

Date: (Filing No. H- )

**APPROPRIATIONS AND FINANCIAL AFFAIRS**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
128TH LEGISLATURE  
SECOND SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 653, L.D. 925, Bill, “An Act Making Certain Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government”

Amend the bill by striking out everything after the title and inserting the following:

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

**Whereas,** the 90-day period may not terminate until after the beginning of the next fiscal year; and

**Whereas,** certain obligations and expenses incident to the operation of state departments and institutions will become due and payable immediately; 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. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Developmental Services - Community Z208**

Initiative: Provides funding for one Social Services Program Specialist II position to handle additional work required by an increase in members under a MaineCare Benefits Manual, Chapters II and III, Section 21 waiver.

**COMMITTEE AMENDMENT**

1	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
2	POSITIONS - LEGISLATIVE COUNT	0.000	1.000
3	Personal Services	\$0	\$83,853
4	All Other	\$0	\$6,191
5			
6	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$90,044</u>

7 **Developmental Services Waiver - MaineCare Z211**

8 Initiative: Provides funding for the Department of Health and Human Services, beginning  
 9 October 1, 2018, to add 50 members a month from the waiting list for community-based  
 10 services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21  
 11 relating to home and community benefits for members with intellectual disabilities or  
 12 autism spectrum disorder until 300 new members in total have been added.

13	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
14	All Other	\$0	\$5,068,738
15			
16	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$5,068,738</u>

17 **Medicaid Services - Developmental Services Z210**

18 Initiative: Provides an allocation for the Department of Health and Human Services,  
 19 beginning October 1, 2018, to add 50 members a month from the waiting list for  
 20 community-based services provided under the MaineCare Benefits Manual, Chapters II  
 21 and III, Section 21 relating to home and community benefits for members with  
 22 intellectual disabilities or autism spectrum disorder until 300 new members in total have  
 23 been added.

24	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2017-18</b>	<b>2018-19</b>
25	All Other	\$0	\$1,025,369
26			
27	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$1,025,369</u>

28 **Medical Care - Payments to Providers 0147**

29 Initiative: Provides an allocation for the Department of Health and Human Services,  
 30 beginning October 1, 2018, to add 50 members a month from the waiting list for  
 31 community-based services provided under the MaineCare Benefits Manual, Chapters II  
 32 and III, Section 21 relating to home and community benefits for members with  
 33 intellectual disabilities or autism spectrum disorder until 300 new members in total have  
 34 been added.

1	<b>FEDERAL EXPENDITURES FUND</b>	<b>2017-18</b>	<b>2018-19</b>
2	All Other	\$0	\$10,995,368
3			
4	FEDERAL EXPENDITURES FUND TOTAL	\$0	\$10,995,368
5	<b>HEALTH AND HUMAN SERVICES,</b>		
6	<b>DEPARTMENT OF</b>		
7	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
8			
9	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$5,158,782</b>
10	<b>FEDERAL EXPENDITURES FUND</b>	<b>\$0</b>	<b>\$10,995,368</b>
11	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>\$0</b>	<b>\$1,025,369</b>
12			
13	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$17,179,519

14 **PART B**

15 **Sec. B-1. 22 MRSA §1708, sub-§3, ¶F**, as enacted by PL 2013, c. 594, §1, is  
 16 amended to read:

17 F. Establish a nursing facility's base year every 2 years and increase the rate of  
 18 reimbursement beginning July 1, 2014 and every year thereafter until June 30, 2018.  
 19 For the state fiscal year beginning July 1, 2018, the base year for each facility is its  
 20 fiscal year that ended in the calendar year 2016. For state fiscal years beginning on  
 21 or after July 1, 2019, subsequent rebasing must be based on the most recent cost  
 22 report filings available. The department may provide a mechanism for subsequent  
 23 adjustments to base year costs to reflect any material difference between as-filed cost  
 24 reports used in rebasing and subsequent determinations of audited, allowable costs  
 25 for the same fiscal period. The department's rules must provide that, beginning in the  
 26 state fiscal year beginning July 1, 2018, the rates set for each rebasing year must  
 27 include an inflation adjustment for a cost-of-living percentage change in nursing  
 28 facility reimbursement each year in accordance with the United States Department of  
 29 Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

30 Any rebasing done pursuant to this paragraph may not result in a nursing facility  
 31 receiving a reimbursement rate that is lower than the rate in effect on June 30, 2018.

32 **Sec. B-2. Rate increases for adult family care services, adult day services**  
 33 **and homemaker services.** The Department of Health and Human Services shall  
 34 provide for rate increases for adult family care services, adult day services and  
 35 homemaker services pursuant to rule as provided in this section.

36 **1. Services provided pursuant to rules; rate increases for fiscal year 2018-19.**  
 37 The department shall amend its rules in 10-144, Chapter 101: MaineCare Benefits  
 38 Manual, Chapter III, Section 2, Adult Family Care Services and Section 26, Day Health  
 39 Services; and in 10-149, Chapter 5: Office of Aging and Disability Services Policy  
 40 Manual, Section 61, Adult Day Services and Section 69, Independent Support Services

1 Program so that for the state fiscal year ending June 30, 2019 the MaineCare payment  
2 rates attributable to wages and salaries for personal care and related services provided  
3 pursuant to each of the rules are increased by 10%.

4 **2. Rate increases for fiscal year 2019-20 and thereafter until completion of rate**  
5 **study.** For the state fiscal year ending June 30, 2020 and each year thereafter until the  
6 completion of the rate study under subsection 3, the MaineCare payment rates attributable  
7 to wages and salaries for personal care and related services under subsection 1 must be  
8 increased by an inflation adjustment cost-of-living percentage change in reimbursement  
9 in accordance with the United States Department of Labor, Bureau of Labor Statistics  
10 Consumer Price Index medical care services index.

11 **3. Rate study.** Cost-of-living increases as described in subsection 2 must continue  
12 on an annual basis until the Department of Health and Human Services has completed a  
13 rate study conducted by a 3rd party, including participation of providers, for adult family  
14 care services, adult day services or homemaker services and the rates in the rate study  
15 have been implemented.

16 **Sec. B-3. Rate increases for nursing facilities.** The Department of Health and  
17 Human Services shall amend its rule in 10-144, Chapter 101: MaineCare Benefits  
18 Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities to  
19 provide for the following.

20 **1. Special wage allowance for fiscal year 2018-19.** For the state fiscal year ending  
21 June 30, 2019, a special supplemental allowance must be made to provide for increases in  
22 wages and wage-related benefits in both the direct care cost component and routine care  
23 cost component as follows. An amount equal to 10% of allowable wages and associated  
24 benefits and taxes as reported on each facility's as-filed cost report for its fiscal year  
25 ending in calendar year 2016 must be added to the cost per resident day in calculating  
26 each facility's prospective rate, notwithstanding any otherwise applicable caps or limits  
27 on reimbursement. This supplemental allowance must also be allowed and paid at final  
28 audit to the full extent that it does not cause reimbursement to exceed the facility's  
29 allowable costs in that fiscal year.

30 **2. Changes in occupancy penalty.** For the state fiscal years ending June 30, 2019,  
31 June 30, 2020 and June 30, 2021, the reduction in allowable cost per day in the fixed  
32 costs component based on minimum occupancy standards applies only for an annual level  
33 of occupancy less than 70%. For fiscal years ending June 30, 2022 and thereafter, the  
34 reduction in allowable cost applies only for an annual level of occupancy less than 85%  
35 for facilities with 61 or more beds and 80% for facilities with 60 or fewer beds.

36 **3. Low-cost, high Medicaid nursing facilities.** Beginning July 1, 2019, the  
37 supplemental payment established by Public Law 2013, chapter 594, section 3, subsection  
38 5 must be revised to provide that the supplemental payment increases to 60¢ per resident  
39 day, is not subject to cost settlement and must be retained by the facility in its entirety for  
40 any nursing facility whose MaineCare residents constitute more than 80% of the nursing  
41 facility's total number of residents and whose base year direct and routine aggregate costs  
42 per day are less than the median aggregate direct and routine allowable costs for the  
43 facility's peer group. The supplemental payment must continue to apply as provided in  
44 Public Law 2013, chapter 594, section 3, subsection 5 for facilities that do not meet the  
45 standard set forth in this subsection.

