

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**  
**ONE HUNDRED AND SIXTEENTH LEGISLATURE**

**SECOND REGULAR SESSION**

**January 5, 1994 to April 14, 1994**

**THE GENERAL EFFECTIVE DATE FOR**  
**SECOND REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**JULY 14, 1994**

**PUBLISHED BY THE REVISOR OF STATUTES**  
**IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,**  
**TITLE 3, SECTION 163-A, SUBSECTION 4.**

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**J.S. McCarthy Company**  
**Augusta, Maine**  
**1993**

first contract period or for 12 months, whichever is greater; and sufficient time for affected persons and groups to adjust to an outcome-oriented approach.

The committee shall study the feasibility of and make recommendations regarding the implementation of a system of performance-based contracting in the Department of Corrections.

The committee shall complete its work by January 1, 1999. The committee shall meet as necessary to complete its duties and is authorized to use grants and other funds obtained from private organizations, the Federal Government and other non-General Fund sources. The committee may request assistance in carrying out its duties from qualified individuals or organizations inside or outside of State Government. The committee may request staffing assistance from the Department of Human Services and the Department of Mental Health and Mental Retardation.

The state departments and the mental health authority board of Region V shall meet with and report to the committee as determined necessary by the committee to coordinate implementation of this Act.

**3. Compensation not authorized.** Members of the committee may not receive compensation or reimbursement for expenses.

**4. Report; legislation.** The committee shall submit a final report, together with any necessary implementing legislation, to the First Regular Session of the 119th Legislature no later than December 1, 1998. The report must include an assessment of the effectiveness of the performance-based agreement system and recommendations on whether it should be continued, including whether its application should be narrowed or broadened to include other state departments or categories of contracted-for services. During its existence, the committee is authorized to submit legislation to any regular session of the Legislature.

See title page for effective date.

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## CHAPTER 738

H.P. 1330 - L.D. 1793

### An Act to Implement the Recommendations of the Health and Social Services Transition Team

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

**Whereas,** recent efforts to restructure health and social services have not achieved sufficient consensus; and

**Whereas,** those efforts were not guided by a set of fundamental principles held by the citizens of the State; and

**Whereas,** the status quo is not acceptable and efforts to reform the system must continue; and

**Whereas,** those efforts must begin with a broad process of public participation; and

**Whereas,** those efforts must begin as soon as possible to give the Governor-elect the benefit of the results of that process before the Governor-elect takes office; 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. Health and social services broadly defined.** Health and social services include, but are not limited to, the following:

1. Preventive, acute and long-term health services, including physical and mental health;
2. Substance abuse services;
3. Developmental, physical and other disability services;
4. Protective services for children and adults;
5. Services for people who are poor, including income assistance, shelter, food and employment assistance;
6. Juvenile justice services; and
7. Other family services, including adoption and child care.

**Sec. A-2. Health and social services policy principles.** The goal of the State is to achieve a health and social services system that embodies the following policy principles.

1. The service system should use local, natural points of entry into comprehensive services.

2. Consumers who need an array of services should have easy access to accurate comprehensive information and to a single accountable entity that assists in the coordination of those services.

3. Services should be interdisciplinary in nature, serving all health and social service needs of the consumer at once.

4. The service delivery system should use the best available technology to enhance delivery and make services more efficient.

5. Services should be developed and delivered at regional and local levels and should reflect documented needs. The primary role of the State is to ensure that minimum standards of service delivery are met.

6. Consumers should be active participants in developing and using services. Services should be individualized to meet the particular needs of each consumer and should not be determined by the restrictions of particular funding streams.

7. The service system should emphasize prevention and early intervention.

8. The service system should strengthen and support families.

9. The service system should enable consumers to achieve economic self-sufficiency.

10. Education is inextricably linked to consumers' needs for and access to health and social services. School facilities should be fully utilized as access points for services.

