LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND EIGHTEENTH LEGISLATURE

SECOND REGULAR SESSION
January 7, 1998 to March 31, 1998

SECOND SPECIAL SESSION
April 1, 1998 to April 9, 1998

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JUNE 30, 1998

SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
JULY 9, 1998

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

J.S. McCarthy Company
Augusta, Maine
1997

B. Names and addresses of persons notified under section 901~~ and of parties consulted in accordance with this section; and~~.

~~C. The results of the consultations and whether a new owner has been located.~~

~~At the request of the dam owner, the department shall extend the deadline for reporting up to an additional 180 days.~~

Sec. 3. 38 MRSA §902, sub-§4-A is enacted to read:

4-A. Report on consultation process. The dam owner shall file a report with the department within 180 days of filing a petition or before the conclusion of an extension to the consultation period granted pursuant to section 902, subsection 1-A that includes:

A. Names and addresses of parties consulted in accordance with this section; and

B. The results of the consultations and whether a new owner has been located.

Sec. 4. 38 MRSA §909 is enacted to read:

§909. Technical assistance

To the extent existing resources are available, when one or more municipalities seeks ownership of a dam, the State Planning Office may provide grants and technical assistance to the participating municipality or municipalities or to regional planning organizations.

Sec. 5. Application. This Act applies to all petitions for release from dam ownership pending at the Department of Environmental Protection on or after January 1, 1998.

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

Effective April 16, 1998.

CHAPTER 790

H.P. 1675 - L.D. 2295

An Act to Improve the Delivery of Mental Health Services to Children

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

Whereas, the delivery of children's mental health services under the authority of the Department of Corrections, the Department of Education, the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services requires a new degree of coordination among the departments for the benefit of the children served and their families; and

Whereas, the departments have undertaken planning and cooperative efforts to build a comprehensive system of children's mental health services, called the Children's Mental Health Program; and

Whereas, the planning for the coming fiscal years needs to establish separate and distinct funding for children and adult services in order to honor children's distinct needs and track the progress of the Department of Corrections, the Department of Education, the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services in meeting those needs; and

Whereas, the efficient and effective operation of the Children's Mental Health Program requires that the program begin on July 1, 1998; 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. 34-B MRSA c. 15 is enacted to read:

CHAPTER 15

CHILDREN'S MENTAL HEALTH SERVICES

§15001. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Blended funding; pooled funding; flexible funding. "Blended funding" means funding from all sources from the budgets and funds of the departments that are combined to be used for the provision of care and services under this chapter. "Pooled funding" and "flexible funding" have the same meaning as "blended funding".

2. Care. "Care" means treatment, services and care for mental health needs, including but not limited to crisis intervention services, outpatient services,

respite services, utilization management, acute care, chronic care, residential care, home-based care and hospitalization services.

3. Child. "Child" means a person from birth to 20 years of age who needs care for one of the following reasons:

A. A disability, as defined by the Diagnostic and Statistical Manual of Mental Health Disorders published by the American Psychiatric Association;

B. A disorder of infancy or early childhood, as defined in Disorders of Infancy and Early Childhood published by the National Center for Clinical Infant Programs;

C. Being assessed as at risk of mental impairment, emotional or behavioral disorder or developmental delay due to established environmental or biological risks using screening instruments developed and adopted by the departments through rulemaking after consultation, review and approval from the Children's Mental Health Oversight Committee; or

D. A functional impairment as determined by screening instruments used to determine the appropriate type and level of services for children with functional impairments. The functional impairment must be assessed in 2 or more of the following areas:

(1) Developmentally appropriate self-care;

(2) An ability to build or maintain satisfactory relationships with peers and adults;

(3) Self-direction, including behavioral control;

(4) A capacity to live in a family or family equivalent; or

(5) An inability to learn that is not due to intellect, sensory or health factors.