1           **4. Hold harmless.** The rate of reimbursement for nursing facilities for direct care  
2 and routine costs that results from amending the law or the rules to reflect the revised  
3 method of rebasing the nursing facility's base year pursuant to this section may not result  
4 for any nursing facility in a rate of reimbursement that is lower than the rate in effect on  
5 June 30, 2018.

6           **Sec. B-4. Rate increases for residential care facilities.** The Department of  
7 Health and Human Services shall amend its rules in 10-144, Chapter 101: MaineCare  
8 Benefits Manual, Chapter III, Section 97, Appendix C, Principles of Reimbursement for  
9 Medical and Remedial Service Facilities; and 10-144, Chapter 115: Principles of  
10 Reimbursement for Residential Care Facilities - Room and Board Costs to provide for the  
11 following rate changes.

12           **1. Special wage allowance for fiscal year 2018-19.** For the state fiscal year ending  
13 June 30, 2019, a special supplemental allowance must be made to provide for increases in  
14 wages and wage-related benefits in the direct care, personal care services and routine cost  
15 components as follows. An amount equal to 10% of wages and associated benefits and  
16 taxes as reported on each facility's as-filed cost report for its fiscal year ending in  
17 calendar year 2016 must be added to the cost per resident day in calculating each facility's  
18 prospective rate, notwithstanding any otherwise applicable caps or limits on  
19 reimbursement. This supplemental allowance must also be allowed and paid at final audit  
20 to the full extent that it does not cause reimbursement to exceed the facility's allowable  
21 costs in each component that is cost settled in that fiscal year.

22           **2. Adjustment for inflation for rates for fiscal year 2019-20 and thereafter.** For  
23 the state fiscal year ending June 30, 2020 and each year thereafter, the MaineCare  
24 payment rates attributable to wages and salaries in each cost component specified in  
25 subsection 1 must be increased by an inflation factor in accordance with the United States  
26 Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care  
27 services index.

28           **Sec. B-5. Commission To Study Long-term Care Workforce Issues.**  
29 Notwithstanding Joint Rule 353, the Commission To Study Long-term Care Workforce  
30 Issues, referred to in this section as "the commission," is established.

31           **1. Members.** The commission consists of up to 18 members as follows:

32           A. Two members of the Senate appointed by the President of the Senate, including a  
33 member from each of the 2 parties holding the largest number of seats in the  
34 Legislature;

35           B. Three members of the House of Representatives appointed by the Speaker of the  
36 House, including a member from each of the 2 parties holding the largest number of  
37 seats in the Legislature; and

38           C. Up to 13 members who possess expertise in the subject matter of the study as  
39 follows:

40                   (1) A direct care worker appointed by the President of the Senate;

41                   (2) A provider of home-based long-term care who is a member of a statewide  
42 association representing home-based long-term care providers appointed by the  
43 President of the Senate;

- 1 (3) A representative of a statewide association representing nonprofit housing and  
2 senior service programming appointed by the President of the Senate;
- 3 (4) A representative of an organization providing services to individuals with  
4 intellectual disabilities and autism including employment services and long-term  
5 home supports appointed by the President of the Senate;
- 6 (5) A provider of facility-based long-term care who is a member of a statewide  
7 association representing facility-based long-term care providers appointed by the  
8 Speaker of the House;
- 9 (6) A representative of an organization providing statewide homemaker services  
10 through the state-funded independent support services program within the  
11 Department of Health and Human Services appointed by the Speaker of the  
12 House;
- 13 (7) A representative of an institution of higher education engaged in workforce  
14 development appointed by the Speaker of the House;
- 15 (8) A representative of a service coordination agency providing service  
16 coordination to people receiving home-based and community-based long-term  
17 care appointed by the Speaker of the House;
- 18 (9) A representative of an organization promoting independent living for  
19 individuals with disabilities appointed by the Speaker of the House;
- 20 (10) A representative of a business that acts as a labor intermediary helping  
21 unemployed and underemployed people obtain employment appointed by the  
22 Speaker of the House;
- 23 (11) The executive director of the long-term care ombudsman program described  
24 under the Maine Revised Statutes, Title 22, section 5106, subsection 11-C;
- 25 (12) The Commissioner of Health and Human Services, or the commissioner's  
26 designee, who may be invited to participate; and
- 27 (13) The Commissioner of Labor, or the commissioner's designee, who may be  
28 invited to participate.

29 **2. Chairs and subcommittees.** The first-named Senate member is the Senate chair  
30 and the first-named House of Representatives member is the House chair of the  
31 commission. The chairs of the commission are authorized to establish subcommittees to  
32 work on the duties listed in subsection 4 and to assist the commission. The  
33 subcommittees must be composed of members of the commission and interested persons  
34 who are not members of the commission and who volunteer to serve on the  
35 subcommittees without reimbursement.

36 **3. Appointments.** All appointments must be made no later than 30 days following  
37 the effective date of this Part. The appointing authorities shall notify the Executive  
38 Director of the Legislative Council once all appointments have been completed. After  
39 appointment of all members and after adjournment of the Second Special Session of the  
40 128th Legislature, the chairs shall call and convene the first meeting of the commission.  
41 If 30 days or more after the effective date of this Part a majority of but not all

1 appointments have been made, the chairs may request authority and the Legislative  
2 Council may grant authority for the commission to meet and conduct its business.

3 **4. Directive of commission.** The commission shall study and make policy  
4 recommendations in each of the following areas:

- 5 A. Measuring current demand for direct care workers and projecting future needs;
- 6 B. Developing a campaign and statewide recruitment strategies to encourage more  
7 people to work in facility-based and home-based long-term care;
- 8 C. Supporting career ladders throughout various long-term care settings;
- 9 D. Identifying education needs and methods to fill education needs for direct care  
10 workers;
- 11 E. Identifying barriers to hiring and methods to overcome barriers to hiring;
- 12 F. Developing strategies to improve the quality of long-term care jobs; and
- 13 G. Increasing opportunities for shared staffing among long-term care providers.

14 The commission shall make policy recommendations for public and private funding  
15 mechanisms to implement the commission's recommendations.

16 **5. Program.** The commission shall make recommendations for the establishment of a  
17 program that will contribute to long-term care direct care workers' postsecondary  
18 education in related fields.

19 **6. Pilot program.** The commission shall make recommendations for the  
20 establishment of a pilot program to pool part-time home care workers' hours for purposes  
21 of providing greater employment opportunity and obtaining employee benefits.

22 **7. Staffing.** The Legislative Council shall provide necessary staffing services to the  
23 commission.

24 **8. Administration.** The Commissioner of Health and Human Services, the State  
25 Auditor and the State Budget Officer shall provide necessary information and assistance  
26 to the commission as required for the commission's duties.

27 **9. Report.** No later than November 7, 2018, the commission shall submit a report  
28 that includes its findings and recommendations pursuant to subsections 4 to 6, including  
29 suggested legislation, to the joint standing committee of the Legislature having  
30 jurisdiction over health and human services matters. The joint standing committee of the  
31 Legislature having jurisdiction over health and human services matters may report out a  
32 bill regarding the subject matter of the report to the First Regular Session of the 129th  
33 Legislature.

34 **Sec. B-6. Appropriations and allocations.** The following appropriations and  
35 allocations are made.

36 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

37 **Developmental Services - Community Z208**

38 Initiative: Provides appropriations for an increase to rates for certain services.

1	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
2	All Other	\$0	\$44,678
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$44,678</u>

5 **Long Term Care - Office of Aging and Disability Services 0420**  
 6 Initiative: Provides appropriations for an increase to rates for certain services.

7	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
8	All Other	\$0	\$620,032
9			
10	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$620,032</u>

11 **Medical Care - Payments to Providers 0147**  
 12 Initiative: Provides appropriations and allocations for an increase to rates for certain  
 13 services.