11. Consumers should be treated respectfully and consistently by all service providers.

**Sec. A-3. Public Participation Team.** The Public Participation Team, referred to in this Part as the "team," is created to solicit broad public response and comment regarding the policy principles articulated in section 1 and to gather recommendations from the public regarding changes in the service system that would achieve those principles. The team consists of 7 members as follows.

1. Five must be members of the Joint Standing Committee on Human Resources appointed jointly by the chairs of that committee. Two of the members must be from the minority party and 3 must be from the majority party.

2. Two must be mid-level policy makers appointed by the Chair of the Interdepartmental Council. Of the 2 members appointed under this subsection, one must be an employee of the Depart-

ment of Human Services and one must be an employee of the Department of Mental Health and Mental Retardation.

**Sec. A-4. Responsibilities of the team.** The team shall select and oversee one or more facilitators experienced in public participation processes and require them to engage the public in a discussion of the policy principles articulated in section 1 and changes to the system to achieve those principles. The team shall ensure that consumers, state and private service providers at all organizational levels, municipal officials, teachers and educational administrators and other citizens are encouraged to participate in the process across the State. Processes may include, but are not limited to, public meetings, focus groups, surveys and service delivery site visits. The facilitators shall compile and analyze the results of this public participation process and submit a written report to the team.

**Sec. A-5. Submission of results.** By December 1, 1994, the team shall submit the written report of the facilitators along with any recommendations of the team to the Governor-elect, and shall submit any recommended legislation to the 117th Legislature. By April 1, 1995, the Governor shall submit to the joint standing committee of the Legislature having jurisdiction over human resources matters an implementation plan and any necessary legislation that includes, but is not limited to, a process for conducting a needs assessment and developing benchmarks for health and social services in the State. The joint standing committee of the Legislature having jurisdiction over human resources matters may report out a bill during the First Regular Session of the 117th Legislature to further achieve the principles articulated in section 1.

**Sec. A-6. Appointments; initial meeting; chair.** Appointing authorities shall make all appointments to the team by May 15, 1994, and shall report those appointments to the Chair of the Legislative Council, who shall call the first meeting of the team by June 1, 1994. At the first meeting, the team shall elect a chair from among its members.

**Sec. A-7. Expenses and staff.** Members of the team may not receive any per diem or reimbursement for expenses. The team may request staffing assistance from the Legislative Council.

**Sec. A-8. Funds.** If approved by the Legislative Council, the team may accept federal or private grants to carry out the purposes of this Part. Implementation of this Part is contingent upon the team's receipt of adequate federal or private grants. The Legislative Council may not approve the receipt of any funds from organizations that have a conflict of interest in the team's work.

**Sec. A-9. Allocation.** The following funds are allocated from Other Special Revenue to carry out the purposes of this Part.

**1994-95**

**LEGISLATURE**

**Public Participation Team**

All Other	\$12,500
Provides funds for the Public Participation Team for contracted facilitators and miscellaneous expenses.	

**PART B**

**Sec. B-1. 5 MRSA §12004-I, sub-§65,** as enacted by PL 1987, c. 786, §5, is amended to read:

<b>65.</b>	Residential Treatment Centers Advisory Group	Not Authorized	<del>22 5</del> MRSA <del>§8154</del> §19114
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Mental Health and Mental Retardation Children's Services

**Sec. B-2. 5 MRSA §12004-L, sub-§§7 and 9,** as enacted by PL 1993, c. 381, §9, are amended to read:

<b>7.</b> Children's Residential Treatment Committee	Not Authorized	<del>22 5</del> MRSA <del>§8154</del> §19114
<b>9.</b> Interdepartmental Council	Not Authorized	<del>34 B 5</del> MRSA §1214 §19111

**Sec. B-3. 5 MRSA c. 437** is enacted to read:

**CHAPTER 437**

**INTERDEPARTMENTAL COUNCIL**

**§19111. Interdepartmental council**

**1. Establishment.** The Interdepartmental Council, as established by section 12004-L, subsection 9, is referred to in this chapter as the "council."