4. Committee. "Committee" means the Children's Mental Health Oversight Committee established in section 15004.

5. Department. "Department" means the Department of Mental Health, Mental Retardation and Substance Abuse Services.

6. Departments. "Departments" means the Department of Corrections, the Department of Education, the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services.

7. Family. "Family" means the child's family and includes, as applicable to the child, the child's parents, legal guardian and guardian ad litem.

8. Other departments. "Other departments" means the Department of Corrections, the Department of Education and the Department of Human Services.

9. Program. "Program" means the Children's Mental Health Program established in section 15002.

10. Treatment. "Treatment" means the same as "care," as defined in subsection 2, for the purposes of this chapter.

§15002. Children's Mental Health Program established

The Children's Mental Health Program is established to identify children with mental health needs and to improve the provision of mental health care to children and supportive services to their families. The program must track the provision of care and services, the progress of the departments in providing care and services, the development of new resources for care and services and the use of all types of funds used for the purposes of this chapter, including funds from the departments' own budgets or through blended, pooled or flexible funding. The program is child and family-centered, focusing on the strengths and needs of the child and the child's family and providing care to meet those needs. The program is intended to create a structure for coordination of children's mental health care provided by the departments. The program does not create any new entitlements to care or services and does not diminish any entitlements granted by state or federal law, rule or regulation. The program is under the supervision of the commissioner and a director of children's mental health services, who has lead responsibility for implementation, monitoring and oversight of the program.

1. Individualized treatment planning process. The individualized treatment planning process is based on the needs of the child and includes the participation of the child's family with the child, the department and the other departments. The individualized treatment planning process considers short-term and long-term objectives and all aspects of the child's life. Decisions in the individualized treatment planning process first address the need for safety for the child and then address the child's mental health and emotional, social, educational and physical needs in the least restrictive, most normative environment.

2. Principles of care delivery and management. Decisions about the delivery of care to a child are made and care is managed at the local level in accordance with the following principles.

A. Care is clinically appropriate and is provided in the least restrictive manner possible.

B. Care is provided as close to a child's residence as possible.

C. The program promotes prevention, early identification and intervention for children in need of care and at risk of developing emotional problems.

D. Each child has access to the same choices for care, regardless of residence, through a case management system that coordinates multiple services in a therapeutic manner and adjusts to changing needs, including the provision of adult mental health services when appropriate.

E. Planning for the delivery of care takes into account the advice of the quality improvement councils established under section 3607 and the local service networks established under section 3608.

3. Care delivery and management practices. Care delivery and management practices must adhere to the principles stated in subsection 2 and are subject to the requirements of this subsection.

A. Using the resources of the departments, the program must provide the child and family with a central location for obtaining information, applying and being assessed for care and supportive services, maintaining contact with case managers and department staff and, to the extent possible, obtaining care and supportive services.

B. The delivery of care must be determined in accordance with subsections 1 and 2 using uniform intake and assessment protocols. Waiting lists may not be maintained if prohibited by law. The departments shall maintain records of all entries onto waiting lists with information about care that is needed and alternate or partial care that is provided. When the department releases waiting list information, that information may not identify the child or family by name or address.

C. The system of providing care must be a functionally integrated, network-based system with the department as the single point of accountability.

4. Grievance; appeal. The provisions of this subsection govern the right to grievance and appeal. The department shall provide notice to children and their families and guardians about the right to an informal grievance process and a formal appeal under this section for the review of care for the child, including clinical diagnosis and care, and departmental decisions.

A. The departments shall adopt rules providing for an informal grievance process that may be initiated at the request of a child or the child's family. The informal grievance process, which may utilize mediation, must include a written decision with findings of fact by an impartial hearing officer within one week of the filing of the grievance if mediation is not requested by the child or the child's family and, if mediation is requested, within 2 weeks of the filing of the grievance. Providers of care and advocates for the child may be heard at the request of the child or the child's family. The informal grievance process is provided in addition to any rights of appeal that may be available under law, rule or regulation. If the right to appeal is limited to a certain time period, that time period begins to run on the date of issuance of a decision under this paragraph.