14	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
15	All Other	\$0	\$4,271,956
16			
17	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$4,271,956</u>

18	<b>FEDERAL EXPENDITURES FUND</b>	<b>2017-18</b>	<b>2018-19</b>
19	All Other	\$0	\$20,525,109
20			
21	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$20,525,109</u>

22	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2017-18</b>	<b>2018-19</b>
23	All Other	\$0	\$516,023
24			
25	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$516,023</u>

26 **Nursing Facilities 0148**  
 27 Initiative: Provides appropriations and allocations for an increase to rates for certain  
 28 services.

29	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
30	All Other	\$0	\$5,475,685
31			



1	GENERAL FUND TOTAL	\$0	\$5,475,685
2	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2017-18</b>	<b>2018-19</b>
3	All Other	\$0	\$1,108,680
4			
5	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$1,108,680</u>

6 **PNMI Room and Board Z009**

7 Initiative: Provides appropriations for an increase to rates for certain services.

8	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
9	All Other	\$0	\$687,649
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$687,649</u>

12 **HEALTH AND HUMAN SERVICES,**  
 13 **DEPARTMENT OF**  
 14 **DEPARTMENT TOTALS**

14		<b>2017-18</b>	<b>2018-19</b>
15			
16	GENERAL FUND	\$0	\$11,100,000
17	FEDERAL EXPENDITURES FUND	\$0	\$20,525,109
18	OTHER SPECIAL REVENUE FUNDS	\$0	\$1,624,703
19			
20	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$33,249,812</u>

21 **PART C**

22 **Sec. C-1. Department of Health and Human Services to establish and**  
 23 **increase MaineCare rates.** Notwithstanding any other provision of law, no later than  
 24 the effective date of this Part, the Department of Health and Human Services shall amend  
 25 rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 to establish new  
 26 reimbursement rates and increase existing reimbursement rates for children's habilitative  
 27 services and specialized children's habilitative services in accordance with the April 24,  
 28 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services:  
 29 Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns &  
 30 Associates, Inc. Rules adopted pursuant to this section are major substantive rules  
 31 pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

32 **Sec. C-2. Appropriations and allocations.** The following appropriations and  
 33 allocations are made.

34 **EDUCATION, DEPARTMENT OF**

1 **General Purpose Aid for Local Schools 0308**

2 Initiative: Provides funding for the additional costs associated with the establishment of  
 3 reimbursement rates and the increase of existing reimbursement rates in the Department  
 4 of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter  
 5 III, Section 28 for children's habilitative services and specialized children's habilitative  
 6 services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health  
 7 and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking"  
 8 prepared for the department by Burns & Associates, Inc.

9	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
10	All Other	\$0	\$568,421
11			
12	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$568,421</u>

13	<b>EDUCATION, DEPARTMENT OF</b>		
14	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
15			
16	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$568,421</b>
17			
18	<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<u><b>\$0</b></u>	<u><b>\$568,421</b></u>

19 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**  
 20 **Medical Care - Payments to Providers 0147**

21 Initiative: Provides funding to establish reimbursement rates and increase existing  
 22 reimbursement rates in the Department of Health and Human Services rule Chapter 101:  
 23 MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services  
 24 and specialized children's habilitative services in accordance with the April 24, 2017  
 25 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final  
 26 Proposed Rates for Formal Rulemaking" prepared for the department by Burns &  
 27 Associates, Inc.

28	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
29	All Other	\$0	\$2,273,686
30			
31	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$2,273,686</u>

32	<b>FEDERAL EXPENDITURES FUND</b>	<b>2017-18</b>	<b>2018-19</b>
33	All Other	\$0	\$6,206,430
34			
35	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$6,206,430</u>

1 **Mental Health Services - Community Medicaid Z201**

2 Initiative: Provides funding to establish reimbursement rates and increase existing  
 3 reimbursement rates in the Department of Health and Human Services rule Chapter 101:  
 4 MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services  
 5 and specialized children's habilitative services in accordance with the April 24, 2017  
 6 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final  
 7 Proposed Rates for Formal Rulemaking" prepared for the department by Burns &  
 8 Associates, Inc.

9	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2017-18</b>	<b>2018-19</b>
10	All Other	\$0	\$577,566
11			
12	<b>OTHER SPECIAL REVENUE FUNDS TOTAL</b>	<u>\$0</u>	<u>\$577,566</u>

13	<b>HEALTH AND HUMAN SERVICES,</b>		
14	<b>DEPARTMENT OF</b>		
15	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
16			
17	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$2,273,686</b>
18	<b>FEDERAL EXPENDITURES FUND</b>	<b>\$0</b>	<b>\$6,206,430</b>
19	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>\$0</b>	<b>\$577,566</b>
20			
21	<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<u><b>\$0</b></u>	<u><b>\$9,057,682</b></u>

22	<b>SECTION TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
23			
24	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$2,842,107</b>
25	<b>FEDERAL EXPENDITURES FUND</b>	<b>\$0</b>	<b>\$6,206,430</b>
26	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>\$0</b>	<b>\$577,566</b>
27			
28	<b>SECTION TOTAL - ALL FUNDS</b>	<u><b>\$0</b></u>	<u><b>\$9,626,103</b></u>

29 **PART D**

30 **Sec. D-1. Department of Health and Human Services to increase**  
 31 **MaineCare rates.** The Department of Health and Human Services shall amend the  
 32 rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 13, Targeted  
 33 Case Management Services; Section 17, Allowances for Community Support Services;  
 34 Section 23, Developmental and Behavioral Clinic Services; Section 28, Rehabilitative  
 35 and Community Support Services for Children with Cognitive Impairments and  
 36 Functional Limitations; Section 65, Behavioral Health Services; and Section 97, Private  
 37 Non-Medical Institution Services, Appendix B and Appendix E to increase

1 reimbursement rates, effective July 1, 2018, to ensure a net increase in funding from  
 2 fiscal year 2008-09 to fiscal year 2018-19 of 2% as long as no rate for a service is lower  
 3 than the rate reimbursed as of January 1, 2018. The rules must specify that the increase  
 4 in reimbursement rates must be applied to wages and benefits for employees who provide  
 5 direct services and not to administrators or managers.

6 **Sec. D-2. Increase to employee wages.** To qualify for the rate increase pursuant  
 7 to section 1 of this Part, an agency providing services must demonstrate, to the  
 8 satisfaction of the Department of Health and Human Services, that an increase in wages  
 9 and benefits for employees providing direct services has been granted that equals the  
 10 amount of increase received as a result of the increased reimbursement. The increase  
 11 must be granted or paid out retroactively from the date the department begins reimbursing  
 12 at the increased rates.

13 **Sec. D-3. Appropriations and allocations.** The following appropriations and  
 14 allocations are made.

15 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**  
 16 **Medical Care - Payments to Providers 0147**

17 Initiative: Provides appropriations and allocations to increase certain reimbursement rates  
 18 by July 1, 2018 to reflect a 2% increase over rates in fiscal year 2008-09.

19	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
20	All Other	\$0	\$6,036,063
21			
22	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$6,036,063</u>

23	<b>FEDERAL EXPENDITURES FUND</b>	<b>2017-18</b>	<b>2018-19</b>
24	All Other	\$0	\$11,974,266
25			
26	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$11,974,266</u>

27	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2017-18</b>	<b>2018-19</b>
28	All Other	\$0	\$600,591
29			
30	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$600,591</u>

31 **PNMI Room and Board Z009**

32 Initiative: Provides appropriations to increase certain reimbursement rates, by July 1,  
 33 2018, to reflect a 2% increase from rates in fiscal year 2008-09.

1	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
2	All Other	\$0	\$17,135
3			
4	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$17,135</u>
5	<b>HEALTH AND HUMAN SERVICES,</b>		
6	<b>DEPARTMENT OF</b>		
7	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
8			
9	GENERAL FUND	\$0	\$6,053,198
10	FEDERAL EXPENDITURES FUND	\$0	\$11,974,266
11	OTHER SPECIAL REVENUE FUNDS	\$0	\$600,591
12			
13	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$18,628,055</u>

14 **PART E**

15 **Sec. E-1. Appropriations and allocations.** The following appropriations and  
 16 allocations are made.