**2. Membership.** The council is composed of 6 members: the Commissioner of Corrections, the Commissioner of Education, the Commissioner of Human Services, the Commissioner of Mental Health and Mental Retardation, the Director of the Office of

Substance Abuse and the chair, who is appointed by the Governor pursuant to subsection 3.

**3. Chair.** The Governor shall appoint a chair from among the staff within the Office of the Governor, who serves as chair at the pleasure of the Governor.

**§19112. Goals of the council**

The goals of the council are:

**1. Encourage coordinated system.** To encourage a statewide system of coordinated services that are responsive to the current needs of children and families and that are delivered by a partnership of public, private and nonprofit, state-level and community-based agencies and to promote access to services by all children and their families who are in need of these services:

**2. Evaluate allocation of resources.** To evaluate on a continuing basis the allocation of resources to ensure the availability of quality services delivered in a coordinated and efficient manner that is consistent with the needs of children and families; and

**3. Develop coordinated policy.** To continue the development of a comprehensive and coordinated approach to initiation and revision of policy affecting services to children and families.

**§19113. Powers and duties**

**1. Duties.** The council shall:

A. Meet on a regular basis; and

B. Report annually by January 15th to the Legislature on its progress in meeting the goals cited in section 19112 and its proposals for implementing those goals in the forthcoming year. A copy of the report must be submitted to the Executive Director of the Legislative Council.

**2. Powers.** The council may:

A. Appoint subcommittees to carry out its work. Subcommittee membership may include representatives of public and private agencies that serve youth and families and other persons with special knowledge of, responsibility for or interest in an area related to the goals of the council; and

B. Accept funds from the Federal Government, from any political subdivision of the State or from any individual, foundation or corporation and may expend these funds for purposes that are consistent with this section.

**§19114. Children's Residential Treatment Committee**

**1. Establishment.** The Children's Residential Treatment Committee, as established by section 12004-L, subsection 7, is a committee of the council and is referred to in this section as the "committee." The committee exists to jointly develop and coordinate the State's role in contracting for the placement and treatment of children in residential treatment centers. The committee is composed of the members of the council or their designees.

**2. Responsibilities.** The responsibilities of the committee are as follows.

**A.** The committee, in consultation with the Residential Treatment Centers Advisory Group, shall develop overall state policies for placement of children in need of treatment in residential treatment centers.

**B.** The committee shall develop a plan to implement those policies. The plan must include a determination of the current and projected need for placement of children in residential treatment centers. The plan must also determine the number of children to be served in residential treatment centers.

**C.** The committee shall develop, in consultation with the Residential Treatment Centers Advisory Group, contract procedures for the provision of these services by community-based provider agencies consistent with the following requirements.

**(1)** Residential treatment centers desiring to provide services to children in need of placement shall submit the necessary budget data to the committee on or before May 15th of each year.

**(2)** The committee shall prepare for the State a contract to offer to the residential treatment centers by July 1st of each year that states:

**(a)** The reason for the number of children being contracted for;

**(b)** The rate established for payment for those services; and

**(c)** The basis for that rate.

**(3)** The committee shall develop an interim rate procedure that is consistent with subparagraph (4).

**(4)** If a residential treatment center has substantially complied with subparagraph (1) and if the State has not offered, in good faith, a contract to a residential treatment center by July 1st of each year, services that are currently being provided by that residential treatment center must be paid at a rate equal to the rate established immediately prior to July 1st of each year, increased or decreased by the annual inflation rate as measured by the most recent Consumer Price Index for all Urban Consumers (CPI-U) All Items, published by the United States Department of Labor. This interim rate remains in effect for a residential treatment center until the State offers that residential treatment center a contract. The rate must then return to the level established immediately prior to July 1st of each year until a negotiated contract has been signed by both parties.