B. The child or the child's family may exercise any rights of appeal available by law, rule or regulation. The departments shall adopt rules providing for an appeal process that must include alternative dispute resolution and, notwithstanding any provision of state law or rule to the contrary, must provide that the commissioner or the commissioner's designee act as the decision maker in any hearing and issue a written decision with findings of fact. This paragraph does not supersede federal law.

C. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter II-A.

5. Public education program. The departments shall conduct a public education campaign about mental health, the need for mental health care and the availability of care through the program. The campaign must include written materials; media presentations; and a toll-free telephone number for information, referral and access to the program. Public information must include a resource guide that contains information about departmental responsibilities, community-based and residential-based resources for care and services and grievance and appeals procedures. If the department maintains waiting lists for any care or services, information must be provided about the use of the waiting lists and what options are available for care and services.

6. Rights protections; cultural sensitivity. The program must protect the rights of children to receive care without regard to race, religion, ancestry or national origin, gender, physical or mental disability or sexual orientation.

7. Rulemaking. The departments shall adopt rules to implement this chapter. Rules in effect for care under the authority of the departments, prior to the adoption of rules pursuant to this subsection, remain in effect until the effective date of the new rules. In addition to the rule-making procedures required under Title 5, chapter 375, prior to adoption of a proposed rule, the department shall provide notice of the content of the proposed rule to the committee and the joint standing committee of the Legislature having jurisdiction over health and human services matters. When a rule is adopted, the department shall provide copies of the adopted rule to the committee and the joint standing committee of the Legislature having jurisdiction over health and human service matters. Unless otherwise specifically designated, rules adopted pursuant to this chapter are routine technical rules as defined in Title 5, chapter 375, chapter II-A.

8. Spiritual treatment. Nothing in this chapter may replace or limit the right of any child to care in accordance with a recognized religious method of healing, if the care is requested by the child or by the child's family.

§15003. Responsibilities of the departments

In addition to any responsibilities otherwise provided by law, the departments have the following responsibilities.

1. Agreements between departments. The departments shall enter into agreements that designate the department as responsible for the implementation and operation of the program and specify the other departments' respective responsibilities. The agreements must provide mechanisms for planning, developing and designating lead responsibility for each child's care and for coordinating care and supportive services.

The agreements must include memoranda of agreement that provide for clinical consultation and supervision, delivery of care, staff training and development, program development and finances. Revisions to the memoranda of agreement may be made after consultation with and subject to the approval of the committee.

2. Coordination. The department is responsible for coordinating with the other departments to:

A. Establish policies and adopt rules necessary to implement the program, including, but not limited to, policies and rules that provide access to clinically appropriate care; establish eligibility standards; provide for uniform intake and assessment protocols; adopt screening tools for functional impairment pursuant to section 15001, subsection 3, paragraph D; and provide for access to information among departments. Rules regarding functional impairments must be developed and adopted by the departments through rulemaking after consultation, review and comment by the committee pursuant to section 15504, subsection 2, paragraph A, subparagraph 3;

B. Develop necessary community-based residential and nonresidential resources for care and supportive services;

C. Provide clinically appropriate care in accordance with the memoranda of agreement executed pursuant to subsection 1, including providing all care provided under the authority of the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services through residential and nonresidential resources within the State by July 1, 2004; and

D. Monitor available care and supportive services, the extent of any unused capacity and unmet need, the need for increased capacity and the efforts and progress of the departments in addressing unmet needs.

3. Medicaid rules. The Department of Human Services, after consultation with the Department of Corrections, the Department of Education and the department, shall adopt rules for the provision of mental health care to children under the Medicaid program. The rules must address eligibility and reimbursement for different types of care in different settings, including management of psychiatric hospitalization. Rules in effect prior to the adoption of rules adopted pursuant to this subsection remain in effect until the effective date of the new rules.