17 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

18 **Medical Care - Payments to Providers 0147**

19 Initiative: Provides funding for a 15% rate increase for the medication management  
 20 services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III,  
 21 Section 65: Behavioral Health Services, by July 1, 2018.

22	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
23	All Other	\$0	\$552,527
24			
25	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$552,527</u>

26	<b>FEDERAL EXPENDITURES FUND</b>	<b>2017-18</b>	<b>2018-19</b>
27	All Other	\$0	\$1,003,012
28			
29	FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$1,003,012</u>

30 **State-funded Foster Care/Adoption Assistance 0139**

31 Initiative: Provides funding for a 15% rate increase for the medication management  
 32 services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III,  
 33 Section 65: Behavioral Health Services, by July 1, 2018.

1	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
2	All Other	\$0	\$15,477
3			
4	GENERAL FUND TOTAL	\$0	\$15,477
5	<b>HEALTH AND HUMAN SERVICES,</b>		
6	<b>DEPARTMENT OF</b>		
7	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
8			
9	GENERAL FUND	\$0	\$568,004
10	FEDERAL EXPENDITURES FUND	\$0	\$1,003,012
11			
12	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$1,571,016

13 **PART F**

14 **Sec. F-1. 15 MRSA §5826, sub-§6**, as amended by PL 1999, c. 408, §3, is  
 15 further amended to read:

16 **6. Final order of disposition of property; public education campaign.** Following  
 17 the entry of a verdict of forfeiture of property pursuant to this section or the entry of a  
 18 guilty plea in open court on the record and following the court's disposition of all  
 19 petitions for hearing timely filed by 3rd parties, the State has clear title to property that is  
 20 the subject of the indictment, information or complaint. The final order must provide for  
 21 the deposit of the property or the proceeds from the disposition of the property, less the  
 22 reasonable expenses of the forfeiture proceedings, seizure, storage, maintenance of  
 23 custody, advertising and notice, in the General Fund, except that, to the extent that the  
 24 court finds it reasonable, the court may order forfeiture of as much of the property as is  
 25 appropriate, less the reasonable expenses of the forfeiture proceedings, seizure, storage,  
 26 maintenance of custody, advertising and notice, to a municipality, county or state agency  
 27 that has made a substantial contribution to the investigation or prosecution of a related  
 28 criminal case or, upon request of the investigating agency or the prosecuting agency, to a  
 29 law enforcement agency in this State that provides case management and other social  
 30 services to persons with substance use disorders.

31 **Sec. F-2. 17-A MRSA §1105-A, sub-§1, ¶¶K and L**, as enacted by PL 2003, c.  
 32 476, §2, are amended to read:

33 K. Death of another person is in fact caused by the use of ~~that scheduled drug~~ one or  
 34 more scheduled drugs, the scheduled drug trafficked by the defendant is a  
 35 contributing factor to the death of the other person and ~~the~~ that drug is a schedule W  
 36 drug. A violation of this paragraph is a Class A crime; or

37 L. Serious bodily injury of another person is in fact caused by the use of ~~that~~  
 38 scheduled drug one or more scheduled drugs, the scheduled drug trafficked by the  
 39 defendant is a contributing factor to the serious bodily injury of the other person and

1 ~~the~~ that drug is a schedule W drug. A violation of this paragraph is a Class B crime;  
2 or

3 **Sec. F-3. 17-A MRSA §1105-A, sub-§1, ¶M** is enacted to read:

4 M. At the time of the offense, the person trafficks in fentanyl powder in a quantity of  
5 6 grams or more or 270 or more individual bags, folds, packages, envelopes or  
6 containers of any kind containing fentanyl powder. A violation of this paragraph is a  
7 Class A crime.

8 **Sec. F-4. 17-A MRSA §1105-B, sub-§1, ¶D**, as enacted by PL 2003, c. 476, §5,  
9 is amended to read:

10 D. Death or serious bodily injury of another person is in fact caused by the use of  
11 that counterfeit drug one or more drugs and the drug furnished by the defendant is a  
12 contributing factor to the death or serious bodily injury of the other person.

13 **Sec. F-5. 17-A MRSA §1105-C, sub-§1, ¶K**, as enacted by PL 2003, c. 476, §7,  
14 is amended to read:

15 K. Death of another person is in fact caused by the use of ~~that scheduled drug~~ one or  
16 more drugs and the drug is a schedule W drug furnished by the defendant is a  
17 contributing factor to the death of the other person. A violation of this paragraph is a  
18 Class B crime. It is an affirmative defense to prosecution under this paragraph that  
19 the drug furnished was lawfully possessed by the defendant prior to furnishing and  
20 that the death was not a reasonably foreseeable consequence of the use of that  
21 scheduled drug. In determining whether the death was reasonably foreseeable, the  
22 jury shall consider:

- 23 (1) The factual circumstances surrounding the furnishing of the drug;  
24 (2) The total quantity of the drug furnished;  
25 (3) The dosage of the units furnished;  
26 (4) The nature of the drug;  
27 (5) The overdose risk presented by use of the drug; and  
28 (6) Any safety warnings provided to the defendant at the time of dispensing the  
29 drug; or

30 **Sec. F-6. 22 MRSA §7250, sub-§8** is enacted to read:

31 **8. Report regarding program.** The department shall provide to the joint standing  
32 committee of the Legislature having jurisdiction over health and human services matters  
33 on or before January 15th of each year, and at such other times as the committee requests,  
34 data pertaining to the aggregate number of prescriptions of each drug required to be  
35 included in the program, the number of prescribers participating in the program  
36 categorized by specialty, any historical trends or patterns in prescribing practices within  
37 the State, any progress in the implementation of information sharing agreements  
38 authorized by subsection 4-A and any other information pertaining to the work of the  
39 program as requested by the committee that is reasonably available to the department, as

1 long as all information reasonably likely to reveal the patient or the prescriber or other  
2 person who is the subject of the information has been removed.

3 **Sec. F-7. Appropriations and allocations.** The following appropriations and  
4 allocations are made.

5 **INDIGENT LEGAL SERVICES, MAINE COMMISSION ON**

6 **Maine Commission on Indigent Legal Services Z112**

7 Initiative: Provides funds for an anticipated increase in indigent legal services costs  
8 resulting from additional prosecutions involving death or serious bodily injury to a  
9 person.

10	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
11	All Other	\$0	\$11,000
12			
13	<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$11,000</u>

14 **PART G**

15 **Sec. G-1. 5 MRSA §20003, sub-§13-A** is enacted to read:

16 **13-A. Hub.** "Hub" means an organization licensed by the department that provides  
17 timely access to comprehensive, integrated assessment, treatment and recovery support  
18 for individuals with substance use disorder, including but not limited to opioid use  
19 disorders. Hub services may be provided by licensed behavioral health organizations,  
20 community mental health centers, methadone clinics, hospitals and federally qualified  
21 health centers.

22 **Sec. G-2. 5 MRSA §20003, sub-§15-A** is enacted to read:

23 **15-A. Integrated medication-assisted treatment.** "Integrated medication-assisted  
24 treatment" means a treatment method that combines medication approved by the federal  
25 Food and Drug Administration for the treatment of substance use disorder with  
26 counseling, urine drug screening and behavioral therapy that has proven effective in  
27 treating substance use disorder.

28 **Sec. G-3. 5 MRSA §20003, sub-§16-A** is enacted to read:

29 **16-A. Levels of care.** "Levels of care" means the continuum of recovery-oriented  
30 services that reflect an individual's risks, needs, strengths, resources and skills as  
31 determined by an assessment with standardized placement criteria conducted by a  
32 qualified clinician.

