

MAINE STATE LEGISLATURE

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L.D. 925

Date: 6-18-18

(Filing No. H-791)

APPROPRIATIONS AND FINANCIAL AFFAIRS

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
128TH LEGISLATURE
SECOND SPECIAL SESSION**

COMMITTEE AMENDMENT "A" to H.P. 653, L.D. 925, Bill, "An Act Making Certain Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government"

Amend the bill by striking out everything after the title and inserting 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

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.

COMMITTEE AMENDMENT

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COMMITTEE AMENDMENT "A" to H.P. 653, L.D. 925

1	GENERAL FUND	2017-18	2018-19
2	POSITIONS - LEGISLATIVE COUNT	0.000	1.000
3	Personal Services	\$0	\$83,853
4	All Other	\$0	\$6,191
5			
6	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$90,044</u>

7 **Developmental Services Waiver - MaineCare Z211**

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

13	GENERAL FUND	2017-18	2018-19
14	All Other	\$0	\$5,068,738
15			
16	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$5,068,738</u>

17 **Medicaid Services - Developmental Services Z210**

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

24	OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
25	All Other	\$0	\$1,025,369
26			
27	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$1,025,369</u>

28 **Medical Care - Payments to Providers 0147**

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

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COMMITTEE AMENDMENT "A" to H.P. 653, L.D. 925

1	FEDERAL EXPENDITURES FUND	2017-18	2018-19
2	All Other	\$0	\$10,995,368
3			
4	FEDERAL EXPENDITURES FUND TOTAL	\$0	\$10,995,368

5	HEALTH AND HUMAN SERVICES,		
6	DEPARTMENT OF		
7	DEPARTMENT TOTALS	2017-18	2018-19
8			
9	GENERAL FUND	\$0	\$5,158,782
10	FEDERAL EXPENDITURES FUND	\$0	\$10,995,368
11	OTHER SPECIAL REVENUE FUNDS	\$0	\$1,025,369
12			
13	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$17,179,519

14 **PART B**

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

17 F. Establish a nursing facility's base year every 2 years and increase the rate of
18 reimbursement beginning July 1, 2014 and every year thereafter until June 30, 2018.
19 For the state fiscal year beginning July 1, 2018, the base year for each facility is its
20 fiscal year that ended in the calendar year 2016. For state fiscal years beginning on
21 or after July 1, 2019, subsequent rebasing must be based on the most recent cost
22 report filings available. The department may provide a mechanism for subsequent
23 adjustments to base year costs to reflect any material difference between as-filed cost
24 reports used in rebasing and subsequent determinations of audited, allowable costs
25 for the same fiscal period. The department's rules must provide that, beginning in the
26 state fiscal year beginning July 1, 2018, the rates set for each rebasing year must
27 include an inflation adjustment for a cost-of-living percentage change in nursing
28 facility reimbursement each year in accordance with the United States Department of
29 Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.
30 Any rebasing done pursuant to this paragraph may not result in a nursing facility
31 receiving a reimbursement rate that is lower than the rate in effect on June 30, 2018.

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

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

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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.

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

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

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

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

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

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

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

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

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

- 40 (1) A direct care worker appointed by the President of the Senate;
- 41 (2) A provider of home-based long-term care who is a member of a statewide
42 association representing home-based long-term care providers appointed by the
43 President of the Senate;

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

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

36 **3. Appointments.** All appointments must be made no later than 30 days following
37 the effective date of this Part. The appointing authorities shall notify the Executive
38 Director of the Legislative Council once all appointments have been completed. After
39 appointment of all members and after adjournment of the Second Special Session of the
40 128th Legislature, the chairs shall call and convene the first meeting of the commission.
41 If 30 days or more after the effective date of this Part a majority of but not all

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1 appointments have been made, the chairs may request authority and the Legislative
2 Council may grant authority for the commission to meet and conduct its business.