**(5)** The committee shall, in establishing rates, take into account the importance of recruiting and retaining qualified child care staff in the current labor market. The rates established by the committee must provide funds adequate to meet increased staff costs, including increased base salaries for residential child care staff. The Department of Human Services shall increase Medicaid ceiling levels for the following facilities to allow adequate funding of staff costs to meet competitive wages statewide:

**(a)** Intermediate care facilities for persons with mental retardation; and

**(b)** Waiver homes approved by the Division of Mental Retardation within the Department of Mental Health and Mental Retardation.

The minimum wage reimbursement must be based on an average starting wage of \$5.25 per hour in areas with an unemployment rate of 5% or less.

**D.** The committee shall adopt rules to carry out the purposes of this section.

**E.** The committee shall establish guidelines and policies for its departments that encourage, to the maximum extent feasible, the placement of Maine children in treatment programs located within the State.

**3. Residential Treatment Centers Advisory Group.** The Residential Treatment Centers Advisory

Group, as established by section 12004-I, subsection 65, consists of a representative from each residential treatment center in the State, 2 members who represent community mental health services and additional members at the discretion of the committee. All members must be selected annually by July 1st by the committee. The committee shall meet with the advisory group at least 4 times each year to review rate and placement policies and procedures.

**§19115. Administration**

All funds received by the council must be administered by the Office of the Governor. Any funds appropriated for the council must be appropriated to the Office of the Governor.

**Sec. B-4. 22 MRSA c. 1670**, as amended, is repealed.

**Sec. B-5. 34-B MRSA §1214**, as amended by PL 1993, c. 410, Pt. LL, §13, is repealed.

**Sec. B-6. Transition.** Employees assigned to the Interdepartmental Council who are transferred to the Office of the Governor as a result of this Part retain their employee rights, privileges and benefits, including sick leave, vacation and seniority. The Bureau of Human Resources shall assist with the orderly implementation of this section.

**Sec. B-7. Appropriation.** The following funds are appropriated from the General Fund to carry out the purposes of this Part.

**1994-95**

**EXECUTIVE DEPARTMENT**

**Administration - Executive - Governor's Office**

Positions - Legislative Count	(0.5)
Personal Services	\$18,606
All Other	3,100

Provides for the appropriation of funds including one part-time Comprehensive Health Planner II position through a transfer from the Department of Human Services to establish the Interdepartmental Council within the Executive Department.

<b>EXECUTIVE DEPARTMENT TOTAL</b>	<hr/> \$21,706
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**HUMAN SERVICES, DEPARTMENT OF**

**Administration - Human Services**

Positions - Legislative Count	(-0.5)
Personal Services	(\$18,606)
All Other	(3,100)

Provides for the deappropriation of funds including one part-time Comprehensive Health Planner II position through a transfer to the Executive Department to establish the Interdepartmental Council within the Governor's Office.

<b>DEPARTMENT OF HUMAN SERVICES TOTAL</b>	<hr/> (\$21,706)
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<b>SECTION B-7 TOTAL APPROPRIATIONS</b>	<hr/> -\$0-
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**Sec. B-8. Allocation.** The following funds are allocated from the Federal Expenditure Fund to carry out the purposes of this Part.

**1994-95**

**EDUCATION, DEPARTMENT OF**

**Division of Special Services**

Positions - Other Count	(-1.0)
Personal Services	(\$23,807)
All Other	(719)

Provides for the deallocation of funds including one Director, Interdepartmental Council position through a transfer to the Executive Department to establish the Interdepartmental Council within the Governor's Office.

<b>DEPARTMENT OF EDUCATION TOTAL</b>	<hr/> (\$24,526)
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**EXECUTIVE DEPARTMENT**

**Administration - Executive - Governor's Office**

Positions - Other Count	(0.5)
Personal Services	\$23,807
All Other	719

Provides for the allocation of funds including one 16-hour per week Director, Interdepartmental Council position through a transfer from the Department of Education to establish the Interdepartmental Council within the Governor's Office.