33 **Sec. G-4. 5 MRSA §20003, sub-§19-A** is enacted to read:

34 **19-A. Recovery support services.** "Recovery support services" means services that  
35 recognize recovery is a process of change through which individuals improve their health  
36 and wellness, live self-directed lives and strive to reach their full potential, including, but  
37 not limited to, safe housing, transportation, peer mentoring and coaching and assistance



1 with and access to employment services. "Recovery support services" may include  
2 services provided in an integrated medication-assisted treatment setting or in a separate  
3 facility that is staffed by individuals in recovery and that provides services such as  
4 mentoring, education and resource provision.

5 **Sec. G-5. 5 MRSA §20003, sub-§19-B** is enacted to read:

6 **19-B. Spoke.** "Spoke" means a community-based provider, including, but not  
7 limited to, a primary care provider, that provides integrated medication-assisted treatment  
8 and behavioral health treatment and recovery support services to patients with substance  
9 use disorder, including, but not limited to, opioid use disorder, or refers those patients to  
10 such treatments or services.

11 **Sec. G-6. 5 MRSA §20055** is enacted to read:

12 **§20055. Hub-and-spoke model**

13 No later than October 1, 2018, the department shall ensure that a continuum of  
14 evidence-based treatment and recovery support services for opioid use disorder is  
15 accessible to all people in this State through contracts with hubs and spokes. Hub  
16 providers may refer patients to spokes when clinically appropriate, and spokes may refer  
17 patients to hubs when clinically appropriate. The department shall provide funds to hubs  
18 and spokes to support the development of treatment capacity. The department shall also  
19 provide funds to hubs and spokes for treatment, including medication, for individuals  
20 who lack insurance or the ability to pay for treatment. The department shall provide  
21 funds to support recovery support services for individuals receiving treatment from hubs  
22 and spokes. The department shall ensure that individuals have access to the appropriate  
23 levels of care that meet the individuals' need, as determined by an assessment by a  
24 treating clinician. A hub is eligible to receive funding under this section only if the hub  
25 has the capacity to assess and treat or refer patients with multiple behavioral health  
26 diagnoses. A hub shall provide or contract for comprehensive services including  
27 intensive outpatient programs and integrated medication assisted treatment for individuals  
28 with acute needs. A hub shall provide or coordinate with recovery support services.

29 **Sec. G-7. Department of Health and Human Services; services for opioid**  
30 **and substance use disorder.** The Department of Health and Human Services,  
31 referred to in this section as "the department," shall assess federal funding opportunities  
32 to support integrated medication-assisted treatment and a hub-and-spoke model of  
33 delivery of services for opioid and substance use disorder as described in the Maine  
34 Revised Statutes, Title 5, section 20055 and distribute resources to hubs and spokes based  
35 on identified needs.

36 **1. Development of grant funding for education.** The department shall provide  
37 grant funding, when available, to hubs or other qualified entities to provide assistance  
38 with the development of hub-and-spoke infrastructure, as well as initial training and  
39 ongoing education to hub-and-spoke providers across the State. Qualified entities may  
40 include providers that deliver health care services to meet the health needs of target  
41 populations.

1           **2. Provide treatment to uninsured individuals seeking treatment.** The  
 2 department shall provide funds to support treatment for uninsured individuals seeking  
 3 integrated medication-assisted treatment.

4           **3. Evaluation and assessment.** The department shall develop assessment measures  
 5 for performance evaluation of the hub-and-spoke model. Assessment measures must  
 6 include statistics regarding referrals of individuals seeking substance use disorder  
 7 treatment; treatment for substance use disorder; success rates, including recovery  
 8 engagement, adherence to medication-assisted treatment protocols, stability and  
 9 workplace participation; wait time for services; and any other relevant measures.

10           **4. 211 Maine information.** The department shall support the development of a plan  
 11 to create a statewide resource and referral center for substance use disorder treatment and  
 12 recovery resources that uses the existing 211 Maine service and links it with  
 13 comprehensive, statewide information on available treatment and recovery resources.  
 14 The department shall work collaboratively with the United Ways of Maine to develop this  
 15 plan, as well as with substance use disorder treatment providers and individuals from the  
 16 substance use disorder recovery community.

17           **5. Report.** No later than February 1, 2019, the department shall report to the joint  
 18 standing committee of the Legislature having jurisdiction over health and human services  
 19 matters on the progress and implementation of the hub-and-spoke model, federal funding,  
 20 grants dispersed, evaluation and assessment measures and improvement of the 211 Maine  
 21 service. The joint standing committee of the Legislature having jurisdiction over health  
 22 and human services matters is authorized to report out legislation to the First Regular  
 23 Session of the 129th Legislature related to the report.

24           **Sec. G-8. Appropriations and allocations.** The following appropriations and  
 25 allocations are made.

26           **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

27           **Office of Substance Abuse and Mental Health Services Z199**

28 Initiative: Provides funding beginning in fiscal year 2018-19 to hubs and spokes, as  
 29 defined in the Maine Revised Statutes, Title 5, section 20003, to cover costs of intensive,  
 30 intermediate and long-term treatment, including, but not limited to, the cost of  
 31 medication, screening, behavioral health treatment, urine drug screens, office visits and  
 32 recovery support services for individuals with opioid use disorder, including those who  
 33 are uninsured. The department may use a portion of the funds to support training and  
 34 education of hub-and-spoke providers.

35	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
36	All Other	\$0	\$6,663,000
37			
38	GENERAL FUND TOTAL	\$0	\$6,663,000

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**PART H**

**Sec. H-1. Sustainable funding review.** The Department of Health and Human Services shall conduct a review of possible ways to provide adequate sustainable funding for affordable assisted living facilities that hold a valid contract with the office of aging and disability services within the Department of Health and Human Services, including providing permanent increases to existing funding levels, paying the medical costs of certain residents until they are eligible for MaineCare coverage, a practice known as Rate Code 53 spending, and designating facilities as private nonmedical institutions. The department shall report back with its recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 11, 2019.

**Sec. H-2. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Office of Aging and Disability Services Central Office 0140**

Initiative: Provides one-time additional funding for the provision of assisted living services.

<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
All Other	\$0	\$500,000
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$500,000</b>

**PART I**

**Sec. I-1. Department of Health and Human Services to increase MaineCare reimbursement for outpatient psychosocial treatments for children.** The Department of Health and Human Services shall increase reimbursement rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% for the period from the effective date of this Part to June 30, 2019.

**Sec. I-2. Rate study.** The Department of Health and Human Services shall contract with a 3rd party to conduct a rate study of reimbursement rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy. The rate study must develop a rate that is set on a per case per week basis. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018.

1           **Sec. I-3. Report.** The Department of Health and Human Services shall submit a  
 2 report to the joint standing committee of the Legislature having jurisdiction over health  
 3 and human services matters with the findings of the rate study conducted pursuant to  
 4 section 2 of this Part no later than January 30, 2019.

5           **Sec. I-4. Rulemaking.** The Department of Health and Human Services is  
 6 authorized to adopt rules to implement new rates developed pursuant to the rate study in  
 7 section 2 of this Part as long as those rates are no lower than the rates of reimbursement  
 8 that exist on April 1, 2018 and the federal Department of Health and Human Services,  
 9 Centers for Medicare and Medicaid Services approves the reimbursement rates. Rules  
 10 adopted pursuant to this section are routine technical rules as defined in the Maine  
 11 Revised Statutes, Title 5, chapter 375, subchapter 2-A.

12           **Sec. I-5. Appropriations and allocations.** The following appropriations and  
 13 allocations are made.

14           **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

15           **Medical Care - Payments to Providers 0147**

16 Initiative: Provides funding for a one-time increase to certain rates under rule Chapter  
 17 101: MaineCare Benefits Manual, Chapters II and III, Section 65 by 20% until June 30,  
 18 2019.

19	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
20	All Other	\$0	\$212,306
21			
22	GENERAL FUND TOTAL	\$0	\$212,306

23	<b>FEDERAL EXPENDITURES FUND</b>	<b>2017-18</b>	<b>2018-19</b>
24	All Other	\$0	\$385,318
25			
26	FEDERAL EXPENDITURES FUND TOTAL	\$0	\$385,318

27           **Office of MaineCare Services 0129**

28 Initiative: Provides funding to contract with a 3rd party to conduct a rate study of certain  
 29 rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65  
 30 to be completed no later than December 1, 2018.