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

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

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

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

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

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

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

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

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

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

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

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1	GENERAL FUND	2017-18	2018-19
2	All Other	\$0	\$44,678
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$44,678</u>

5 **Long Term Care - Office of Aging and Disability Services 0420**
 6 Initiative: Provides appropriations for an increase to rates for certain services.

7	GENERAL FUND	2017-18	2018-19
8	All Other	\$0	\$620,032
9			
10	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$620,032</u>

11 **Medical Care - Payments to Providers 0147**
 12 Initiative: Provides appropriations and allocations for an increase to rates for certain
 13 services.

14	GENERAL FUND	2017-18	2018-19
15	All Other	\$0	\$4,271,956
16			
17	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$4,271,956</u>

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

22	OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
23	All Other	\$0	\$516,023
24			
25	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$516,023</u>

26 **Nursing Facilities 0148**
 27 Initiative: Provides appropriations and allocations for an increase to rates for certain
 28 services.

29	GENERAL FUND	2017-18	2018-19
30	All Other	\$0	\$5,475,685
31			

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1	GENERAL FUND TOTAL	\$0	\$5,475,685
2	OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
3	All Other	\$0	\$1,108,680
4			
5	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$1,108,680</u>

6 **PNMI Room and Board Z009**

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

8	GENERAL FUND	2017-18	2018-19
9	All Other	\$0	\$687,649
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$687,649</u>

12 **HEALTH AND HUMAN SERVICES,**
 13 **DEPARTMENT OF**
 14 **DEPARTMENT TOTALS**

15		2017-18	2018-19
16	GENERAL FUND	\$0	\$11,100,000
17	FEDERAL EXPENDITURES FUND	\$0	\$20,525,109
18	OTHER SPECIAL REVENUE FUNDS	\$0	\$1,624,703
19			
20	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$33,249,812</u>

21 **PART C**

22 **Sec. C-1. Department of Health and Human Services to establish and**
 23 **increase MaineCare rates.** Notwithstanding any other provision of law, no later than
 24 the effective date of this Part, the Department of Health and Human Services shall amend
 25 rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 to establish new
 26 reimbursement rates and increase existing reimbursement rates for children's habilitative
 27 services and specialized children's habilitative services in accordance with the April 24,
 28 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services:
 29 Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns &
 30 Associates, Inc. Rules adopted pursuant to this section are major substantive rules
 31 pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

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

34 **EDUCATION, DEPARTMENT OF**

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1 **General Purpose Aid for Local Schools 0308**
 2 Initiative: Provides funding for the additional costs associated with the establishment of
 3 reimbursement rates and the increase of existing reimbursement rates in the Department
 4 of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter
 5 III, Section 28 for children's habilitative services and specialized children's habilitative
 6 services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health
 7 and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking"
 8 prepared for the department by Burns & Associates, Inc.

9	GENERAL FUND	2017-18	2018-19
10	All Other	\$0	\$568,421
11			
12	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$568,421</u>

13	EDUCATION, DEPARTMENT OF		
14	DEPARTMENT TOTALS	2017-18	2018-19
15			
16	GENERAL FUND	\$0	\$568,421
17			
18	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$568,421</u>

19 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
 20 **Medical Care - Payments to Providers 0147**

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

28	GENERAL FUND	2017-18	2018-19
29	All Other	\$0	\$2,273,686
30			
31	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$2,273,686</u>

32	FEDERAL EXPENDITURES FUND	2017-18	2018-19
33	All Other	\$0	\$6,206,430
34			
35	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$6,206,430</u>

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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

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1 reimbursement rates, effective July 1, 2018, to ensure a net increase in funding from
2 fiscal year 2008-09 to fiscal year 2018-19 of 2% as long as no rate for a service is lower
3 than the rate reimbursed as of January 1, 2018. The rules must specify that the increase
4 in reimbursement rates must be applied to wages and benefits for employees who provide
5 direct services and not to administrators or managers.

