

# MAINE STATE LEGISLATURE

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L.D. 1268

DATE: 5-16-01

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**APPROPRIATIONS AND FINANCIAL AFFAIRS**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
120TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 954, L.D. 1268, Bill, "An Act to Improve Services to Persons with Mental Retardation"

Amend the bill by striking out the title and substituting the following:

**'Resolve, to Improve Services to Persons with Mental Retardation'**

Further amend the bill by striking out all of the first paragraph after the title and inserting in its place the following:

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

Further amend the bill in the emergency preamble by striking out all of the last paragraph (page 1, lines 37 to 41 in L.D.) and inserting in its place the following:

**'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'**

Further amend the bill by striking out everything after the

**COMMITTEE AMENDMENT**

H.S.

COMMITTEE AMENDMENT "A" to H.P. 954, L.D. 1268

emergency preamble and before the summary and inserting in its place the following:

**Sec. 1. Pilot program to explore alternative methods of developing individual client service programs. Resolved:** That a pilot program to explore alternative methods of developing individual client services must be developed as follows.

**1. Pilot program.** The Department of Mental Health, Mental Retardation and Substance Abuse Services shall propose to the Joint Standing Committee on Health and Human Services by November 1, 2001 a pilot program to explore alternative methods of developing individual client services programs, referred to in this resolve as the "pilot program." The pilot program may utilize a voucher system of payment or other methods to enable the client to select residential, vocation and habilitation services from providers of services. The pilot program must establish a method of helping clients assess their programmatic needs, determine the funding that would be required to meet the client's needs and make available to the client or to the selected provider the necessary amount of funding.

**2. Task force.** The Department of Mental Health, Mental Retardation and Substance Abuse Services shall convene a task force to develop the pilot program proposal, referred to in this resolve as the "proposal." The proposal must be developed by a task force composed of 9 members as follows:

A. Two members of the task force must be representatives of the department, appointed by the Commissioner of Mental Health, Mental Retardation and Substance Abuse;

B. Two members must be providers of services, appointed by an association representing community service providers;

C. Two members must represent consumers, one appointed by the Maine Developmental Disabilities Council and one appointed by a statewide self-advocacy program representing people with mental retardation and mental disabilities; and

D. Three members must be consumers from each of the service delivery regions established by the Department of Mental Health, Mental Retardation and Substance Abuse Services pursuant to the Maine Revised Statutes, Title 34-B, section 1201-A appointed by the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services with regard to urban and rural representation, transition issues and a variety of levels of need.

2 The proposal may build on existing efforts of the department  
4 toward client self-determination, and must take into account the  
6 efforts and experience of other states to promote client  
self-determination.

8 **3. Goals of pilot program.** The pilot program must be  
10 designed to permit maximum self-determination for the client  
12 while ensuring that necessary services are provided. Factors to  
be considered must include cost and quality of services and  
support of the client in making choices of services provided.

14 **4. Assessment tool.** The proposal must include an  
16 assessment tool to evaluate the efficacy of the pilot program,  
18 the level of client satisfaction and the value of continuing the  
20 program on a permanent basis. A methodology must be established  
to measure the value of services received through the pilot  
program. The assessment tool must be sent to the Joint Standing  
Committee on Health and Human Services at the same time as the  
proposal.

22 **5. Authority to report out legislation.** The Joint Standing  
24 Committee on Health and Human Services may report out to the  
26 Second Regular Session of the 120th Legislature legislation to  
implement a pilot program based on the proposal of the Department  
of Mental Health, Mental Retardation and Substance Abuse; and be  
it further

28 **Sec. 2. Report requirement. Resolved:** That the Department of  
30 Mental Health, Mental Retardation and Substance Abuse Services  
32 shall report to the Joint Standing Committee on Appropriations  
and Financial Affairs and the Joint Standing Committee on Health  
and Human Services by November 1, 2001 on a plan to adopt  
34 mechanisms to address on an ongoing basis:

36 **1. Cost increases.** The cost increases for existing mental  
38 retardation services for adults, including competitive wage and  
benefit structures and increases in nondiscretionary costs,  
40 including, but not limited to, health insurance, workers  
compensation, medical supplies, heat and other utilities,  
gasoline and other operating costs;

42 **2. Changes in support needs.** Changes in support needs of  
44 individuals served by the department that may result in the need  
for additional support, adaptive equipment or housing adaptation;  
46 and

48 **3. Adults on waiting list.** The provision of services to  
adults on waiting lists for services including individuals:

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- A. Not currently receiving services;
- B. Receiving case management services but in need of other services; or
- C. Requiring a different level of service and support.

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

Further amend the bill by inserting at the end before the summary the following:

**FISCAL NOTE**

The Department of Mental Health, Mental Retardation and Substance Abuse Services will incur some minor additional costs to develop a proposal for a pilot program that offers alternative methods of developing individual client services programs and to prepare a plan that addresses the ongoing cost increases for existing mental retardation services for adults, the changes in support needs of individuals served by the department and the provision of services to adults on waiting lists. These costs can be absorbed within the department's existing budgeted resources.'

**SUMMARY**

This amendment requires the Department of Mental Health, Mental Retardation and Substance Abuse Services to develop a proposal for a pilot program to explore alternative methods of developing individual client services programs and to report to the Joint Standing Committee on Health and Human Services by November 1, 2001.

This amendment also requires the Department of Mental Health, Mental Retardation and Substance Abuse Services to develop a plan to address the ongoing cost increases for existing mental retardation services for adults, the changes in support needs of individuals served and the provision of services to adults on waiting lists and to report to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by November 1, 2001. It also adds a fiscal note to the bill.