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An Act To Reduce Administrative Costs in Programs Delivered to People with Mental Retardation

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

Sec. 1. 26 MRSA §1411-D, sub-§3, as enacted by PL 1995, c. 560, Pt. F, §13, is amended to read:

3. Community rehabilitation programs. May establish, construct and operate community rehabilitation programs and make grants to public or other nonprofit organizations for those purposes;

A. The department may require the programs to meet state accreditation standards, which must be less stringent than accreditation standards established by national, nonprofit or quasi-public organizations that accredit rehabilitation facilities.

B. The department may not require any additional accreditation above the standards set pursuant to paragraph A;

Sec. 2. 34-B MRSA §5003, sub-§2, ¶E, as amended by PL 1993, c. 410, Pt. CCC, §26, is further amended to read:

E. Eliminate its own duplicative and unnecessary administrative procedures and practices in the system of care for mentally retarded persons, encourage other departments to do the same and clearly define areas of responsibility in order to utilize present resources economically; including, but not limited to:

(1) Eliminating duplication of data entry and reducing paperwork and mailing costs through use of technology and electronic transmission of data;

(2) Assessing the fiscal impact that proposed laws or rules would have on providers prior to their enactment and publishing the fiscal analysis on the department's publicly accessible website in a conspicuous location;

(3) Modifying the computerized information system known as the Enterprise Information System to allow providers to enter more data directly, use query functions to obtain information and accomplish all reporting requirements electronically;

(4) Ensuring that all documentation required by the department from providers be in a universal electronic format that can be completed and transmitted to the department electronically;

(5) Streamlining the site survey program by:

(a) Requiring providers to submit the survey report directly to one office of the department and giving the department the responsibility for circulating the survey reports to other offices and state agencies as needed; and

(b) Considering the surveys valid for a period of not less than 5 years, unless sufficient cause warrants a survey prior to the expiration of the 5-year period; and

(6) Exempting certain programs that do not serve mentally retarded persons who require medication from the requirement that a medication-certified staff person be on duty at all times and instead allowing medication-certified staff to be available on an on-call basis should the need to administer medication arise;

Sec. 3. 34-B MRSA §5003, sub-§2, ¶F, as amended by PL 1993, c. 410, Pt. CCC, §26, is further amended to read:

F. Strive toward having a sufficient number of personnel who are qualified, trained and experienced to provide treatment that is beneficial to the mentally retarded clients;while balancing the need to streamline training requirements by:

(1) Allowing an experienced direct support staff person to take a test covering a particular training subject and be exempt from that particular training if the staff person scores at a level that demonstrates thorough knowledge on the subject matter of the training as determined by the department; and

(2) Allowing direct support staff persons to be exempt from training that is not directly related to the condition of individuals served in the staff persons' employment setting;

Sec. 4. 34-B MRSA §5003, sub-§2, ¶G, as amended by PL 1995, c. 560, Pt. K, §43, is further amended to read:

G. Encourage other departments to provide to persons with mental retardation those services that are required by law, and in particular:

(1) The commissioner shall work actively to ensure that persons with mental retardation, as provided for in Title 20-A, chapter 303, receive educational and training services beginning at 5 years of age regardless of the degree of retardation or accompanying disabilities or handicaps;

(2) The commissioner shall advise the ~~Department of Human Services~~department about standards and policies pertaining to administration, staff, quality of care, quality of treatment, health and safety of clients, rights of clients, community relations and licensing procedures and other areas that affect persons with mental retardation residing in facilities licensed by the ~~Department of Human Services~~department; and

(3) The commissioner shall inform the joint standing committee of the Legislature having jurisdiction over health and human resource services matters about areas where increased cooperation by other departments is necessary in order to improve the delivery of services to persons with mental retardation; ~~and~~

Sec. 5. 34-B MRSA §5003, sub-§2, ¶H, as amended by PL 1995, c. 560, Pt. K, §44, is further amended to read:

H. Report annually to the joint standing committee of the Legislature having jurisdiction over health and human resource services matters on the activities of the Consumer Advisory Board established by the community consent decree to oversee compliance with the terms of that decree. The commissioner or the commissioner's designee shall appear in person before the committee and shall provide the committee with the most recent annual audit of decree standards and the corrective action plans required by the audit. The members of the Consumer Advisory Board may attend the commissioner's presentation and provide an independent report of its activities to the committee.;

Sec. 6. 34-B MRSA §5003, sub-§2, ¶I is enacted to read:

I. Conduct eligibility assessments and reclassification of clients every 5 years and not earlier than 5 years unless there is a substantial change in the client's abilities, condition and needs; and

Sec. 7. 34-B MRSA §5003, sub-§2, ¶J is enacted to read:

J. Publish an annual document for community rehabilitation programs that describes practices that are acceptable to the department, specific documentation standards for all services required by the Federal Government or the department and information on current best practices for administering those programs.

Sec. 8. 34-B MRSA §5003, sub-§3, ¶A, as amended by PL 1989, c. 628, §1, is further amended to read:

A. The plan must indicate the most effective and efficient manner in which to implement services and programs for persons with mental retardation; while safeguarding and respecting the legal and human rights of these persons. The department shall create an advisory group of providers to provide input into this process. The department shall work with the advisory group to review business practices and requirements and identify additional cost-efficiency practices.

Sec. 9. 34-B MRSA §5003, sub-§3, ¶C, as amended by PL 1989, c. 628, §1, is further amended to read:

C. The committee shall study the plan and make recommendations to the Legislature with respect to funding improvements in programs and services to persons with mental retardation including the identification of savings that can be returned to providers to fund additional services and defray business expenses related to regulatory requirements.

Sec. 10. 34-B MRSA §5203, sub-§2, ¶E is enacted to read:

E. The department shall identify savings from efficiencies and administrative cost containment measures and return those savings to providers for additional services and to defray providers' costs of doing business.

Sec. 11. 34-B MRSA §5471, sub-§4, ¶C, as amended by PL 2003, c. 389, §15, is further amended to read:

C. A service plan or personal plan may not be in effect longer than ~~one year~~5 years and 2 weeks from the day on which the last person signed the service agreement for the plan.

Sec. 12. Affordable housing for adults with mental retardation. The department shall facilitate the development of residential accommodations for adults with mental retardation by doing research and creating a plan that identifies appropriate mechanisms for developing affordable housing, including but not limited to the creation of a nonprofit organization, state bonding and other methods for financing affordable housing.

SUMMARY

This bill requires the Department of Health and Human Services to eliminate duplicative and unnecessary administrative procedures and practices in the system of care for mentally retarded persons by eliminating duplicate data entry, reducing paperwork, streamlining the survey program, requiring programs to meet one set of state accreditation standards and reducing mailing costs through use of technology and electronic transmission of data. It requires that the department assess the fiscal impact of proposed laws or rules prior to enactment and publish the fiscal analysis on its website. It requires that programs be exempt from certain certified medication staffing requirements and exempts experienced direct support staff from specific employee training under certain circumstances. It limits employee training requirements to those relevant to the condition of individuals served.

It requires the department to conduct eligibility assessments and reclassification of clients every 5 years and not earlier than 5 years unless there is a substantial change in the client's abilities, condition and needs. It requires the department to publish an annual document for community rehabilitation programs that describes practices that are acceptable to the department, specific documentation standards for all services required by the Federal Government or the department and information on current best practices for administering those programs.

It requires the department to create an advisory group of providers to provide input into the process of developing a plan and to work with the advisory group to review business practices and requirements and identify additional cost-efficiency practices.

It requires that the department identify savings that can be returned to providers to fund additional services and defray business expenses related to regulatory requirements.

It requires the department to facilitate the development of residential accommodations for adults with mental retardation by creating a plan that identifies appropriate mechanisms for developing affordable housing, including but not limited to the creation of a nonprofit organization, state bonding and other methods for financing affordable housing.