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

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

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

16 **Medical Care - Payments to Providers 0147**

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

19	GENERAL FUND	2017-18	2018-19
20	All Other	\$0	\$6,036,063
21			
22	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$6,036,063</u>

23	FEDERAL EXPENDITURES FUND	2017-18	2018-19
24	All Other	\$0	\$11,974,266
25			
26	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$11,974,266</u>

27	OTHER SPECIAL REVENUE FUNDS	2017-18	2018-19
28	All Other	\$0	\$600,591
29			
30	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$600,591</u>

31 **PNMI Room and Board Z009**

32 Initiative: Provides appropriations to increase certain reimbursement rates, by July 1,
33 2018, to reflect a 2% increase from rates in fiscal year 2008-09.

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1	GENERAL FUND	2017-18	2018-19
2	All Other	\$0	\$17,135
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$17,135</u>

5	HEALTH AND HUMAN SERVICES,		
6	DEPARTMENT OF		
7	DEPARTMENT TOTALS	2017-18	2018-19
8			
9	GENERAL FUND	\$0	\$6,053,198
10	FEDERAL EXPENDITURES FUND	\$0	\$11,974,266
11	OTHER SPECIAL REVENUE FUNDS	\$0	\$600,591
12			
13	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$18,628,055</u>

14 **PART E**

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

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

18 **Medical Care - Payments to Providers 0147**

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

22	GENERAL FUND	2017-18	2018-19
23	All Other	\$0	\$552,527
24			
25	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$552,527</u>

26	FEDERAL EXPENDITURES FUND	2017-18	2018-19
27	All Other	\$0	\$1,003,012
28			
29	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$1,003,012</u>

30 **State-funded Foster Care/Adoption Assistance 0139**

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

COMMITTEE AMENDMENT

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COMMITTEE AMENDMENT "A" to H.P. 653, L.D. 925

1	GENERAL FUND	2017-18	2018-19
2	All Other	\$0	\$15,477
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$15,477</u>
5	HEALTH AND HUMAN SERVICES,		
6	DEPARTMENT OF		
7	DEPARTMENT TOTALS	2017-18	2018-19
8			
9	GENERAL FUND	\$0	\$568,004
10	FEDERAL EXPENDITURES FUND	\$0	\$1,003,012
11			
12	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$1,571,016</u>

13 **PART F**

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

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

31 **Sec. F-2. 17-A MRSA §1105-A, sub-§1, ¶¶K and L**, as enacted by PL 2003, c.
32 476, §2, are amended to read:

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

37 L. Serious bodily injury of another person is in fact caused by the use of ~~that~~
38 scheduled drug one or more scheduled drugs, the scheduled drug trafficked by the
39 defendant is a contributing factor to the serious bodily injury of the other person and

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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

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1 long as all information reasonably likely to reveal the patient or the prescriber or other
2 person who is the subject of the information has been removed.

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

5 **INDIGENT LEGAL SERVICES, MAINE COMMISSION ON**
6 **Maine Commission on Indigent Legal Services Z112**

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

10	GENERAL FUND	2017-18	2018-19
11	All Other	\$0	\$11,000
12			
13	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$11,000</u>

14 **PART G**

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

16 **13-A. Hub.** "Hub" means an organization licensed by the department that provides
17 timely access to comprehensive, integrated assessment, treatment and recovery support
18 for individuals with substance use disorder, including but not limited to opioid use
19 disorders. Hub services may be provided by licensed behavioral health organizations,
20 community mental health centers, methadone clinics, hospitals and federally qualified
21 health centers.

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

23 **15-A. Integrated medication-assisted treatment.** "Integrated medication-assisted
24 treatment" means a treatment method that combines medication approved by the federal
25 Food and Drug Administration for the treatment of substance use disorder with
26 counseling, urine drug screening and behavioral therapy that has proven effective in
27 treating substance use disorder.

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

29 **16-A. Levels of care.** "Levels of care" means the continuum of recovery-oriented
30 services that reflect an individual's risks, needs, strengths, resources and skills as
31 determined by an assessment with standardized placement criteria conducted by a
32 qualified clinician.