**EXECUTIVE DEPARTMENT TOTAL**                       
\$24,526

**SECTION B-8 TOTAL ALLOCATIONS**                       
-\$0-

**Sec. B-9. Effective date.** This Part takes effect July 1, 1994.

**PART C**

**Sec. C-1. 17 MRSA §1636** is enacted to read:

**§1636. Posing as Indian in vending**

A person who is not a member of the Passamaquoddy Tribe or the Penobscot Nation and who represents oneself to be such a member while engaged in the vending of goods and wares is assessed a fine of not more than \$250.

**Sec. C-2. 22 MRSA c. 253**, as amended, is repealed.

**Sec. C-3. 22 MRSA c. 256**, as enacted by PL 1991, c. 703, §1, is repealed.

**Sec. C-4. 22 MRSA §2761-A** is enacted to read:

**§2761-A. Baptismal records in lieu of birth certificates**

Any Indian whose birth is not recorded pursuant to this Title relating to the registration of live births may, in lieu of a birth certificate, present an official copy of the baptismal record from the files of the mission where the Indian was baptized. The baptismal record has the same evidentiary character as an unamended and undelayed birth certificate under section 2707.

**Sec. C-5. 22 MRSA §2842-B** is enacted to read:

**§2842-B. Indian bones**

From October 3, 1973 and thereafter all Indian skeletons and bones that come into the possession of any person, state department or organization, whether public or private, must be transferred to appropriate Indian Tribes in Maine for reburial.

Prior to the time of transferral to the Indian Tribes, any Indian bones or skeletons found may be subjected to scientific study by persons skilled in the anthropological and archaeological fields, but in no instance may the study continue longer than one year from the time of the bones' discovery, before the bones are transferred to the Indian Tribe.

**Sec. C-6. 22 MRSA Subtitle 3, Pt. 6**, as amended, is repealed.

**Sec. C-7. 30-A MRSA c. 201-A** is enacted to read:

**CHAPTER 201-A**

**MAINE INDIAN HOUSING AUTHORITY**

**§4995. Create respective tribal housing authorities**

The Passamaquoddy Tribe, the Penobscot Nation and the Houlton Band of Maliseet Indians are authorized by Title 5, section 12004, subsection 10 to create respective tribal housing authorities. The respective tribe, nation or band shall prescribe the manner of selection of the members, their terms and grounds for removal. Except as otherwise provided in this chapter or clearly indicated otherwise, the Maine Housing Authorities Act applies to the tribal housing authorities referred to in this chapter as "authority" or "authorities." The power of tribal housing authorities may be exercised only within the Indian territory of the respective tribe or nation or the trust land of the Houlton Band of Maliseet Indians. Tribal housing authorities are in substitution for any tribal housing authority previously existing under the laws of the State and assume all the rights and obligations of those predecessor housing authorities. The presently constituted tribal housing authority of the respective tribe or nation continues in existence and may exercise all the authority previously vested by law until the respective tribe or nation creates the tribal housing authority authorized by this section.

**Sec. C-8. 32 MRSA §87-B** is enacted to read:

**§87-B. Trauma-incidence registry**

The board shall collect trauma data as follows.



**1. Registry.** The board shall maintain a state-wide trauma-incidence registry that meets the requirements of the federal Trauma Care Systems Planning and Development Act of 1990, Public Law 101-590, Section 1, 104 Stat. 2915. The board shall adopt rules to define trauma.

**2. Reporting by physicians and hospitals.** Physicians and hospitals may report trauma information to the board as follows.

A. A hospital may report to the board information regarding persons diagnosed as suffering from trauma. Trauma reports should be made no later than 30 days from the date of diagnosis or the date of discharge from the hospital, whichever is later.

B. A physician, upon request of the board, may report to the board any further information requested by the board concerning any person now or formerly under that physician's care who was diagnosed as having suffered from trauma.

C. A physician or hospital that reports in good faith in accordance with this section is not liable for any civil damages for making the report.