Rules for managed care initially adopted under this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter II-A and when first adopted must be adopted following the procedure for such rules.

4. Statutory responsibilities; services, benefits or entitlements. Nothing in this chapter may be construed to constrain or to impair any departments of this State in carrying out statutorily mandated responsibilities to children and their families or to diminish or to alter any services, benefits or entitlements received by virtue of statutory responsibilities.

5. Fiscal management. Funds appropriated or allocated for the purposes of this chapter must be used to provide care, to administer the program, to meet departmental responsibilities and to develop resources for children's care in this State as determined necessary through the individualized treatment planning process pursuant to section 15502, subsection 1.

A. When care is provided for a child that costs less than the amount that had been budgeted for that care from funds within the budgets of the Department of Human Services, Medicaid accounts and the Department of Mental Health, Mental Retardation and Substance Abuse Services, the savings in funds must be reinvested to provide care to children or to develop resources for care in the State.

B. The departments shall adopt fiscal information systems that record appropriations, allocations, expenditures and transfers of funds for children's care for all funding sources in a manner that separates funding for children from funding for adults.

C. The departments shall shift children's program block grant funding toward the development of a community-based mental health system that includes developing additional community-based services and providing care and services for children who are not eligible for services under the Medicaid program. The departments shall maximize the use of federal funding, the Medicaid program and health coverage for children under the federal Balanced Budget Act of 1997, Public Law 105-133, 111 Stat. 251.

D. The departments shall work with the Department of Administrative and Financial Services to remove barriers to allow appropriate funds, irrespective of origin or designation, to be combined to provide and to develop the care and support services needed for the program, to use General Fund money to meet needs that are not met by other funds and to leverage state funds to maximize the use of federal funding for each child, including the use of funds under the Adoption Assistance and Child Welfare Act of 1980, Title IV-E of the Social Security Act, 42 United States Code, Sections 670 to 679a (Supplement 1997) and other federal funds for care delivered to children living at home and in all types of residential placements.

6. Management information systems. The departments shall work toward integration of management information systems to administer the program and to perform the functions provided in this subsection.

A. The management information systems must track all types of nonresidential and residential care provided for children and supportive services provided for their families; the extent of met and unmet need for care; the extent of any waiting lists used in the program; behavioral, functional and clinical information; the development of resources; and the costs of the program.

B. Information on the care of children served through the program must be kept by treatment need, region, care provided, a child's progress and department involvement. Information on children who transfer from care out of the State to care in the State must be kept as part of the total system and must be kept separately.

C. The departments shall work toward data collection systems that use compatible data collection tools and procedures and toward care monitoring and evaluation systems.

7. Evaluation process. The departments shall develop an evaluation process for the program that includes:

A. Internal quality assurance mechanisms, clinical progress and performance indicators and information on costs;

B. System capacity and unmet need for care and department progress in responding to excess capacity and unmet need for care; and

C. Auditing as required by subsection 8.

Copies of all evaluation reports must be provided to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the committee upon completion.

The department shall seek funding from grants and other outside sources for external evaluations on program effectiveness and cost effectiveness.

8. Audits; financial reports. The departments shall provide access to their books, records, reports, information and financial papers for federal and state audits for fiscal and programmatic purposes and shall cooperate with all requests for the purposes of auditing. Auditing must be done annually and may be retrospective as determined by the auditor. Reports resulting from audits are public information.

9. Reports. The department shall report by February 1st and August 1st each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the committee on the following matters:

A. The operation of the program, including fiscal status of the accounts and funds from all sources, including blended, pooled and flexible funding, related to children's mental health care in the departments; numbers of children and families served and their residences by county; numbers of children transferred to care in this State and the types of care to which they were

transferred; any waiting lists; delays in delivering services; the progress of the departments in developing new resources; appeals procedures requested, held and decided; the results of decided appeals and audits; and evaluations done on the program;

B. The experiences of the departments in coordinating program administration and care delivery, including, but not limited to, progress on management information systems; uniform application forms, procedures and assessment tools; case coordination and case management; the use of pooled and blended funding; and initiatives in acquiring and using federal and state funds; and

C. Barriers to improved delivery of care to children and their families and the progress of the departments in overcoming those barriers.