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

34 **19-A. Recovery support services.** "Recovery support services" means services that
35 recognize recovery is a process of change through which individuals improve their health
36 and wellness, live self-directed lives and strive to reach their full potential, including, but
37 not limited to, safe housing, transportation, peer mentoring and coaching and assistance

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1 with and access to employment services. "Recovery support services" may include
2 services provided in an integrated medication-assisted treatment setting or in a separate
3 facility that is staffed by individuals in recovery and that provides services such as
4 mentoring, education and resource provision.

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

6 **19-B. Spoke.** "Spoke" means a community-based provider, including, but not
7 limited to, a primary care provider, that provides integrated medication-assisted treatment
8 and behavioral health treatment and recovery support services to patients with substance
9 use disorder, including, but not limited to, opioid use disorder, or refers those patients to
10 such treatments or services.

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

12 **§20055. Hub-and-spoke model**

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

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

36 **1. Development of grant funding for education.** The department shall provide
37 grant funding, when available, to hubs or other qualified entities to provide assistance
38 with the development of hub-and-spoke infrastructure, as well as initial training and
39 ongoing education to hub-and-spoke providers across the State. Qualified entities may
40 include providers that deliver health care services to meet the health needs of target
41 populations.

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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

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PART H

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

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

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

15 **Office of Aging and Disability Services Central Office 0140**

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

18	GENERAL FUND	2017-18	2018-19
19	All Other	\$0	\$500,000
20			
21	GENERAL FUND TOTAL	\$0	\$500,000

22 **PART I**

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

30 **Sec. I-2. Rate study.** The Department of Health and Human Services shall
31 contract with a 3rd party to conduct a rate study of reimbursement rates under rule
32 Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 for
33 multisystemic therapy, multisystemic therapy for problem sexualized behavior and
34 functional family therapy. The rate study must develop a rate that is set on a per case per
35 week basis. The rate study must also take into account the costs to providers of
36 delivering the services, including additional training, and maintenance of fidelity to the
37 treatment models. The rate study must be completed no later than December 1, 2018.

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

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

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

14 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
15 **Medical Care - Payments to Providers 0147**

16 Initiative: Provides funding for a one-time increase to certain rates under rule Chapter
17 101: MaineCare Benefits Manual, Chapters II and III, Section 65 by 20% until June 30,
18 2019.

19	GENERAL FUND	2017-18	2018-19
20	All Other	\$0	\$212,306
21			
22	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$212,306</u>

23	FEDERAL EXPENDITURES FUND	2017-18	2018-19
24	All Other	\$0	\$385,318
25			
26	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$385,318</u>

27 **Office of MaineCare Services 0129**

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

31	GENERAL FUND	2017-18	2018-19
32	All Other	\$0	\$50,000
33			
34	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$50,000</u>

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1	FEDERAL EXPENDITURES FUND	2017-18	2018-19
2	All Other	\$0	\$50,000
3			
4	FEDERAL EXPENDITURES FUND TOTAL	<hr/> \$0	<hr/> \$50,000

5	HEALTH AND HUMAN SERVICES,		
6	DEPARTMENT OF		
7	DEPARTMENT TOTALS	2017-18	2018-19
8			
9	GENERAL FUND	\$0	\$262,306
10	FEDERAL EXPENDITURES FUND	\$0	\$435,318
11			
12	DEPARTMENT TOTAL - ALL FUNDS	<hr/> \$0	<hr/> \$697,624

13 **PART J**

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

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

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

22	GENERAL FUND	2017-18	2018-19
23	All Other	\$0	\$150,000
24			
25	GENERAL FUND TOTAL	<hr/> \$0	<hr/> \$150,000

26	HEALTH AND HUMAN SERVICES,		
27	DEPARTMENT OF		
28	DEPARTMENT TOTALS	2017-18	2018-19
29			
30	GENERAL FUND	\$0	\$150,000
31			
32	DEPARTMENT TOTAL - ALL FUNDS	<hr/> \$0	<hr/> \$150,000