**3. Confidentiality.** Any information provided to the board under this section is confidential if the information identifies or permits the identification of a trauma patient or a member of that patient's family. A person who releases information that is confidential under this section commits a civil violation for which a forfeiture not to exceed \$1,000 per violation may be adjudged.

## PART D

**Sec. D-1. Consolidation of homeless services.** The Interagency Task Force on Homelessness and Housing Opportunities, referred to in this section as the "task force," shall develop a plan to consolidate services for people who are homeless into a single agency or as few agencies as practicable. In developing the plan, the task force shall include participants representing consumers, service providers, the Department of Human Services, the Department of Mental Health and Mental Retardation, the Department of Education, the Maine State Housing Authority and the Office of Substance Abuse. The task force shall present its findings, along with any necessary implementing legislation, to the Legislature by November 1, 1995. A copy of the report must be submitted to the Executive Director of the Legislative Council.

**Sec. D-2. Auditing.** The Commissioner of Administrative and Financial Services shall convene a task force to recommend the consolidation of all

financial audits of health and social service providers into an existing state agency. The task force must include, but is not limited to, representatives from the Department of Human Services, the Department of Mental Health and Mental Retardation and the Office of Substance Abuse. By December 1, 1994, the Commissioner of Administrative and Financial Services shall submit the recommendations of the task force, along with implementing legislation, to the joint standing committee of the Legislature having jurisdiction over human resource matters. A copy of the recommendations must be submitted to the Executive Director of the Legislative Council.

**Sec. D-3. Administrative hearings.** The Attorney General and the Commissioner of Human Services shall establish jointly a planning group to examine the feasibility of having the Department of the Attorney General provide administrative hearings that are currently provided by the Department of Human Services. The planning group may include representatives from other departments. The planning group may explore the broader option of consolidating in the Department of the Attorney General the administrative hearings from several departments. The study must include an examination of the consistency of decisions made by hearing officers and must recommend minimum qualifications for hearing officers.

By January 1, 1995, the Attorney General and the Commissioner of Human Services shall submit a joint report to the joint standing committee of the Legislature having jurisdiction over human resource matters. If the Attorney General and the commissioner have found that it is feasible for the Department of the Attorney General to provide administrative hearings that are currently provided by the Department of Human Services, the report must include all legislation necessary to implement that transfer of responsibility.

**Sec. D-4. Food safety.** By June 1, 1994, the President of the Senate and the Speaker of the House of Representatives shall establish jointly a process through which the joint standing committees of the Legislature having jurisdiction over human resource matters, agriculture matters and marine resource matters study the issue of food safety and present a plan to the 117th Legislature. The plan must address, but is not limited to, the following.

1. The plan must standardize food and beverage safety rules across agencies wherever appropriate.
2. The plan must reduce duplication and clarify the respective responsibilities of the various public agencies involved in food and beverage safety.
3. The plan must recommend reallocation of staff and resources among agencies as appropriate.

The process established by the President of the Senate and the Speaker of the House of Representatives must require the plan to be presented to the 117th Legislature, along with implementing legislation, by December 1, 1994.

**PART E**

**Sec. E-1. 34-B MRSA §5201, sub-§§1, 2 and 4,** as enacted by PL 1983, c. 459, §7, are amended to read:

**1. Institutional programs.** The supervision of adult mental retardation programs in the state institutions;

**2. Statewide system.** The planning, promotion, coordination and development of a complete and integrated statewide system of mental retardation services for adults;

**4. Community-based services.** Ensuring that ~~mentally retarded persons~~ adults with mental retardation residing in community residential facilities, including nursing homes, boarding homes, foster homes, group homes or halfway houses licensed by the Department of Human Services are provided, insofar as possible, with residential accommodations and access to habilitation services appropriate to their needs; and