From February 1, 1999 to December 1, 2002, the department shall report every 2 months to the committee and the joint standing committee of the Legislature having jurisdiction over health and human services matters on the progress of the departments in providing care under this chapter and in meeting their schedules for transferring children to care in this State, as provided in their memoranda of agreement. This paragraph is repealed December 31, 2002.

§15004. Children's Mental Health Oversight Committee

There is established the Children's Mental Health Oversight Committee to advise the departments and to oversee implementation of the program.

1. Membership. The committee consists of the following 17 members:

A. Three representatives of the joint standing committee of the Legislature having jurisdiction over health and human services matters who must serve on the committee at the time of their appointments and who may continue to serve while they are Legislators until they are replaced by a new appointment. One member is appointed by the President of the Senate. Two members are appointed by the Speaker of the House, representing each major political party;

B. One representative of the joint standing committee of the Legislature having jurisdiction over criminal justice matters, appointed by the Speaker of the House;

C. One representative of the joint standing committee of the Legislature having jurisdiction over education and cultural affairs, appointed by the President of the Senate;

D. One representative of the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, appointed jointly by the President of the Senate and the Speaker of the House;

E. The commissioner, the Commissioner of Corrections, the Commissioner of Education and the Commissioner of Human Services, or designees of the commissioners who have authority to participate in full and to make decisions as required of committee members;

F. Three representatives of families whose children receive services for mental health, 2 of whom are appointed by the President of the Senate and one of whom is appointed by the Speaker of the House. One of the appointments of the President of the Senate to the initial committee must be for 2 years. All other appointments are for 3 years;

G. Three representatives of providers of children's mental health services who have clinical experience in children's mental health services, one of whom is appointed by the President of the Senate and 2 of whom are appointed by the Speaker of the House. One of the appointments of the Speaker of the House to the initial committee must be for 2 years. All other appointments are for 3 years; and

H. One representative of a statewide organization that advocates for children, appointed jointly by the President of the Senate and the Speaker of the House for a 3-year term.

2. Duties. The committee shall undertake the following responsibilities:

A. Oversight, monitoring and review responsibilities, including the responsibilities to:

(1) Receive reports and provide advice regarding children's mental health Medicaid waiver applications, in particular the managed care Medicaid waiver that must be submitted by January 1, 1999, unless an extension is agreed to by the committee, and progress in implementing managed care initiatives and memoranda of agreement executed by the departments;

(2) Maintain contact with and receive reports from the quality improvement councils, the clinical best practices advisory group established under subsection 4 and other entities reporting to the committee;

(3) Review and comment on rules as provided under this chapter;

(4) Receive reports from the departments on the program, including its strengths and weaknesses and its administration, and on the process of transition of young adults to adult mental health care;

(5) Receive reports from the departments pursuant to section 15003, subsection 9; and

(6) Gather facts regarding care and support services provided under this chapter and report its recommendations to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters by October 1st each year and as frequently as the committee determines to be appropriate; and

B. Meeting every 2 months or more often, as the committee determines necessary. The committee shall elect a secretary from among its members who shall work with staff to keep and to distribute minutes to members and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over corrections matters, the joint standing committee of the Legislature having jurisdiction over education and cultural affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters.

3. Cochairs. The President of the Senate and the Speaker of the House shall jointly select cochairs to plan for and to preside over meetings.

4. Clinical best practices advisory group. The committee shall appoint a clinical best practices advisory group to provide advice to the committee on children's mental health best practices. The advisory group must include not less than 3 children's mental health professionals, at least one of whom must represent private sector providers of care and at least one of whom must represent public providers of care.