33 **JUDICIAL DEPARTMENT**
 34 **Courts - Supreme, Superior and District 0063**

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

4	GENERAL FUND	2017-18	2018-19
5	All Other	\$0	\$10,800
6			
7	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$10,800</u>

8	JUDICIAL DEPARTMENT		
9	DEPARTMENT TOTALS	2017-18	2018-19
10			
11	GENERAL FUND	\$0	\$10,800
12			
13	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$10,800</u>

14	SECTION TOTALS	2017-18	2018-19
15			
16	GENERAL FUND	\$0	\$160,800
17			
18	SECTION TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$160,800</u>

19 **PART K**

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

21 **§17852-A. Computation of benefit for certain correctional facility employees**

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

- 24 A. "Client" has the same meaning as in Title 34-A, section 1001, subsection 1-A.
- 25 B. "Closure" means the removal of all clients from a correctional facility pursuant to
26 legislation enacted into law approving the removal of all clients.
- 27 C. "Correctional facility" has the same meaning as in Title 34-A, section 1001,
28 subsection 6.

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

- 32 A. Has creditable service of 25 years or more;
- 33 B. Has not reached what would be the member's normal retirement age absent this
34 section;

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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

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- 1 community, appointed by the President of the Senate. The 2 members must have
2 knowledge of or experience with programs for children with disabilities;
- 3 B. One member who is a contracted service provider of early intervention and free,
4 appropriate public education services, representing the Maine Association for
5 Community Service Providers, appointed by the Speaker of the House;
- 6 C. Two members who are Child Development Services System staff members who
7 provide direct services, appointed by the Speaker of the House;
- 8 D. One member who is a representative of a Head Start agency or program in the
9 State, representing Head Start programs in Maine, appointed by the President of the
10 Senate;
- 11 E. One member who is a representative of a child care program, appointed by the
12 Speaker of the House;
- 13 F. One member who is a teacher in an early childhood education program for
14 children 4 years of age that includes coordination of programs and services for
15 eligible children within a public elementary school from a large school administrative
16 unit, representing the Maine Education Association, appointed by the President of the
17 Senate;
- 18 G. One member who is a special education director from a small school
19 administrative unit, representing the Maine Administrators of Services for Children
20 with Disabilities, appointed by the President of the Senate;
- 21 H. One member who is a principal of a public elementary school of a small school
22 administrative unit that has implemented an early childhood education program for
23 children 4 years of age that includes coordination of programs and services for
24 eligible children, representing the Maine Principals' Association, appointed by the
25 Speaker of the House;
- 26 I. One member who serves as a superintendent of a large school administrative unit
27 that has implemented an early childhood education program for children 4 years of
28 age that includes coordination of programs and services for eligible children,
29 representing the Maine School Superintendents Association, appointed by the
30 Speaker of the House;
- 31 J. One member who serves as a school board member of a school administrative unit
32 that has implemented an early childhood education program for children 4 years of
33 age that includes coordination of programs and services for eligible children,
34 appointed by the President of the Senate;
- 35 K. One member representing the Maine Developmental Disabilities Council,
36 appointed by the Speaker of the House;
- 37 L. One member representing pediatricians, appointed by the President of the Senate;
- 38 M. One member representing a statewide association of occupational therapists,
39 appointed by the President of the Senate; and
- 40 N. One member representing a statewide association of speech, language and hearing
41 therapists, appointed by the Speaker of the House;
- 42 4. The Commissioner of Education or the commissioner's designee; and

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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;

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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	<u>\$0</u>	<u>\$3,700,000</u>

PART M

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

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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.

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

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

9 **HOUSING AUTHORITY, MAINE STATE**

10 **Lead Abatement Fund N261**

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

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

18 **PART N**

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

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

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

26 **Maine Center for Disease Control and Prevention 0143**

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

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

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

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SUMMARY

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This amendment replaces the bill, which was an emergency concept draft, to make various appropriations and allocations necessary for the proper operations of State Government.

Part A provides funding to the Department of Health and Human Services to add 50 members a month, beginning October 1, 2018, from the waiting list for community-based services provided under rule Chapter 101: 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.