31	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
32	All Other	\$0	\$50,000
33			
34	GENERAL FUND TOTAL	\$0	\$50,000

1	<b>FEDERAL EXPENDITURES FUND</b>	<b>2017-18</b>	<b>2018-19</b>
2	All Other	\$0	\$50,000
3			
4	FEDERAL EXPENDITURES FUND TOTAL	\$0	\$50,000

5	<b>HEALTH AND HUMAN SERVICES,</b>		
6	<b>DEPARTMENT OF</b>		
7	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
8			
9	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$262,306</b>
10	<b>FEDERAL EXPENDITURES FUND</b>	<b>\$0</b>	<b>\$435,318</b>
11			
12	<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<b>\$0</b>	<b>\$697,624</b>

13 **PART J**

14 **Sec. J-1. Appropriations and allocations.** The following appropriations and  
 15 allocations are made.

16 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**  
 17 **Office of Substance Abuse and Mental Health Services Z199**

18 Initiative: Provides funds for case management and other ancillary services provided by  
 19 the office for drug courts established by the Judicial Department. These funds must be  
 20 used to provide services for up to 30 new participants either at a new drug court in the  
 21 State or in existing drug courts in the State.

22	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
23	All Other	\$0	\$150,000
24			
25	GENERAL FUND TOTAL	\$0	\$150,000

26	<b>HEALTH AND HUMAN SERVICES,</b>		
27	<b>DEPARTMENT OF</b>		
28	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
29			
30	<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$150,000</b>
31			
32	<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<b>\$0</b>	<b>\$150,000</b>

33 **JUDICIAL DEPARTMENT**  
 34 **Courts - Supreme, Superior and District 0063**

1 Initiative: Provides funds for active retired judges to cover other court time of full-time  
 2 sitting judges assigned either to a new drug court in the State or to existing drug courts in  
 3 the State to allow for up to 30 new participants.

4	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
5	All Other	\$0	\$10,800
6			
7	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$10,800</u>

8	<b>JUDICIAL DEPARTMENT</b>		
9	<b>DEPARTMENT TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
10			
11	GENERAL FUND	\$0	\$10,800
12			
13	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$10,800</u>

14	<b>SECTION TOTALS</b>	<b>2017-18</b>	<b>2018-19</b>
15			
16	GENERAL FUND	\$0	\$160,800
17			
18	SECTION TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$160,800</u>

19 **PART K**

20 **Sec. K-1. 5 MRSA §17852-A** is enacted to read:

21 **§17852-A. Computation of benefit for certain correctional facility employees**

22 **1. Definitions.** As used in this section, unless the context otherwise indicates, the  
 23 following terms have the following meanings.

24 A. "Client" has the same meaning as in Title 34-A, section 1001, subsection 1-A.

25 B. "Closure" means the removal of all clients from a correctional facility pursuant to  
 26 legislation enacted into law approving the removal of all clients.

27 C. "Correctional facility" has the same meaning as in Title 34-A, section 1001,  
 28 subsection 6.

29 **2. Correctional facility employees.** Notwithstanding section 17852 and any other  
 30 provision of law, the service retirement benefit for a member for whom funding has been  
 31 received under subsection 6 is computed as provided in subsection 3 if the member:

32 A. Has creditable service of 25 years or more;

33 B. Has not reached what would be the member's normal retirement age absent this  
 34 section;

1 C. Was employed in a correctional facility at the time legislation approving the  
2 closure of that correctional facility was enacted and that correctional facility is  
3 located more than 100 miles from the nearest correctional facility; and

4 D. Retires as a direct result of the closure of the correctional facility described in  
5 paragraph C.

6 3. Benefit. The amount of the service retirement benefit for a member qualified  
7 under subsection 2 is 1/50 of the member's average final compensation multiplied by the  
8 number of years of creditable service.

9 4. Certification and calculation of required funding. Within 5 days of a closure  
10 of a correctional facility, the Commissioner of Corrections shall provide certification of  
11 the closure and the date of enactment and the chapter of the law approving the closure to  
12 the retirement system. The retirement system shall determine the required funding for  
13 service retirement benefits under subsection 3 for all members who meet the conditions  
14 of subsection 2 and shall provide the determined amount to the Commissioner of  
15 Administrative and Financial Services, the Commissioner of Corrections and the joint  
16 standing committee of the Legislature having jurisdiction over retirement matters.

17 5. Increase in employer contribution. Upon receipt of the determined required  
18 funding from the retirement system pursuant to subsection 4, the Department of  
19 Administrative and Financial Services shall assess a one-time increase in the Department  
20 of Corrections' employer contribution rate provided for in section 17253 to fully fund the  
21 determined amount.

22 6. Receipt of funding. The service retirement benefit for a member who meets the  
23 conditions of subsection 2 is paid under subsection 3 only if the retirement system has  
24 received the funding from the additional assessment provided for in subsection 5 or  
25 received an appropriation from the Legislature for the required funding under subsection  
26 4.

27 **PART L**

28 **Sec. L-1. Task force established.** The Task Force To Study and Plan for the  
29 Implementation of Maine's Early Childhood Special Education Services, referred to in  
30 this Part as "the task force," is established to study and plan for the implementation of  
31 Maine's early childhood special education programs and services provided for young  
32 children from 3 years of age to 5 years of age.

33 **Sec. L-2. Task force membership.** Notwithstanding Joint Rule 353, the task  
34 force consists of 20 members appointed as follows:

- 35 1. One member of the Senate appointed by the President of the Senate;
- 36 2. One member of the House of Representatives appointed by the Speaker of the
- 37 House;
- 38 3. Sixteen members appointed as follows:
  - 39 A. Two members who are parents of children with a disability between 3 years of
  - 40 age and 5 years of age, one from an urban community and one from a rural

- 1 community, appointed by the President of the Senate. The 2 members must have  
2 knowledge of or experience with programs for children with disabilities;
- 3 B. One member who is a contracted service provider of early intervention and free,  
4 appropriate public education services, representing the Maine Association for  
5 Community Service Providers, appointed by the Speaker of the House;
- 6 C. Two members who are Child Development Services System staff members who  
7 provide direct services, appointed by the Speaker of the House;
- 8 D. One member who is a representative of a Head Start agency or program in the  
9 State, representing Head Start programs in Maine, appointed by the President of the  
10 Senate;
- 11 E. One member who is a representative of a child care program, appointed by the  
12 Speaker of the House;
- 13 F. One member who is a teacher in an early childhood education program for  
14 children 4 years of age that includes coordination of programs and services for  
15 eligible children within a public elementary school from a large school administrative  
16 unit, representing the Maine Education Association, appointed by the President of the  
17 Senate;
- 18 G. One member who is a special education director from a small school  
19 administrative unit, representing the Maine Administrators of Services for Children  
20 with Disabilities, appointed by the President of the Senate;
- 21 H. One member who is a principal of a public elementary school of a small school  
22 administrative unit that has implemented an early childhood education program for  
23 children 4 years of age that includes coordination of programs and services for  
24 eligible children, representing the Maine Principals' Association, appointed by the  
25 Speaker of the House;
- 26 I. One member who serves as a superintendent of a large school administrative unit  
27 that has implemented an early childhood education program for children 4 years of  
28 age that includes coordination of programs and services for eligible children,  
29 representing the Maine School Superintendents Association, appointed by the  
30 Speaker of the House;
- 31 J. One member who serves as a school board member of a school administrative unit  
32 that has implemented an early childhood education program for children 4 years of  
33 age that includes coordination of programs and services for eligible children,  
34 appointed by the President of the Senate;
- 35 K. One member representing the Maine Developmental Disabilities Council,  
36 appointed by the Speaker of the House;
- 37 L. One member representing pediatricians, appointed by the President of the Senate;
- 38 M. One member representing a statewide association of occupational therapists,  
39 appointed by the President of the Senate; and
- 40 N. One member representing a statewide association of speech, language and hearing  
41 therapists, appointed by the Speaker of the House;
- 42 4. The Commissioner of Education or the commissioner's designee; and



1           5. The Commissioner of Health and Human Services or the commissioner's designee.

