22	State-operated Facilities for Persons with Mental Retardation or Autism
24	Sec. 16. 34-B MRSA $\S5401$, first \P , as amended by PL 1995, c. 550, $\S3$, is further amended to read:
26	The department shall maintain the following residential
28	facilities for the care and treatment of mentallyretarded persons with mental retardation or autism:
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32	Sec. 17. 34-B MRSA §5403, sub-§1, as enacted by PL 1983, c. 459, §7, is amended to read:
34	1. Establishment. There-is-established-the The Aroostook Residential Center at-Presque-Isle-in-Aroostook-Gounty,-which: is
36	established in the Town of Presque Isle as a facility to provide support for persons with mental retardation or autism.
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40	AShallbemaintainedforthetraining,education, treatment-and-care-of-persons-who-are-mentally-retarded;-and
42	BMayprovide-living-accommodationsformentally-retarded personsinorderthattheymayattendeducationaland
44	training-programs.
46	Sec. 18. 34-B MRSA §5403, sub-§2, ¶C, as enacted by PL 1983, c. 459, §7, is amended to read:
48	c. 200, gr, is anended to lead.
50	C. In order to qualify for appointment as the director, a person shall <u>must</u> have sufficient education and experience

2	to administer a facility providing services to the-mentally retardation or autism.
4	Sec. 19. 34-B MRSA §5405, sub-§1, as enacted by PL 1995, c. 550, §4, is amended to read:
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8	1. Establishment. Freeport Towne Square is established in the Town of Freeport as a facility to eare <u>provide support</u> for persons with mental retardation <u>or autism</u> .
10	Sec. 20. 34-B MRSA §5406 is enacted to read:
12	Sec. 20. 37-D WINDA 93-100 Is enacted to read:
14	§5406. Crisis facilities
16	1. Statewide system. The department must maintain a statewide system of small facilities to assist in providing crisis services as required by section 5433-A.
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20	2. Management. The department shall employ a program director of crisis services to direct and manage the facilities.
22	Sec. 21. 34-B MRSA §5431, as enacted by PL 1983, c. 459, §7, is amended to read:
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26	§5431. Purpose
20	The purpose of this Article is to assist in the
28	establishment and expansion of community-based mental retardation
30	services and programs for mentally-retarded persons residing with mental retardation or autism who reside in the community and residing in privately-operated privately operated residential
32	care facilities.
34	Sec. 22. 34-B MRSA §5432, sub-§1, as enacted by PL 1983, c. 459, §7, is amended to read:
36	105) g., 15 allowed to read.
	1. Community participation. Encourage persons in local
38	communities to participate in the provision of supportive services for mentally-retarded persons with mental retardation or
40	autism, so that persons in the community may have a better understanding of the need for those services;
42	and the same and the same same same same same same same sam
	Sec. 23. 34-B MRSA §5433, as amended by PL 1985, c. 768, §§6
44	and 7, is further amended to read:
46	§5433. Commissioner's powers
48	The commissioner may:

	1. Funding. Allocate money for the development of group
2	homes residential living options, capital construction, purchase
_	of buildings, supportive services and for other activities, but
4	only those applicants for funds whose programs provide for
	adequate standards of professional service qualify for funds from
6	the department. Other criteria for funding include, but are not
	limited to, the following.
8	
	A. The department may request a display of effort on the
10	part of the grantee that appropriate local governmental and
	other funding sources have been sought to assist in the
12	financing of the services for which the department is making
	the grant.
14	
	B. The department shall give consideration to the ability
16	of a municipality or other governmental unit to support the
1.0	mental retardation services, as reflected by the State's
18	evaluation of the component communities.
20	C. In making grants to unincorporated associations or
20	nonstock corporations, the department shall take into
22	account all income and resources.
	COOC WIND COME TO COME
24	D. All provider agencies are responsible for demonstrating
	and maintaining:
26	will not have been a significant to the control of
	(1) A commitment to offering personal planning for
28	persons with mental retardation or autism served by
	their programs;
30	
	(2) A workable quality improvement program approved by
32	the department both that must include, at a minimum, a
	survey or other measurement of client satisfaction;
34	
2.6	(3) A commitment to the provision of high-quality
36	services and programs that will improve the quality of
38	the lives of such persons; and
30	(4) A commitment to all aspects of personal planning;
40	(4) A commitment to all aspects of personal planning,
	2. Services and programs. Provide and help finance mental
42	retardation services and programs throughout the State for
	mentallyretarded persons residing with mental retardation or
44	autism who reside in the community and residing or in
	privately-ewned privately owned residential care facilities;
46	
	3. Cooperation. Cooperate with other state agencies,
48	municipalities, other governmental units, unincorporated
	associations and nonstock corporations in order to provide and

help finance services and programs for mentally-retarded persons with mental retardation or autism;

4. Available funds. Receive and use for the purpose of this article money appropriated by the State, grants by the Federal Government, gifts from individuals and money from any other sources; and

5. Transitional services coordination projects. Participate in the coordination of services for mentally-retarded persons with mental retardation or autism with local transitional services coordination projects for handicapped youths, as established in Title 20-A, chapter 308, assigning appropriate regional staff and resources as available and necessary in each region to be served by a project.