Part B requires the Department of Health and Human Services to base a nursing facility's base year, for state fiscal years beginning on or after July 1, 2019, on the most recent cost reports available; any rebasing may not result in a reimbursement rate that is lower than that in effect on June 30, 2018. It also requires the department to amend its rules to increase rates for adult family care services, adult day services, homemaker services, nursing facilities and residential care facilities, specifies the amount of the rate increases, requires future cost-of-living increases and provides funding to the department for the rate increases. Part B requires the cost-of-living increases to continue for adult family care services, adult day services and homemaker services until the completion of a rate study conducted by a 3rd party. Part B also establishes the Commission To Study Long-term Care Workforce Issues.

Part C provides funding to the Department of Health and Human Services and to the General Purpose Aid for Local Schools program within the Department of Education in fiscal year 2018-19 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 of Health and Human Services by Burns & Associates, Inc.

Part D provides funding to the Department of Health and Human Services to increase certain reimbursement rates effective July 1, 2018 to reflect a 2% increase over rates in fiscal year 2008-09.

Part E provides funding to the Department of Health and Human Services 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.

Part F addresses the opiate crisis in Maine by:

- 1. Allowing funds from property forfeited pursuant to a criminal forfeiture action to be assigned by the court, upon the request of the investigating or prosecuting agency, to a law enforcement agency in this State that provides case management and other social services to persons with substance use disorders;
- 2. Adding in the Maine Criminal Code new variants of aggravated trafficking of scheduled drugs that include trafficking in scheduled drugs when the trafficked scheduled

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drug was a contributing factor in the death of another person, a Class A crime, or serious bodily injury of another person, a Class B crime;

3. Clarifying that the Class B crimes of aggravated furnishing of scheduled drugs and aggravated trafficking or furnishing of counterfeit drugs are for the death of another person, whose death was caused by a drug furnished by the defendant;

4. Making aggravated trafficking in fentanyl powder a Class A crime; and

5. Requiring the Department of Health and Human Services to provide an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the Controlled Substances Prescription Monitoring Program, including the number of prescribers participating and trends in prescription practices.

Part G requires the Department of Health and Human Services to support a hub-and-spoke system for the treatment and recovery for those with substance use disorder. It requires that the department must assess opportunities for federal funding and provide grants for training when funding is available. It requires the department to support the development of a plan to create a statewide resource and referral center for substance use disorder treatment that uses the 211 Maine service and links it with comprehensive statewide information on available treatment and recovery resources. It requires a report from the department to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2019. It includes an appropriations and allocations section.

Part H provides one-time additional funding for the provision of assisted living services at facilities currently operating at a loss, including, but not limited to, facilities in Bangor, Millinocket, Camden and Sanford. It directs the Department of Health and Human Services to conduct a review of possible ways to stabilize funding for affordable assisted living facilities that contract with the office of aging and disability services within the Department of Health and Human Services, including 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. It directs the department to 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.

Part I requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% until June 30, 2019. It requires the department to contract for a 3rd-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per case per week basis rather than the current 15-minute increments. 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. The department must submit a report on the results of the study to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 30, 2019. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2018 and the rates are approved by the federal Department of Health

COMMITTEE AMENDMENT

ROFS

and Human Services, Centers for Medicare and Medicaid Services. It also adds an appropriations and allocations section.

Part J provides additional funding for the Judicial Department to establish a new drug court in the State for up to 30 participants or to expand by up to 30 the number of participants served by existing drug courts in the State pursuant to the Maine Revised Statutes, Title 4, section 421. It also provides funding for the case management and ancillary services provided to drug court participants by the office of substance abuse and mental health services within the Department of Health and Human Services.

Part K allows employees at state correctional facilities that close who have not reached their normal retirement age to retire and receive their full retirement benefit if certain conditions are met and funding is appropriated for the additional actuarial costs that result from the elimination of a reduction for retirement prior to normal retirement age.

