

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SECOND LEGISLATURE

SECOND SPECIAL SESSION
July 29, 2005

SECOND REGULAR SESSION
January 4, 2006 to May 24, 2006

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
OCTOBER 28, 2005

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
AUGUST 23, 2006

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

Penmor Lithographers
Lewiston, Maine
2006

CHAPTER 147

H.P. 1096 - L.D. 1555

Resolve, Directing the Department of Health and Human Services To Review How It Handles Services Provided to Persons with Developmental Disabilities and Mental Retardation

Sec. 1. Publication of interpretations.

Resolved: That the Department of Health and Human Services shall publish on its publicly accessible website all interpretations of the application of the principles by which providers of developmental disabilities and mental retardation services are paid by the department. This requirement applies to all interpretations issued beginning October 1, 2006; and be it further

Sec. 2. Medication administration. Resolved:

That the Department of Health and Human Services, Division of Licensing and Certification and offices of that department dealing with mental retardation services, in collaboration with the Maine Association for Community Service Providers and the Maine Developmental Disabilities Nurses Network, shall develop a curriculum for medication administration designed to meet the needs of persons with developmental disabilities and mental retardation; and be it further

Sec. 3. Cost of living. Resolved: That, beginning with calendar year 2007, the Commissioner of Health and Human Services shall determine whether cost-of-living adjustments for providers of developmental disabilities and mental retardation services will be included in the department's budget request that is submitted to the Governor. This requirement applies to all services, whether funded wholly or partially from the General Fund.

See title page for effective date.

CHAPTER 148

H.P. 597 - L.D. 846

Resolve, Regarding Hospital Free Care Guidelines

Sec. 1. Rules. Resolved: That by October 1, 2006 the Department of Health and Human Services shall amend its rules on hospital free care guidelines to provide for eligibility for free care for persons below 150% of the federal nonfarm income official poverty line as determined by the United States Secretary of Health and Human Services pursuant to the Omnibus

Budget Reconciliation Act of 1981. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 149

H.P. 1214 - L.D. 1707

Resolve, Directing the Commissioner of Health and Human Services To Develop Strategies To Keep Senior Citizens Safe from Falls

Sec. 1. Falls Prevention Coalition. Resolved:

That the Commissioner of Health and Human Services shall appoint a statewide coalition to be known as the Falls Prevention Coalition. The coalition must include the current membership of the Southern Maine Area Agency on Aging's Project Advisory Committee for the "A Matter of Balance" project with additional participation from the long-term care ombudsman associated with the Department of Health and Human Services, Bureau of Elder and Adult Services, Maine Medical Association, Maine Hospital Association, Northern New England Association of Homes and Services for the Aging, Maine Health Care Association and others as appropriate to develop a broad-based coalition with expertise to review and serve as a vetting panel for additional falls prevention initiatives.

The Falls Prevention Coalition under the direction of the Department of Health and Human Services, Office of Elder Services shall conduct a review of the effects of falls of older adults on health care costs, the potential for reducing the number of falls of older adults and the most effective strategies for reducing falls and health care costs associated with falls. The Falls Prevention Coalition shall:

1. Consider strategies to improve the identification of older adults who have a high risk of falling;
2. Consider strategies to improve data collection and analysis to identify fall risk, health care cost data and protective factors;
3. Consider strategies to maximize the dissemination of proven, effective fall prevention interventions and identify barriers to those interventions;
4. Assess the risk and measure the incidence of falls occurring in various settings;
5. Identify evidence-based community programs designed to prevent falls among older adults;