2           **Sec. L-3. Chairs.** The President of the Senate and the Speaker of the House shall  
3 each appoint one member of the task force to serve as cochair, except that,  
4 notwithstanding Joint Rule 353, the President of the Senate and the Speaker of the House  
5 may not appoint a Legislator to serve as a chair of the task force. Notwithstanding Joint  
6 Rule 353, the chairs may appoint, as nonvoting members of the task force, individuals  
7 with expertise in areas relevant to early childhood development services and systems.

8           **Sec. L-4. Appointments; convening of task force.** All the appointments must  
9 be made no later than 30 days following the effective date of this Part. The appointing  
10 authorities shall notify the Executive Director of the Legislative Council once all  
11 appointments have been completed. Within 15 days after appointment of all members,  
12 the chairs shall call and convene the first meeting of the task force. If 30 days or more  
13 after enactment of this legislation a majority of but not all of the appointments have been  
14 made, the chairs may request authority and the Legislative Council may grant authority  
15 for the task force to meet and conduct its business.

16           **Sec. L-5. Duties.** The task force shall examine:

17           1. National trends and relevant models of governing and delivering early childhood  
18 special education systems in other states and jurisdictions that hold the potential for  
19 enhancing the effectiveness, efficiency or accountability of the early childhood special  
20 education system in the State;

21           2. The short-term and long-term costs and benefits of the Department of Education's  
22 proposed plan to restructure the Child Development Services System as presented by the  
23 Commissioner of Education to the Legislature in Legislative Document 1870 in the  
24 Second Regular Session of the 128th Legislature;

25           3. The findings and recommendations of the Subcommittee To Study Early  
26 Childhood Special Education in its January 2007 report;

27           4. The findings and recommendations of the Office of Program Evaluation and  
28 Government Accountability in its July 2012 report on child development services; and

29           5. Any other issues the task force determines to be useful or necessary concerning  
30 early childhood special education systems matters.

31           **Sec. L-6. Development of recommendations; plan.** The task force shall  
32 develop recommendations for an early childhood special education services program  
33 plan, which must include, but is not limited to:

34           1. Models of best practices;

35           2. Fiscally sound budget forecasting, including all possible revenue streams and  
36 updated costs;

37           3. Transportation services;

38           4. Data systems, including a billing system, a system that allows coordination with  
39 the MaineCare program and a case management documentation system;

40           5. A timeline for the implementation of the plan under this section;

1 6. A procedure for data collection and analysis conducted by the Maine Education  
2 Policy Research Institute;

3 7. A method for assessing a school administrative unit's capacity for implementing  
4 early childhood special education programs;

5 8. Training requirements for service providers and leaders;

6 9. Public information communication strategy for implementation of the plan; and

7 10. Identification of potential revisions to the Department of Health and Human  
8 Services' rule Chapter 101: MaineCare Benefits Manual.

9 **Sec. L-7. Authorized meetings.** The task force may hold no more than 6  
10 meetings.

11 **Sec. L-8. Staff assistance.** Notwithstanding Joint Rule 353, the Legislative  
12 Council shall contract for a facilitator for the task force using a request for proposals  
13 process. The Office of Policy and Legal Analysis shall provide drafting assistance to the  
14 task force.

15 **Sec. L-9. Compensation.** Legislative members of the task force are entitled to  
16 receive the legislative per diem and reimbursement for travel and other necessary  
17 expenses related to their attendance at authorized meetings of the task force. Other  
18 members of the task force may not receive compensation for their participation on the  
19 task force.

20 **Sec. L-10. Report.** No later than December 5, 2018, the task force shall submit a  
21 report containing its findings, recommendations and plan, including suggested legislation,  
22 for presentation to the Joint Standing Committee on Education and Cultural Affairs. The  
23 joint standing committee of the Legislature having jurisdiction over education matters  
24 may submit a bill to the First Regular Session of the 129th Legislature.

25 **Sec. L-11. Appropriations and allocations.** The following appropriations and  
26 allocations are made.

27 **EDUCATION, DEPARTMENT OF**

28 **Child Development Services 0449**

29 Initiative: Provides one-time funds to address the Child Development Services System  
30 budgetary shortfall.

31	<b>GENERAL FUND</b>	<b>2017-18</b>	<b>2018-19</b>
32	All Other	\$0	\$3,700,000
33			
34	GENERAL FUND TOTAL	\$0	\$3,700,000

35 **PART M**

36 **Sec. M-1. 30-A MRSA c. 201, sub-c. 12-A** is enacted to read:

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**SUBCHAPTER 12-A**

**LEAD ABATEMENT**

**§4981. Lead abatement program**

**1. Program.** The Maine State Housing Authority shall establish and administer a program that provides assistance, including grants, for the abatement of lead paint hazards in residential housing, referred to in this subchapter as "the program." Program funds may be used to match federal funds available for lead abatement. The program is subject to the following conditions.

A. The Maine State Housing Authority shall establish eligibility standards for participation in the program, including, but not limited to, the following.

(1) Housing units or housing projects consisting of households with incomes up to 100% of the area median income as established by the United States Department of Housing and Urban Development, whether the housing is owned by an individual or a for-profit or nonprofit entity, are eligible.

(2) Annual rent for a housing unit or housing project receiving project funds may not exceed 30% of the area median income as established by the United States Department of Housing and Urban Development for 4 years after completion of the abatement work.

(3) Housing that serves as a child care location for children under 6 years of age is eligible as long as the owner has an annual income at or below 100% of the area median income as established by the United States Department of Housing and Urban Development.

The Maine State Housing Authority may adopt the eligibility standards pursuant to this paragraph by routine technical rule as described in Title 5, chapter 375, subchapter 2-A.

B. All lead abatement performed pursuant to the program must comply with industry standards for lead abatement, including pre-abatement inspection and post-abatement inspection of the housing and other standards established by the Department of Environmental Protection. If the pre-abatement inspection identifies the presence of lead in or on the windows, replacement of those windows must be recommended.

C. An owner of housing that receives lead abatement assistance under the program shall pay a portion of the abatement costs as follows:

(1) At least 10% of the costs of abatement; or

(2) At least 25% of the costs of abatement if a child who is a resident of, or who receives child care services in, the housing has been determined to have lead poisoning, as defined in Title 22, section 1315, subsection 5-C.

Priority for program funds must be given to abatement projects for housing in which a child who has been determined to have lead poisoning, as defined in Title 22, section 1315, subsection 5-C, resides.

1           **2. Lead Abatement Fund.** The Lead Abatement Fund, referred to in this subchapter  
2 as "the fund," is established under the jurisdiction and control of the Maine State Housing  
3 Authority. The fund is nonlapsing and must be used to fund the program. The fund  
4 consists of funds appropriated or allocated by the Legislature for the purpose of this  
5 section and other funds acquired by the Maine State Housing Authority to accomplish the  
6 purpose of the program.

7           **Sec. M-2. Appropriations and allocations.** The following appropriations and  
8 allocations are made.

9           **HOUSING AUTHORITY, MAINE STATE**

10          **Lead Abatement Fund N261**

11 Initiative: Allocates one-time funds to provide grants for the abatement of lead paint  
12 hazards in residential housing and for the cost of establishing and administering the lead  
13 abatement program.

14	<b>FUND FOR A HEALTHY MAINE</b>	<b>2017-18</b>	<b>2018-19</b>
15	All Other	\$0	\$4,000,000
16			
17	FUND FOR A HEALTHY MAINE TOTAL	————— \$0	————— \$4,000,000

18                                           **PART N**

19           **Sec. N-1. Ongoing funding.** During the First Regular Session of the 129th  
20 Legislature, the joint standing committee of the Legislature having jurisdiction over  
21 health and human services matters may report out legislation to provide ongoing funding  
22 for school-based health centers.

23           **Sec. N-2. Appropriations and allocations.** The following appropriations and  
24 allocations are made.