Part K also requires the Commissioner of Administrative and Financial Services to provide certification of the pending closure of a state correctional facility to the Maine Public Employees Retirement System. It requires the retirement system to calculate the amount of funding necessary to pay the actuarial costs and report that information to the joint standing committee of the Legislature having jurisdiction over retirement matters. It provides that the joint standing committee may report out legislation appropriating funds for the costs set forth in the report.

Part L establishes the Task Force To Study and Plan for the Implementation of Maine's Early Childhood Special Education Services to examine the national trends and relevant models of governing and delivering early childhood special education systems and the short-term and long-term costs and benefits to the Department of Education's proposed plan to restructure the Child Development Services System and to make recommendations for an early childhood special education services program plan. An appropriations and allocations section is included to provide \$3,700,000 in the 2nd year of the biennium to address the Child Development Services System budgetary shortfall.

Part M establishes a residential housing lead abatement program administered by the Maine State Housing Authority. The purpose of the program is to provide grants to municipalities and to housing units and housing projects that meet specified eligibility standards. Priority for lead abatement projects funded by the program is given to residences occupied by children who have tested positive for lead poisoning. The program is funded by a one-time allocation of \$4,000,000 from the Fund for a Healthy Maine.

Part N restores funding on a one-time basis to Maine's school-based health centers to the level of funding provided in fiscal year 2016-17 and allows the joint standing committee of the Legislature having jurisdiction over health and human services matters to report out legislation to the First Regular Session of the 129th Legislature providing ongoing funding to school-based health centers.

FISCAL NOTE REQUIRED
(See attached)

COMMITTEE AMENDMENT



128th MAINE LEGISLATURE

LD 925

LR 1296(02)

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

Fiscal Note for Bill as Amended by Committee Amendment *A. (H-791)*

Committee: Appropriations and Financial Affairs

Fiscal Note Required: Yes

Fiscal Note

Legislative Cost/Study

	FY 2017-18	FY 2018-19	Projections FY 2019-20	Projections FY 2020-21
Net Cost (Savings)				
General Fund	\$0	\$37,019,197	\$51,638,173	\$61,929,622
Fund for a Healthy Maine	\$0	\$4,600,000	\$0	\$0
Appropriations/Allocations				
General Fund	\$0	\$37,019,197	\$51,638,173	\$61,929,622
Federal Expenditures Fund	\$0	\$51,139,503	\$87,559,826	\$100,366,108
Fund for a Healthy Maine	\$0	\$4,600,000	\$0	\$0
Other Special Revenue Funds	\$0	\$3,828,229	\$6,961,854	\$8,163,823
Revenue				
Federal Expenditures Fund	\$0	\$51,139,503	\$87,559,826	\$100,366,108
Other Special Revenue Funds	\$0	\$3,828,229	\$6,961,854	\$8,163,823

Correctional and Judicial Impact Statements

Part F of the bill increases the class of a crime from Class B to Class A; increases correctional costs.

The collection of additional fines may also increase General Fund revenue by minor amounts.

Legislative Cost/Study

The general operating expenses of the study required in Part B of the bill are projected to be \$2,750 in fiscal year 2018-19. The general operating expenses of the study required in Part L of the bill are projected to be \$7,250 in fiscal year 2018-19. The Legislature's budget includes approximately \$10,000 in fiscal year 2018-19 for legislative studies. Whether this amount is sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature.

Fiscal Detail and Notes

Part A of the bill includes General Fund appropriations to the Department of Health and Human Services of \$5,158,782 in fiscal year 2018-19 to begin serving 50 additional members each month, beginning October 1, 2018, 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 autistic disorder until a total of 300 new members have been added. Federal Expenditures Fund allocations are also included for the FMAP match and Other Special Revenue Funds allocations are also included for the service provider tax.

Part B of the bill includes General Fund appropriations to the Department of Health and Human Services of \$11,100,000 in fiscal year 2018-19 for an increase to rates for certain services. Federal Expenditures Fund allocations are also included for the FMAP match and Other Special Revenue Funds allocations for the healthcare provider tax and the service provider tax.