5. Reimbursement. Members of the committee who are Legislators may be reimbursed for expenses and are entitled to legislative per diem for attendance at committee meetings. All other members serve voluntarily and without reimbursement.

6. Staff. The department shall provide staffing assistance to the committee. The committee may request staffing assistance from the Legislative Council. Staffing assistance provided by the Legislative Council must be secondary to the staffing responsibilities of the departments.

7. Public meetings and information. The committee is subject to the freedom of access laws under Title 1, chapter 13, subchapter I.

Sec. A-2. Transfer of funds. Notwithstanding any provision of law, including the Maine Revised Statutes, Title 5, section 1585, the Governor, upon the recommendation of the State Budget Officer, is authorized to transfer from the budgets of the Department of Human Services, Medicaid accounts and from the Department of Mental Health, Mental Retardation and Substance Abuse Services to the Community Development Fund - Children, established in Part C of this Act, as often as twice per fiscal year, funds representing any cost savings, including any savings pursuant to Title 34-B, section 15003, subsection 5, during that fiscal year. Funds appropriated to the Community Development Fund - Children may not lapse but must be carried forward at the end of the fiscal year.

The department shall report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1st each year on the amount of funds transferred and the uses of those funds for community development.

Sec. A-3. Effective date. This Part takes effect July 1, 1998.

PART B

Sec. B-1. Rule-making requirements. Rules adopted by the Department of Mental Health, Mental Retardation and Substance Abuse Services for the purposes of adopting screening instruments regarding functional impairments in children pursuant to the Maine Revised Statutes, Title 34-B, section 15003, subsection 2, paragraph A must be adopted by October 1, 1998.

Sec. B-2. Comprehensive system of services for children with autism, developmental disabilities and mental retardation. The Department of Mental Health, Mental Retardation and Substance Abuse Services, referred to in this section as the "department," in consultation and cooperation with the Department of Corrections, the Department of Education and the Department of Human Services, shall design a comprehensive system of services for children with autism, developmental disabilities and mental retardation. The department shall consult with providers, including psychologists and psychiatrists; persons with autism, developmental disabilities and mental retardation and their families; the Maine

Developmental Disabilities Council; the Interdepartmental Committee on Transition; and consumer and family groups representing children with autism, developmental disabilities and mental retardation and their families.

1. Plan development. The department shall define autism, developmental disabilities and mental retardation services and assign areas of responsibility and accountability for providing those services.

2. Review of services. The department shall review existing autism, developmental disabilities and mental retardation services provided by the departments.

3. Analysis of need. The department shall analyze the current need for autism, developmental disabilities and mental retardation services and any gaps and duplications in service delivery.

4. Study contracting. The department shall study contracting with public and private agencies and providers of autism, developmental disabilities and mental retardation services.

5. Design system. Using the framework of the Children's Mental Health Program as established in Part A of this Act under the Maine Revised Statutes, Title 34-B, section 15002, the department shall design a system for delivering autism, developmental disabilities and mental retardation services, including a system for delivering those services to persons in the most need.

6. Develop recommendations. The department shall develop recommendations, including statutory and budgetary changes, necessary to achieve the system designed under subsection 5.

7. Report. By December 15, 1998, the department shall submit a comprehensive plan for the delivery of autism, developmental disabilities and mental retardation services and may submit proposed legislation to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

Sec. B-3. Effective date. This Part takes effect July 1, 1998.

PART C

Sec. C-1. PL 1997, c. 24, Pt. VV, §14 is amended to read:

Sec. VV-14. Repeal. Sections 1 to 4, sections 7 to 10 and sections 12 and 13 of this Part are repealed June 30, 1999.

Sec. C-2. Community Development Fund - Children. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, the Community Development Fund - Children, which was established in Public Law 1997, chapter 24, Part VV, section 5, must continue to accept the transfer of all available General Fund appropriation balances due to savings in the delivery of services, decreased reliance on inpatient services and lowered administrative costs in the delivery of mental health services to children. Funds must be utilized and transferred from this fund pursuant to the provisions of Public Law 1997, chapter 24, Part VV, sections 5 and 6.