Sec. 24. 34-B MRSA §5433-A is enacted to read:

§5433-A. Crisis and respite services

The department shall provide an array of crisis and respite services throughout the State in accordance with this section.

1. Crisis services. The department shall maintain the capacity to intervene in personal crises that threaten the stability of the current place of residence or employment of a person with mental retardation or autism. This capacity must include assessment, consultation, training and support for persons with mental retardation or autism and their families or allies both before and after a crisis occurs; providing staff support at a person's home, program or workplace when necessary to prevent or respond to a crisis; providing mental health supports when necessary; and identifying professional services appropriate to meet their needs. Available training must include ways to respond to or avoid a crisis.

2. Out-of-home services. As a last resort, there must be an adequate capacity to provide out-of-home security and support by trained staff with appropriate professional backup resources for a person with mental retardation or autism experiencing a crisis that can not be safely managed at the person's residence. Any stay in excess of 10 days in a residence providing such support requires the written approval of the commissioner or the commissioner's designee. A copy of all such approvals must be forwarded immediately to the Office of Advocacy and the Consumer Advisory Board.

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3. Post-crisis review. The department must engage in a post-crisis review no more than 10 working days after any out-of-home crisis placement.

- 4. Transportation. Routine use of law enforcement personnel to transport persons with mental retardation or autism in crisis is prohibited. Transportation of persons in crisis by law enforcement personnel may occur only if such transportation has been specifically authorized by a person's guardian, by the person's personal planning team or when absolutely necessary to provide for the safety of that person or others.
- 5. Respite services. The department shall support the development of a statewide respite system with the goal of affording persons with mental retardation or autism or their families a planned or unplanned respite. Respite services must be made available in or reasonably near the current residence of a person. The department shall, when appropriate, utilize and fund the natural supports of a person in the development of respite services.
- 6. Information regarding utilization. The department shall
 maintain accurate information as to requests and needs for crisis
 and respite services sufficient to plan and budget for adequate
 crisis and respite systems. Consumers, parents, providers of
 services and interested persons must be made aware of the
 availability of these services and the proper means to access
 them.

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- Sec. 25. 34-B MRSA §5437, first ¶, as amended by PL 1995, c. 560, Pt. K, §54, is further amended to read:
- The department shall establish a contingency fund for use by eemmunity-based--intermediate--care--facilities--fer persons with mental retardation and-department-elients or autism residing in licensed boarding and foster homes or intermediate care facilities or participating in appropriate day treatment programs. This fund must be used in accordance with the following provisions.
- Sec. 26. 34-B MRSA §5437, sub-§3, ¶A, as enacted by PL 1985, c. 486, §2, is amended to read:
- A. Payment for special client assessment and treatment services not reimbursed through the principles of reimbursement for intermediate care facilities for the mentally-retarded persons with mental retardation or autism;
- Sec. 27. 34-B MRSA §5437, sub-§4, as enacted by PL 1985, c. 486, §2, is amended to read:
- 4. Disbursement not to be approved. Ne--disbursement
 50 Disbursement for client needs may not be approved for any service