Additional costs to the Department of Labor related to the Commissioner or the commissioner's designee participating on the commission can be absorbed within existing budgeted resources.

Part C of the bill includes General Fund appropriations of \$2,273,686 to the Department of Health and Human Services (DHHS) and \$568,421 to the General Purpose Aid for Local Schools program within the Department of Education in fiscal year 2018-19 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. Federal Expenditures Fund allocations are also included for the FMAP match and Other Special Revenue Funds allocations for the service provider tax.

Part D of the bill includes General Fund appropriations to the Department of Health and Human Services of \$6,053,198 in fiscal year 2018-19 to increase certain reimbursement rates by July 1, 2018 to reflect a 2% increase over rates in fiscal year 2008-09. Federal Expenditures Fund allocations are also included for the FMAP match and Other Special Revenue Funds allocations for the service provider tax.

Part E of the bill includes General Fund appropriations to the Department of Health and Human Services of \$568,004 in fiscal year 2018-19 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. Federal Expenditures Fund allocations are also included for the FMAP match.

Part F of the bill includes a General Fund appropriation of \$11,000 in fiscal year 2018-19 for the Maine Commission on Indigent Legal Services to support the anticipated increase in costs resulting from additional prosecutions involving death or serious bodily injury to a person.

Part G of the bill includes an ongoing General Fund appropriation to the Department of Health and Human Services of \$6,663,000 beginning in fiscal year 2018-19 to hubs and spokes 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 these funds to support training and education of hubs and spokes.

Part H of the bill includes a one-time General Fund appropriation to the Department of Health and Human Services of \$500,000 in fiscal year 2018-19 for increased funding over current levels for the provision of assisted living services.

Part I of the bill includes one-time General Fund appropriations to the Department of Health and Human Services of \$262,306 in fiscal year 2018-19 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 30th, 2019 and to contract with a third party to conduct a rate study of those rates to be completed no later than December 1st, 2018. Federal Expenditures Fund allocations are also included for the FMAP match.

Part J of the bill includes General Fund appropriations to the Department of Health and Human Services of \$150,000 in fiscal year 2018-19 for case management and other ancillary services provided by the Office of Substance Abuse and Mental Health Services, for a maximum of 30 participants, for drug courts established by the Judicial Department. These funds can be used either to provide services at a new drug court in the state or to provide services for an increased number of participants in existing drug courts in the State.

Part J of the bill also includes General Fund appropriations to the Judicial Branch of \$10,800 in fiscal year 2018-19 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 that are expanded to allow for an increased number of participants up to a maximum of 30.

CM (H-791)

Part K of the bill requires the Department of Corrections to provide a one-time payment to the Maine Public Employees Retirement System (MainePERS) for the unfunded actuarial cost of allowing eligible employees at certain state correctional facilities that close as a result of legislative action who have not reached their normal retirement age to retire and receive their full retirement benefit. Funding for the one-time payment will be collected through a one-time increase in the percentage assessment of the department's employer share contribution rate for the unfunded actuarial liability. The cost to the Department of Corrections cannot be determined at this time and will depend on the actual closure of these state correctional facilities through legislative action, the timing of the closure and the number of employees that would be eligible for the benefit provision as a result of the closure.

Part L of the bill includes a one-time General Fund appropriation of \$3,700,000 in fiscal year 2018-19 to the Child Development Services Program within the Department of Education to address a budgetary shortfall.

Part M of the bill includes a one-time Fund for a Healthy Maine allocation of \$4,000,000 in fiscal year 2018-19 to a newly created Lead Abatement Fund within the Maine State Housing Authority to provide grants for the abatement of lead paint hazards in residential housing and for the cost of establishing and administering the program. Sufficient funds are available within the Fund for a Healthy Maine to cover the one-time allocation.

Part N of the bill provides a Fund for a Healthy Maine allocation of \$600,000 in fiscal year 2018-19 to restore 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.