25          **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

26          **Maine Center for Disease Control and Prevention 0143**

27 Initiative: Restores funding on a one-time basis to the State's school-based health centers  
28 to the level of funding provided in fiscal year 2016-17.

29	<b>FUND FOR A HEALTHY MAINE</b>	<b>2017-18</b>	<b>2018-19</b>
30	All Other	\$0	\$600,000
31			
32	FUND FOR A HEALTHY MAINE TOTAL	————— \$0	————— \$600,000

33           **Emergency clause.** In view of the emergency cited in the preamble, this  
34 legislation takes effect when approved.'

**SUMMARY**

This amendment replaces the bill, which was an emergency concept draft, to make various appropriations and allocations necessary for the proper operations of State Government.

Part A provides funding to the Department of Health and Human Services to add 50 members a month, beginning October 1, 2018, from the waiting list for community-based services provided under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

Part B requires the Department of Health and Human Services to base a nursing facility’s base year, for state fiscal years beginning on or after July 1, 2019, on the most recent cost reports available; any rebasing may not result in a reimbursement rate that is lower than that in effect on June 30, 2018. It also requires the department to amend its rules to increase rates for adult family care services, adult day services, homemaker services, nursing facilities and residential care facilities, specifies the amount of the rate increases, requires future cost-of-living increases and provides funding to the department for the rate increases. Part B requires the cost-of-living increases to continue for adult family care services, adult day services and homemaker services until the completion of a rate study conducted by a 3rd party. Part B also establishes the Commission To Study Long-term Care Workforce Issues.

Part C provides funding to the Department of Health and Human Services and to the General Purpose Aid for Local Schools program within the Department of Education in fiscal year 2018-19 to establish reimbursement rates and increase existing reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the Department of Health and Human Services by Burns & Associates, Inc.

Part D provides funding to the Department of Health and Human Services to increase certain reimbursement rates effective July 1, 2018 to reflect a 2% increase over rates in fiscal year 2008-09.

Part E provides funding to the Department of Health and Human Services for a 15% rate increase for the medication management services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services.

Part F addresses the opiate crisis in Maine by:

1. Allowing funds from property forfeited pursuant to a criminal forfeiture action to be assigned by the court, upon the request of the investigating or prosecuting agency, to a law enforcement agency in this State that provides case management and other social services to persons with substance use disorders;

2. Adding in the Maine Criminal Code new variants of aggravated trafficking of scheduled drugs that include trafficking in scheduled drugs when the trafficked scheduled

1 drug was a contributing factor in the death of another person, a Class A crime, or serious  
2 bodily injury of another person, a Class B crime;

3 3. Clarifying that the Class B crimes of aggravated furnishing of scheduled drugs and  
4 aggravated trafficking or furnishing of counterfeit drugs are for the death of another  
5 person, whose death was caused by a drug furnished by the defendant;

6 4. Making aggravated trafficking in fentanyl powder a Class A crime; and

7 5. Requiring the Department of Health and Human Services to provide an annual  
8 report to the joint standing committee of the Legislature having jurisdiction over health  
9 and human services matters regarding the Controlled Substances Prescription Monitoring  
10 Program, including the number of prescribers participating and trends in prescription  
11 practices.

12 Part G requires the Department of Health and Human Services to support a hub-and-  
13 spoke system for the treatment and recovery for those with substance use disorder. It  
14 requires that the department must assess opportunities for federal funding and provide  
15 grants for training when funding is available. It requires the department to support the  
16 development of a plan to create a statewide resource and referral center for substance use  
17 disorder treatment that uses the 211 Maine service and links it with comprehensive  
18 statewide information on available treatment and recovery resources. It requires a report  
19 from the department to the joint standing committee of the Legislature having jurisdiction  
20 over health and human services matters by February 1, 2019. It includes an  
21 appropriations and allocations section.

22 Part H provides one-time additional funding for the provision of assisted living  
23 services at facilities currently operating at a loss, including, but not limited to, facilities in  
24 Bangor, Millinocket, Camden and Sanford. It directs the Department of Health and  
25 Human Services to conduct a review of possible ways to stabilize funding for affordable  
26 assisted living facilities that contract with the office of aging and disability services  
27 within the Department of Health and Human Services, including permanent increases to  
28 existing funding levels, paying the medical costs of certain residents until they are  
29 eligible for MaineCare coverage, a practice known as Rate Code 53 spending, and  
30 designating facilities as private nonmedical institutions. It directs the department to report  
31 back with its recommendations to the joint standing committee of the Legislature having  
32 jurisdiction over health and human services matters by January 11, 2019.

33 Part I requires the Department of Health and Human Services to increase  
34 reimbursement rates for multisystemic therapy, multisystemic therapy for problem  
35 sexualized behavior and functional family therapy by 20% until June 30, 2019. It  
36 requires the department to contract for a 3rd-party rate study of the reimbursement rates  
37 for those therapies, including developing a rate set on a per case per week basis rather  
38 than the current 15-minute increments. The rate study must also take into account the  
39 costs to providers of delivering the services, including additional training, and  
40 maintenance of fidelity to the treatment models. The rate study must be completed no  
41 later than December 1, 2018. The department must submit a report on the results of the  
42 study to the joint standing committee of the Legislature having jurisdiction over health  
43 and human services matters no later than January 30, 2019. The department is authorized  
44 to implement new rates through rulemaking as long as the rates are no lower than those  
45 that exist on April 1, 2018 and the rates are approved by the federal Department of Health

1 and Human Services, Centers for Medicare and Medicaid Services. It also adds an  
2 appropriations and allocations section.

3 Part J provides additional funding for the Judicial Department to establish a new drug  
4 court in the State for up to 30 participants or to expand by up to 30 the number of  
5 participants served by existing drug courts in the State pursuant to the Maine Revised  
6 Statutes, Title 4, section 421. It also provides funding for the case management and  
7 ancillary services provided to drug court participants by the office of substance abuse and  
8 mental health services within the Department of Health and Human Services.

9 Part K allows employees at state correctional facilities that close who have not  
10 reached their normal retirement age to retire and receive their full retirement benefit if  
11 certain conditions are met and funding is appropriated for the additional actuarial costs  
12 that result from the elimination of a reduction for retirement prior to normal retirement  
13 age.

14 Part K also requires the Commissioner of Administrative and Financial Services to  
15 provide certification of the pending closure of a state correctional facility to the Maine  
16 Public Employees Retirement System. It requires the retirement system to calculate the  
17 amount of funding necessary to pay the actuarial costs and report that information to the  
18 joint standing committee of the Legislature having jurisdiction over retirement matters. It  
19 provides that the joint standing committee may report out legislation appropriating funds  
20 for the costs set forth in the report.

21 Part L establishes the Task Force To Study and Plan for the Implementation of  
22 Maine's Early Childhood Special Education Services to examine the national trends and  
23 relevant models of governing and delivering early childhood special education systems  
24 and the short-term and long-term costs and benefits to the Department of Education's  
25 proposed plan to restructure the Child Development Services System and to make  
26 recommendations for an early childhood special education services program plan. An  
27 appropriations and allocations section is included to provide \$3,700,000 in the 2nd year  
28 of the biennium to address the Child Development Services System budgetary shortfall.

29 Part M establishes a residential housing lead abatement program administered by the  
30 Maine State Housing Authority. The purpose of the program is to provide grants to  
31 municipalities and to housing units and housing projects that meet specified eligibility  
32 standards. Priority for lead abatement projects funded by the program is given to  
33 residences occupied by children who have tested positive for lead poisoning. The  
34 program is funded by a one-time allocation of \$4,000,000 from the Fund for a Healthy  
35 Maine.

36 Part N restores funding on a one-time basis to Maine's school-based health centers to  
37 the level of funding provided in fiscal year 2016-17 and allows the joint standing  
38 committee of the Legislature having jurisdiction over health and human services matters  
39 to report out legislation to the First Regular Session of the 129th Legislature providing  
40 ongoing funding to school-based health centers.

41 **FISCAL NOTE REQUIRED**

42 **(See attached)**