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No. 632

S.P. 246

In Senate, March 3, 2021

An Act To Facilitate the Conversion of Children's Private Nonmedical Institutions to Qualified Residential Treatment Programs as Required by Federal Law

Received by the Secretary of the Senate on March 1, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed.

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DAREK M. GRANT Secretary of the Senate

Presented by Senator CLAXTON of Androscoggin.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 22 MRSA §4002, sub-§6-B is enacted to read:
3 4 5	6-B. Qualified professional. "Qualified professional" means a qualified individual as defined in the federal Bipartisan Budget Act of 2018, Public Law 115-123, Division E, Title VII (2018), known as the Family First Prevention Services Act.
6	Sec. 2. 22 MRSA §4002, sub-§6-C is enacted to read:
7 8 9 10	<u>6-C. Qualified residential treatment program.</u> "Qualified residential treatment program" means a program within a licensed children's residential care facility as defined in section 8101, subsection 4 that provides continuous 24-hour care and supportive services to children in a residential nonfamily home setting that:
11 12 13	A. Uses a trauma-informed treatment model that is designed to address the clinical and other needs of children with serious emotional and behavioral disorders or disturbances;
14 15	B. Implements a specific treatment recommended in a needs assessment completed by a qualified professional;
16 17	C. Employs registered or licensed nursing staff and other licensed clinical staff who are:
18 19	(1) On site according to the treatment model used pursuant to paragraph A and during business hours; and
20	(2) Available 7 days a week on a 24-hour basis;
21 22	D. Appropriately facilitates outreach to family members and integrates those family members into the treatment of children;
23	E. Provides discharge planning for children;
24 25	<u>F.</u> Is licensed by the department in accordance with the United States Social Security Act, Section $471(a)(10)$; and
26	G. Is accredited by an independent nonprofit organization approved by the department.
27 28	Sec. 3. 22 MRSA §4061, sub-§1, as amended by PL 1983, c. 354, §6, is further amended to read:
29 30 31 32	1. Department. The department shall care for a child ordered into its custody in licensed or approved family foster homes, in other residential child care facilities, including <u>a qualified residential treatment program</u> , or in other living arrangements as appropriate to meet the child's individual needs.
33 34	Sec. 4. 22 MRSA §4066, sub-§6, as enacted by PL 1997, c. 322, §1, is amended to read:
35 36 37	6. Out-of-state placement. The number of children in the care and custody of the department placed out-of-state for hospitalization and residential care and the costs for each; and
38	Sec. 5. 22 MRSA §4066, sub-§6-A is enacted to read:

16-A. Compliance with federal law. An assessment of the State's compliance with2the federal Bipartisan Budget Act of 2018, Public Law 115-123, Division E, Title VII3(2018), known as the Family First Prevention Services Act; and

4 Sec. 6. Department of Health and Human Services to develop a plan for compliance with federal law. The Department of Health and Human Services shall 5 develop a plan for conversion of children's private nonmedical institutions to gualified 6 7 residential treatment programs so that the State complies with the requirements of the 8 federal Bipartisan Budget Act of 2018, Public Law 115-123, Division E, Title VII (2018), 9 known as the Family First Prevention Services Act. The department shall establish the 10 requirements, timelines and estimated costs for children's private nonmedical institutions 11 licensed on the effective date of this Act to convert to qualified residential treatment programs. The department shall establish a method of providing financial resources to 12 children's private nonmedical institutions to pay for the costs of conversion. The plan must 13 14 include how those resources will be acquired, including, but not limited to, requests to the Legislature for appropriation, grant funding and reallocating resources within the 15 16 department.

Sec. 7. Waiver authorization. If the Department of Health and Human Services
is unable to meet the deadlines required by the federal Bipartisan Budget Act of 2018,
Public Law 115-123, Division E, Title VII (2018), known as the Family First Prevention
Services Act, the department is authorized to apply for any waivers or extensions necessary
from the United States Department of Health and Human Services.

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SUMMARY

23 This bill requires the Department of Health and Human Services to develop a plan for 24 converting children's private nonmedical institutions to qualified residential treatment 25 programs as required by the federal Family First Prevention Services Act. The department 26 must establish requirements, timelines and costs for the children's private nonmedical 27 institutions for converting to qualified residential treatment programs. It also requires the 28 department to establish a method of providing financial resources to those institutions for 29 converting. The bill also adds definitions for "qualified professional" and "qualified 30 residential treatment program" in the Child and Family Services and Child Protection Act 31 and requires the annual report to the Legislature submitted pursuant to that Act to include 32 an assessment of compliance with the federal Family First Prevention Services Act.