or activity not recommended by-interdisciplinary-team-er unless 2 identified as a need through the client's personal plan or other assessment process or as necessary to comply with regulations No--disbursement Disbursement may not be made unless evidence is provided that the expense is not reimbursable by the Medicaid Program program. It is the intent of the Legislature 6 that the contingency fund established in this section be the funding source of last resort. 8 10 Sec. 28. 34-B MRSA §5461, sub-§1, as enacted by PL 1983, c. 459, §7, is amended to read: 12 Advocate. "Advocate" means a person: 14 Who is familiar with the precedures--involved-both-in 16 admitting-montally-retarded-persons-to-a-facility-and-in previding-services-te-those-persons services and programs 18 available to persons with mental retardation or autism either by department or private providers; and 20 Who is capable of advocating solely on behalf of a 22 mentally-retarded person with mental retardation or autism. 24 Sec. 29. 34-B MRSA §5461, sub-§2, as enacted by PL 1983, c. 459, §7, is repealed. 26 Sec. 30. 34-B MRSA §5461, sub-§4, ¶A, as enacted by PL 1983, 28 c. 459, §7, is amended to read: 30 Results in the distinguishing of mental retardation or autism from other conditions; 32 Sec. 31. 34-B MRSA §5461, sub-§5, as enacted by PL 1983, c. 459, §7, is amended to read: 34 36 Facility. "Facility" means a residential facility operated by the department for mentally-retarded-elients persons 38 with mental retardation or autism who qualify for placement at the facility. 40 Sec. 32. 34-B MRSA §5461, sub-§§6 and 7, as enacted by PL 1983, c. 459, §7, are repealed. 42 Sec. 33. 34-B MRSA §5461, sub-§7-A, as enacted by PL 1983, c. 44 580, §11, is repealed. 46 Sec. 34. 34-B MRSA §5461, sub-§§8 and 9, as enacted by PL 1983, c. 459, §7, are repealed.

2	Sec. 35. 34-B MRSA §5461, sub-§10, as repealed and replaced by PL 1983, c. 580, §12, is repealed.
4	Sec. 36. 34-B MRSA §5461, sub-§10-A, as enacted by PL 1983, c. 580, §13, is repealed.
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8	Sec. 37. 34-B MRSA §5461, sub-§11, as enacted by PL 1983, c. 459, §7, is repealed.
10	Sec. 38. 34-B MRSA §5462, as amended by PL 1983, c. 580, §15, is repealed.
12	Sec. 39. 34-B MRSA §5462-A is enacted to read:
14	§5462-A. State policy
16	1. Identification of needs; services. It is the policy of
18	the State that a person with mental retardation or autism who is
20	eligible for services receive needed services, insofar as resources permit, when those needs are identified through:
22	A. A personal planning process; or
24	B. Any other assessment of the person's needs.
26	2. Personal involvement. It is the policy of the State that a person with mental retardation or autism, and a person's
28	guardian and personal allies, should they be available, be involved to the greatest extent possible in the identification of
30	needs and supports of the person.
32	3. Planning: budgeting. It is the policy of the State that information regarding the needs and supports of persons with
34	mental retardation or autism that are not immediately addressed
36	must be accurately collected and used by the department in planning for the development of resources and budgeting for that
38	development.
40	4. Regular contact. It is the policy of the State that the individual support coordinator supporting a person with mental
42	retardation or autism must have regular contact with the person, which may include visits, with the person's permission, to the
14	person's residence, to the person's place of employment or to the
44	person's program site.
46	5. Caseload. It is the policy of this State that case
48	management caseloads be consistent with generally accepted professional standards.

Sec. 40. 34-B MRSA §5463, as enacted by PL 1983, c. 459, §7, 2 is amended to read: \$5463. Notice The commissioner department shall provide the client, if he the client is competent, the client's next of kin or legal 8 guardian, if any exists, and the client's advocate with timely written notice in advance of precedures-and-actions-to-be-taken with-respect-to-the-development,-implementation-and-assessment-of 10 preseriptive-pregram-plans the personal planning process. 12 Sec. 41. 34-B MRSA § 5464, as amended by PL 1987, c. 769, Pt. 14 A, §128, is further amended: \$5464. Correspondence and reports 16 18 The commissioner department shall provide the client, if the client is competent, the client's next of kin or legal quardian, 20 if any exists, and the client's advocate with access to copies of correspondence and reports concerning the client, in accordance with section 1207. 22 24 Sec. 42. 34-B MRSA §5465, as enacted by PL 1983, c. 459, §7, is repealed. 26 Sec. 43. 34-B MRSA §5466, sub-§1, as amended by PL 1983, c. 28 580, \$16, is further amended to read: 30 Entitlement. Each client who receives services under seetiens-5467-to-5474 this chapter is entitled to have access to 32 an advocate. An applicant for services is also entitled to have access to an advocate. 34 Sec. 44. 34-B MRSA §5467, as amended by PL 1995, c. 560, Pt. K, §56, is further amended to read: 36 38 §5467. Application and preliminary procedures 40 Application. An application for mental retardation or autism services under this subchapter, on a form provided by the 42 semmissioner department, must be initiated at or referred to a

- regional office of the department.
- Preliminary procedures. Within 10 work days from the day of application, the department shall: 46
- 48 Observe the client in his the client's current environment:

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	B. Obtain a brief family survey;
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	C. Make a preliminary assessment of the client's abilities
4	and needs and of the relevant services presently available
6	to the client; and
U	D. Ensure the client's access to an advocate throughout the
8	process of mental retardation or autism services under this
	section and sections 5467 5468 to 5474 5470-A; and
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	E. Provide the person, and the person's family, guardian or
12	personal ally if appropriate, with materials and information
	regarding the personal planning process and the department's
14	services. This information must include, but is not limited
16	to, information on personal planning, family support,
10	respite and advocacy services.
18	Sec. 45. 34-B MRSA §5468, first ¶, as enacted by PL 1983, c, c.
	459, §7, is amended to read:
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	After completing the tasks specified in section 5467,
22	subsection 2, the commissioner department shall forthwith cause a
2.4	comprehensive evaluation of the client, including a consideration
24	of physical, emotional, social and cognitive factors, to be conducted.
26	conducted:
	Sec. 46. 34-B MRSA §5468, sub-§2, as repealed and replaced by
28	PL 1983, c. 580, §18, is amended to read:
30	2. Comprehensive evaluation. The comprehensive evaluation
	shall must be conducted by a person-who-is-a licensed physician,
32	licensed-clinical-psychologist-or-licensed-psychological-examiner
2.4	and-who-has-had-training-and-experience professional who has
34	appropriate training and experience in the diagnosis and treatment of mentally-retarded persons with mental retardation or
36	autism.
	NACABIII.
38	Sec. 47. 34-B MRSA §5469, as amended by PL 1995, c. 560, Pt.
	K, §57, is further amended to read:
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4.2	§5469. Report
42	Within 20 days of the day of the application made wader
44	Within 30 days of the day of the application made under

Within 30 days of the day of the application made under section 5467 was made, the department shall obtain a report of the comprehensive evaluation, which shall must state specifically in the report whether or not the elient applicant is mentally retarded a person with mental retardation or autism.

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1. Person without mental retardation or autism. If the comprehensive evaluation concludes that the elient applicant is

net-mentally-retarded without mental retardation or autism, the 2 department shall deny the application for services, care and treatment, but shall make appropriate referrals in cases where 4 clear needs of the elient applicant exist. 6 Person with mental retardation or autism. comprehensive evaluation concludes that the elient-is-mentally 8 retarded-and-is-in-need-of-services+ applicant is a person with mental retardation or autism, the department, through the 10 regional office, shall offer to that person a process to identify needs through personal planning or any other assessment of the 12 person's needs. 14 A---The--department,--through--the--regional--effice,--shall develop-a-prescriptive-program-plan-or-service-plan,-or 16 beth+-and 18 B.--If-a-prescriptive-program-plan-is-te-be-developed, -the department, ---through -- the -- interdisciplinary -- team, --- shall develop-and-begin-to-implement-a-prescriptive-program-plan 20 for-the-client-within-60-days-of-the-application-made-under section-5467. 22 24 Preschool child. If the report of the comprehensive evaluation concludes that a child, aged-9 from birth to 5 years of age, is developmentally delayed and is in need of infant 26 development services or other early intervention services: 28 The department, through the regional office, 30 develop a prescriptive program plan or service plan, or both: and 32 If a prescriptive program plan is to be developed, the 34 department, through the interdisciplinary team, develop and begin to implement a prescriptive program plan 36 for the client within 60 days of the application made under section 5467. 38 Sec. 48. 34-B MRSA §5469-A is enacted to read: 40 \$5469-A. Appeal 42 1. Rights. Any denial of an application or request for services may be administratively appealed through the 44 department's appeal and grievance process established pursuant to

2. Notice. The department shall provide regular notice of the availability of this process to persons served by the department. This notice must be included in informational

section 1203, subsection 4.

- materials provided to persons served by the department, as well as to guardians and allies. It must be included in personal plans as well as in other documents where there is a denial of services to persons served by the department. It must be written in simple and easily understood language.
- 3. Training. Departmental staff must receive regular training in the appeal and grievance process.
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 4. Rulemaking. The department shall fully establish the grievance and appeal process through rulemaking by December 31, 12
 1999. The rules are routine technical rules in accordance with Title 5, chapter 375, subchapter II-A and must include, but are not limited, strict time frames for the resolution of grievances filed by persons served by the department.
- Sec. 49. 34-B MRSA §5470, as amended by PL 1983, c. 580, §21, is repealed.
- Sec. 50. 34-B MRSA §5470-A is enacted to read:

\$5470-A. Personal planning

- 24 <u>1. Right to personal planning.</u> A person who is eligible for services must be afforded the opportunity to engage in a personal planning process.
- 28 2. Process. The personal planning process is an ongoing process, one that neither begins nor ends with a meeting with the person. The planning process must include participants chosen by 30 the person. The planning process may include the person's guardian and individual support coordinator. The planning 32 process may also include participation or input by friends, 34 service providers, advocates and others. Needs that the person may not want to address, but that need to be addressed because of 36 concerns for the person's health, safety or welfare, will be identified through the planning process in a way that is both 38 respectful of the person and involves the person to the degree possible.
 - 3. Action plan. The personal planning process must include an action plan that describes the services to be provided, the process of providing the services and who is responsible for overseeing the provision of the services.
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 4. Review of personal plan. The person with mental retardation or autism or another member of the planning team may initiate a review of the person's plan, whenever a review is needed.

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- A. The review must be conducted by meeting together or by means sufficient to address the needed or desired changes.
- B. The review may include the person, the person's guardian, if any, and the individual support coordinator.

- 8 C. Events that pose a significant change in the person's health, abilities or life circumstances may lead to plan review.
- D. Other events that lead to a plan review must be identified by the person's planning group.
- 5. Information from planning process. During the personal planning process, the department shall develop and record information around a person's needs, define the projection of needs without regard to service availability, define necessary support services, recommend optimal courses of action and include plans for the active and continued exploration of suitable program or service alternatives based on client need. This information must be recorded in the department's management information system.
- 6. Implementation of personal plan. The department shall assist persons with needs identified by their planning process to obtain housing, employment or other meaningful occupation, medical and other professional therapeutic services, recreational and avocational opportunities and educational services insofar as resources permit. Implementation of the personal plan must occur at the earliest possible time. The personal plan must be agreed to, as a part of its implementation, by the client, if the client is able, or the client's legal guardian.
- 7. Training. The department shall ensure the provision of regular and ongoing training on personal planning to its own staff, providers and clients and their families, guardians and allies. The department shall regularly provide clients and their families and allies with informational materials regarding the personal planning process. The department shall periodically provide training to clients and their families and allies or develop training materials for them that are designed to enhance their ability to participate in personal planning.
- Sec. 51. 34-B MRSA §5471, as amended by PL 1995, c. 560, Pt. K, §58, is repealed.
- Sec. 52. 34-B MRSA §5472, as enacted by PL 1983, c. 459, §7,
 48 is repealed.

Sec. 53. 34-B MRSA §5473, as amended by PL 1995, c. 560, Pt. 2 K, §59, is repealed. Sec. 54. 34-B MRSA §5474, as amended by PL 1985, c. 503, §9, is repealed. 6 Sec. 55. 34-B MRSA §5475, as corrected by RR 1995, c. 2, §88, 8 is repealed. 10 Sec. 56. 34-B MRSA §5476, as amended by PL 1983, c. 763, is repealed. 12 Sec. 57. 34-B MRSA §5477, as amended by PL 1987, c. 736, §55, 14 is repealed. 16 Sec. 58. 34-B MRSA §5478, as repealed and replaced by PL 1983, c. 580, §26, is repealed. 18 Sec. 59. 34-B MRSA §5479, as enacted by PL 1983, c. 459, §7, 20 is repealed. Sec. 60. 34-B MRSA §5480, as amended by PL 1983, c. 580, §27, 2.2 is repealed. 24 Sec. 61. 34-B, §6252, sub-§4, ¶B, as amended by PL 1995, c. 560, 26 Pt. K, §76, is further amended to read: 28 Respite care may be provided to any person by the center without-full-compliance-with-the-procedures-for-admission-by judicial-certification-under-section-5475, if: 30 32 The purpose of the respite care is for evaluation, diagnosis or other clearly stated and broadly defined 34 therapeutic purposes of the person or the person's family; or 36 Respite care may be provided, upon application to 38 the department by the person, the person's guardian or the person's parent, for not more than 21 days at a 40 time and not more than 60 days during any 12-month period+-er. 42 (3) -- Continuing-placement-in-the-center-beyond-the-time 44 periods-stated-in-subparagraph-2,-if-indicated,--may-be accomplished -- only -- upon -- full -- compliance -- with -- section 46 5475. Sec. 62. 34-B MRSA §6252, sub-§4, ¶C, as enacted by PL 1985, 48 c. 503, §12, is repealed.

SUMMARY

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This bill revises and updates the laws in the Maine Revised Statutes, Title 34-B dealing with persons with mental retardation or autism in order to more accurately reflect current practices and to bring the law into compliance with judicial mandates.