**Sec. E-2. 34-B MRSA §5204,** as amended by PL 1993, c. 410, Pt. CCC, §31, is repealed.

**Sec. E-3. 34-B MRSA §6201, sub-§2,** as enacted by PL 1985, c. 503, §12, is amended to read:

**2. Child in need of treatment.** "Child in need of treatment" means:

~~A. A child age 0 to 5 years who is developmentally disabled or who demonstrates developmental delays; and~~

B. A child age 6 to 20 years 17 years of age or younger who has treatment needs related to mental illness, mental retardation, autism, developmental disabilities or emotional or behavioral needs that are not under current statutory authority of existing other state agencies; or

C. A person 18 years of age or older and under 21 years of age who has treatment needs related to mental illness, mental retardation, autism, developmental disabilities or emotional or behavioral needs if the department has determined that it is in the interest of that person to receive treatment through the bureau.

**Sec. E-4. 34-B MRSA §6205** is enacted to read:

**§6205. Services for juveniles committed to the Maine Youth Center**

**1. Bureau authority.** The bureau may provide consultation services to any juvenile with mental retardation committed to the Maine Youth Center if those services are requested by the Commissioner of Corrections. Consultation services may include participation by appropriate bureau professionals on the Clinical Services Committee of the Maine Youth Center in order to assist in the design of individual treatment plans to provide habilitation, education and skill training to juveniles with mental retardation in residence at the Maine Youth Center.

**2. Support services.** Whenever a program has been designed for a juvenile with mental retardation by the Clinical Services Committee of the Maine Youth Center and the clinical services committee has included participation by the bureau professionals, the bureau shall provide, insofar as possible, support services to implement that program.

**3. Case management.** The bureau may provide case management services to juveniles with mental retardation who are released from the Maine Youth Center.

**Sec. E-5. Appropriation.** The following funds are appropriated from the General Fund to carry out the purposes of this Part.

**1994-95**

**MENTAL HEALTH AND MENTAL RETARDATION, DEPARTMENT OF**

**Mental Health Services - Children**

Positions - Legislative Count	(10.0)
Personal Services	\$395,641
All Other	170,777
<b>TOTAL</b>	<b>566,418</b>

Provides for the appropriation of funds including 10 Department of Mental Health and Mental Retardation Caseworker positions through a transfer from the Mental Retardation Services - Community program.

**Mental Retardation Services - Community**

Positions - Legislative Count	(-10.0)
Personal Services	(395,641)
All Other	(170,777)
<b>TOTAL</b>	(566,418)

Provides for the deappropriation of funds including 10 Department of Mental Health and Mental Retardation Caseworker positions through a transfer to the Mental Health Services - Children program.

**Mental Health Services - Child Medicaid**

All Other	363,282
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Provides for the appropriation of funds through a transfer from the Medicaid Services - Mental Retardation program.

**Medicaid Services - Mental Retardation**

All Other	(363,282)
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Provides for the deappropriation of funds through a transfer to the Mental Health Services - Child Medicaid program.

**DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION**

<b>TOTAL</b>	\$-0-
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<b>SECTION E-5</b>	-
<b>TOTAL APPROPRIATIONS</b>	-\$0-

**Sec. E-6. Effective date.** This Part takes effect July 1, 1994.

**PART F**

**Sec. F-1. 22 MRSA §6-B** is enacted to read:

**§6-B. Joint location of services**

In cooperation with the Bureau of General Services and the Department of Mental Health and Mental Retardation, the department shall locate its service delivery sites jointly with those of the Depart-

ment of Mental Health and Mental Retardation, subject to the following provisions.

**1. Leases.** Joint location must occur as leases expire, except as provided in subsection 2. A lease may be renegotiated or extended on a short-term basis in order to make its expiration date coincide with those of other relevant leases.