Sec. C-3. Appropriation transfers. Notwithstanding the Maine Revised Statutes, Title 5, section 1585 or any other provision of law, the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services is authorized to transfer funds from the Community Development Fund - Children to develop and expand service capacity within the community and to provide mental health services in community-based programs to children from birth to 20 years of age. The transfer and allotment of available funds must be implemented by financial order contingent upon the recommendation of the State Budget Officer and approval of the Governor and upon review by the Joint Standing Committee on Appropriations and Financial Affairs. This financial order must include a plan outlining how these funds will be expended. This financial order takes effect upon approval by the Governor.

Sec. C-4. Nonlapsing funds. Any unencumbered balance of General Fund appropriations remaining on June 30, 1998 and in succeeding fiscal years in the Community Development Fund - Children may not lapse but must be carried forward to be used for the same purposes.

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

1998-99

LEGISLATURE

Children's Mental Health Oversight Committee

Personal Services	$ 1,980
All Other	8,300

Provides funds for the per diem and expenses of legislative members and public meeting and miscellaneous

costs of the Children's Mental Health Oversight Committee.

LEGISLATURE TOTAL	10,280

MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES, DEPARTMENT OF

Mental Health Services - Children

Positions - Legislative Count	(1.000)
Personal Services	81,387
All Other	(81,387)

Provides for the establishment of one Program Services Manager position through a line category transfer.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES TOTAL	-0-
APPROPRIATIONS TOTAL	$10,280

Sec. C-6. Effective date. This Part takes effect July 1, 1998.

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

Effective April 16, 1998, unless otherwise indicated.

CHAPTER 791

H.P. 489 - L.D. 660

An Act to Promote Clean Fuel Alternatives

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

PART A

Sec. A-1. 36 MRSA §1752, sub-§§1-F and 1-G are enacted to read:

1-F. Clean fuel. "Clean fuel" means all products or energy sources used to propel motor vehicles, as defined in Title 29-A, section 101, other than conventional gasoline, diesel or reformulated gasoline, that, when compared to conventional gasoline, diesel or reformulated gasoline, results in lower emissions of oxides of nitrogen, volatile organic compounds, carbon monoxide or particulates or any combination of these. "Clean fuel" includes, but is not limited to, compressed natural gas; liquefied natural gas; liquefied petroleum gas; hydrogen; hythane, which is a combination of compressed natural gas and hydrogen; dynamic flywheels; solar energy; alcohol fuels containing not less than 85% alcohol by volume; and electricity.

1-G. Clean fuel vehicle. "Clean fuel vehicle" means a vehicle that may be propelled by a clean fuel or a fuel-cell electric vehicle that uses any fuel.

Sec. A-2. 36 MRSA §1760, sub-§79 is enacted to read:

79. Partial exemption for clean fuel vehicles. A portion of the sale or lease price of a clean fuel vehicle as follows:

A. That portion of the sale or lease price of a clean fuel vehicle sold by an original equipment manufacturer that exceeds the price of an identical vehicle powered by gasoline; or

B. When there is no identical vehicle powered by gasoline:

(1) Thirty percent of the sale or lease price of an internal combustion engine clean fuel vehicle; or

(2) Fifty percent of the sale or lease price of a clean fuel vehicle either fully or partly powered by electricity stored in batteries, generated by a dynamic flywheel or generated by a fuel cell on board the vehicle.

This subsection is repealed January 1, 2006.

Sec. A-3. 36 MRSA §5219-O is enacted to read:

§5219-O. Clean fuel vehicle economic and infrastructure development

1. Definition. As used in this section, unless the context otherwise indicates, the term "clean fuel" means any product or energy source used to propel motor vehicles, as defined in Title 29-A, section 101,