

MAINE STATE LEGISLATURE

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Legislative Document

No. 1686

S.P. 593

March 23, 2007

An Act To Reduce Administrative Costs in Programs Delivered to People with Mental Retardation

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script, reading "Joy J. O'Brien".

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator ROSEN of Hancock.
Cosponsored by Representative PINGREE of North Haven and Senators: BRANNIGAN of
Cumberland, RAYE of Washington.

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

2 **Sec. 1. 26 MRSA §1411-D, sub-§3,** as enacted by PL 1995, c. 560, Pt. F, §13, is
3 amended to read:

4 **3. Community rehabilitation programs.** May establish, construct and operate
5 community rehabilitation programs and make grants to public or other nonprofit
6 organizations for those purposes;

7 A. The department may require the programs to meet state accreditation standards,
8 which must be less stringent than accreditation standards established by national,
9 nonprofit or quasi-public organizations that accredit rehabilitation facilities.

10 B. The department may not require any additional accreditation above the standards
11 set pursuant to paragraph A;

12 **Sec. 2. 34-B MRSA §5003, sub-§2, ¶E,** as amended by PL 1993, c. 410, Pt.
13 CCC, §26, is further amended to read:

14 E. Eliminate its own duplicative and unnecessary administrative procedures and
15 practices in the system of care for mentally retarded persons, encourage other
16 departments to do the same and clearly define areas of responsibility in order to
17 utilize present resources economically; including, but not limited to:

18 (1) Eliminating duplication of data entry and reducing paperwork and mailing
19 costs through use of technology and electronic transmission of data;

20 (2) Assessing the fiscal impact that proposed laws or rules would have on
21 providers prior to their enactment and publishing the fiscal analysis on the
22 department's publicly accessible website in a conspicuous location;

23 (3) Modifying the computerized information system known as the Enterprise
24 Information System to allow providers to enter more data directly, use query
25 functions to obtain information and accomplish all reporting requirements
26 electronically;

27 (4) Ensuring that all documentation required by the department from providers
28 be in a universal electronic format that can be completed and transmitted to the
29 department electronically;

30 (5) Streamlining the site survey program by:

31 (a) Requiring providers to submit the survey report directly to one office of
32 the department and giving the department the responsibility for circulating
33 the survey reports to other offices and state agencies as needed; and

34 (b) Considering the surveys valid for a period of not less than 5 years, unless
35 sufficient cause warrants a survey prior to the expiration of the 5-year period;
36 and

37 (6) Exempting certain programs that do not serve mentally retarded persons who
38 require medication from the requirement that a medication-certified staff person

1 be on duty at all times and instead allowing medication-certified staff to be
2 available on an on-call basis should the need to administer medication arise;

3 **Sec. 3. 34-B MRSA §5003, sub-§2, ¶F,** as amended by PL 1993, c. 410, Pt.
4 CCC, §26, is further amended to read:

5 F. Strive toward having a sufficient number of personnel who are qualified, trained
6 and experienced to provide treatment that is beneficial to the mentally retarded
7 clients; while balancing the need to streamline training requirements by:

8 (1) Allowing an experienced direct support staff person to take a test covering a
9 particular training subject and be exempt from that particular training if the staff
10 person scores at a level that demonstrates thorough knowledge on the subject
11 matter of the training as determined by the department; and

12 (2) Allowing direct support staff persons to be exempt from training that is not
13 directly related to the condition of individuals served in the staff persons'
14 employment setting;

15 **Sec. 4. 34-B MRSA §5003, sub-§2, ¶G,** as amended by PL 1995, c. 560, Pt. K,
16 §43, is further amended to read:

17 G. Encourage other departments to provide to persons with mental retardation those
18 services that are required by law, and in particular:

19 (1) The commissioner shall work actively to ensure that persons with mental
20 retardation, as provided for in Title 20-A, chapter 303, receive educational and
21 training services beginning at 5 years of age regardless of the degree of
22 retardation or accompanying disabilities or handicaps;

23 (2) The commissioner shall advise the ~~Department of Human Services~~
24 department about standards and policies pertaining to administration, staff,
25 quality of care, quality of treatment, health and safety of clients, rights of clients,
26 community relations and licensing procedures and other areas that affect persons
27 with mental retardation residing in facilities licensed by the ~~Department of~~
28 Human Services department; and

29 (3) The commissioner shall inform the joint standing committee of the
30 Legislature having jurisdiction over health and human resources services matters
31 about areas where increased cooperation by other departments is necessary in
32 order to improve the delivery of services to persons with mental retardation; ~~and~~

33 **Sec. 5. 34-B MRSA §5003, sub-§2, ¶H,** as amended by PL 1995, c. 560, Pt. K,
34 §44, is further amended to read:

35 H. Report annually to the joint standing committee of the Legislature having
36 jurisdiction over health and human resources services matters on the activities of the
37 Consumer Advisory Board established by the community consent decree to oversee
38 compliance with the terms of that decree. The commissioner or the commissioner's
39 designee shall appear in person before the committee and shall provide the committee
40 with the most recent annual audit of decree standards and the corrective action plans
41 required by the audit. The members of the Consumer Advisory Board may attend the

1 commissioner's presentation and provide an independent report of its activities to the
2 committee;

3 **Sec. 6. 34-B MRSA §5003, sub-§2, ¶I** is enacted to read:

4 I. Conduct eligibility assessments and reclassification of clients every 5 years and
5 not earlier than 5 years unless there is a substantial change in the client's abilities,
6 condition and needs; and

7 **Sec. 7. 34-B MRSA §5003, sub-§2, ¶J** is enacted to read:

8 J. Publish an annual document for community rehabilitation programs that describes
9 practices that are acceptable to the department, specific documentation standards for
10 all services required by the Federal Government or the department and information
11 on current best practices for administering those programs.

12 **Sec. 8. 34-B MRSA §5003, sub-§3, ¶A**, as amended by PL 1989, c. 628, §1, is
13 further amended to read:

14 A. The plan must indicate the most effective and efficient manner in which to
15 implement services and programs for persons with mental retardation, while
16 safeguarding and respecting the legal and human rights of these persons. The
17 department shall create an advisory group of providers to provide input into this
18 process. The department shall work with the advisory group to review business
19 practices and requirements and identify additional cost-efficiency practices.

20 **Sec. 9. 34-B MRSA §5003, sub-§3, ¶C**, as amended by PL 1989, c. 628, §1, is
21 further amended to read:

22 C. The committee shall study the plan and make recommendations to the Legislature
23 with respect to funding improvements in programs and services to persons with
24 mental retardation including the identification of savings that can be returned to
25 providers to fund additional services and defray business expenses related to
26 regulatory requirements.

27 **Sec. 10. 34-B MRSA §5203, sub-§2, ¶E** is enacted to read:

28 E. The department shall identify savings from efficiencies and administrative cost
29 containment measures and return those savings to providers for additional services
30 and to defray providers' costs of doing business.

31 **Sec. 11. 34-B MRSA §5471, sub-§4, ¶C**, as amended by PL 2003, c. 389, §15,
32 is further amended to read:

33 C. A service plan or personal plan may not be in effect longer than ~~one year~~ 5 years
34 and 2 weeks from the day on which the last person signed the service agreement for
35 the plan.

36 **Sec. 12. Affordable housing for adults with mental retardation.** The
37 department shall facilitate the development of residential accommodations for adults with
38 mental retardation by doing research and creating a plan that identifies appropriate
39 mechanisms for developing affordable housing, including but not limited to the creation

1 of a nonprofit organization, state bonding and other methods for financing affordable
2 housing.

3 **SUMMARY**

4 This bill requires the Department of Health and Human Services to eliminate
5 duplicative and unnecessary administrative procedures and practices in the system of care
6 for mentally retarded persons by eliminating duplicate data entry, reducing paperwork,
7 streamlining the survey program, requiring programs to meet one set of state
8 accreditation standards and reducing mailing costs through use of technology and
9 electronic transmission of data. It requires that the department assess the fiscal impact of
10 proposed laws or rules prior to enactment and publish the fiscal analysis on its website. It
11 requires that programs be exempt from certain certified medication staffing requirements
12 and exempts experienced direct support staff from specific employee training under
13 certain circumstances. It limits employee training requirements to those relevant to the
14 condition of individuals served.

15 It requires the department to conduct eligibility assessments and reclassification of
16 clients every 5 years and not earlier than 5 years unless there is a substantial change in the
17 client's abilities, condition and needs. It requires the department to publish an annual
18 document for community rehabilitation programs that describes practices that are
19 acceptable to the department, specific documentation standards for all services required
20 by the Federal Government or the department and information on current best practices
21 for administering those programs.

22 It requires the department to create an advisory group of providers to provide input
23 into the process of developing a plan and to work with the advisory group to review
24 business practices and requirements and identify additional cost-efficiency practices.

25 It requires that the department identify savings that can be returned to providers to
26 fund additional services and defray business expenses related to regulatory requirements.

27 It requires the department to facilitate the development of residential
28 accommodations for adults with mental retardation by creating a plan that identifies
29 appropriate mechanisms for developing affordable housing, including but not limited to
30 the creation of a nonprofit organization, state bonding and other methods for financing
31 affordable housing.