**2. Exceptions.** Joint location is not required if the costs of joint location as estimated by the Bureau of General Services substantially exceed the benefits of joint location as estimated by the Bureau of General Services. In estimating benefits, the Bureau of General Services shall consider, but is not limited to, the following:

A. Monetary savings expected from leasing fewer but larger spaces;

B. Administrative savings expected by either the department or the Department of Mental Health and Mental Retardation from sharing regional administrative functions;

C. Improved access expected for customers; and

D. Improved coordination and quality of services expected from greater interaction of staff across departments.

**3. Other departments.** This section does not prohibit the Bureau of General Services from including other state agencies at a joint location site. Other state agencies include, but are not limited to, the Department of Labor, the Department of the Secretary of State and the Department of Education.

**4. Reports.** The Bureau of General Services shall submit progress reports regarding the implementation of this section to the joint standing committee of the Legislature having jurisdiction over human resource matters by the following dates:

A. January 1, 1996;

B. January 1, 1998; and

C. January 1, 2000.

**Sec. F-2. 34-B MRSA §1201-B** is enacted to read:

**§1201-B. Joint location of services**

In cooperation with the Bureau of General Services and the Department of Human Services, the department shall locate its service delivery sites jointly with those of the Department of Human Services, subject to the following provisions.

1. Leases. Joint location must occur as leases expire, except as provided in subsection 2. A lease may be renegotiated or extended on a short-term basis in order to make its expiration date coincide with those of other relevant leases.

2. Exceptions. Joint location is not required if the costs of joint location as estimated by the Bureau of General Services substantially exceed the benefits of joint location as estimated by the Bureau of General Services. In estimating benefits, the Bureau of General Services shall consider, but is not limited to, the following:

A. Monetary savings expected from leasing fewer but larger spaces;

B. Administrative savings expected by either the department or the Department of Human Services from sharing regional administrative functions;

C. Improved access expected for customers; and

D. Improved coordination and quality of services expected from greater interaction of staff across departments.

3. Other departments. This section does not prohibit the Bureau of General Services from including other state agencies at a joint location site. Other state agencies include, but are not limited to, the Department of Labor, the Department of the Secretary of State and the Department of Education.

4. Reports. The Bureau of General Services shall submit progress reports regarding the implementation of this section to the joint standing committee of the Legislature having jurisdiction over human resource matters by the following dates:

A. January 1, 1996;

B. January 1, 1998; and

C. January 1, 2000.

## PART G

**Sec. G-1.** Resolve 1993, c. 36 is repealed.

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

Effective April 20, 1994, unless otherwise indicated.

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## CHAPTER 739

H.P. 1413 - L.D. 1923

### An Act to Provide Equity in the Laws Concerning Tax Exemptions for Veterans

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

**Sec. 1.** 36 MRSA §653, sub-§1, ¶C, as amended by PL 1993, c. 427, §6, is repealed and the following enacted in its place:

C. The estates up to the just value of \$5,000, having a taxable situs in the place of residence, of veterans who served in the Armed Forces of the United States:

(1) During any federally recognized war period, including the Korean Campaign, the Vietnam War and the Persian Gulf War, when they have reached the age of 62 years or when they are receiving any form of pension or compensation from the United States Government for total disability, service-connected or nonservice-connected, as a veteran. A veteran of the Vietnam War must have served on active duty for a period of more than 180 days, any part of which occurred after August 4, 1964 and before May 7, 1975, unless the veteran died in service or was discharged for a service-connected disability after that date. "Vietnam War" means the period between August 5, 1964 and May 7, 1975. "Persian Gulf War" means service on active duty between August 7, 1990 and April 11, 1991; or

(2) Who are disabled by injury or disease incurred or aggravated during active military service in the line of duty and are receiving any form of pension or compensation from the United States Government for total, service-connected disability.

The exemptions provided in this paragraph apply to the property of that veteran, including property held in joint tenancy with that veteran's spouse.

**Sec. 2.** 36 MRSA §653, sub-§1, ¶D-1, as amended by PL 1989, c. 501, Pt. Z, is further amended to read:

D-1. The estates up to the just value of \$47,500, having a taxable situs in the place of residence,