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Legislative Document

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H.P. 683

House of Representatives, March 12, 2013

Resolve, Directing the Department of Health and Human Services To Reduce and Limit the Adult Developmental Services Waiting Lists by Implementing a More Efficient, Responsive and Individualized Model of Service Delivery

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

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Clerk

Presented by Representative STUCKEY of Portland. Cosponsored by Senator CRAVEN of Androscoggin and

Representatives: Speaker EVES of North Berwick, FARNSWORTH of Portland, MacDONALD of Boothbay, MALABY of Hancock, MONAGHAN-DERRIG of Cape

Elizabeth, POULIOT of Augusta, WEAVER of York, Senator: MILLETT of Cumberland.

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

Whereas, children with disabilities have an entitlement under state and federal law to receive services as needed in order to succeed in the most appropriate educational settings, but there is no entitlement to services for young adults with disabilities who exit the public school system; and

Whereas, intellectual disabilities and autism are life-long conditions requiring various degrees of support, both paid and unpaid, throughout adulthood; and

Whereas, the MaineCare program Chapter 101, Chapter II, Sections 21 and 29 are the only funding mechanisms available to support adults with intellectual disabilities and autism in Maine; and

Whereas, waiting lists for services under the MaineCare program Chapter 101, Chapter II, Sections 21 and 29 have grown dramatically so that approximately 1,000 Maine citizens are on these waiting lists, a situation that is unacceptable and demands a solution; and

Whereas, the individuals on the waiting lists are in danger of losing skills every day they go without services, and their families experience stress, economic hardship and other pressures associated with caring for adult family members; and

Whereas, the Maine Coalition for Housing and Quality Services formed in May 2006 has developed a white paper describing a model of service designed to streamline and improve services and this white paper has been generally supported by the Department of Health and Human Services and a stakeholder working group formed pursuant to Public Law 2011, chapter 477, Part W; 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

Sec. 1. Department of Health and Human Services directed to request approval to amend the MaineCare program Chapter 101, Chapter II, Sections 21 and 29 waivers to permit reimbursement for the use of appropriate technology. Resolved: That the Department of Health and Human Services shall request approval from the federal Centers for Medicare and Medicaid Services to amend the waivers for the MaineCare program Chapter 101, Chapter II, Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder, and Section 29, Support Benefits for Adults with Intellectual Disabilities or Autistic Disorder, to permit the reimbursement for use of appropriate electronic technology as a means of reducing the costs of supporting people currently being served. Appropriate use of technology includes, but is not limited to, increasing independence and reducing reliance on staff during overnight hours. The department shall submit the application for both waivers by July 1, 2013; and be it further

Sec. 2. Rulemaking to implement technology updates. Resolved: That, upon the approval of the amended waivers by the federal Centers for Medicare and Medicaid Services pursuant to section 1, the Department of Health and Human Services shall undertake rulemaking to amend the rules on the MaineCare program in Chapter 101, Chapter II, Sections 21 and 29 to add electronic technology. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A; and be it further

- Sec. 3. Department of Health and Human Services directed to amend the Section 29 waiver to add home support services. Resolved: That the Department of Health and Human Services shall request approval from the federal Centers for Medicare and Medicaid Services to amend the waiver for the MaineCare program Chapter 101, Chapter II, Section 29 to add as a covered service home support as an option under the current service cap. Home support is a direct support provided to a member in the member's home by a direct support professional to improve and maintain the member's ability to live as independently as possible in that member's own home and primarily consists of personal assistance, such as preparing meals, cleaning and personal care. The department shall submit the application for the waiver by October 1, 2013; and be it further
- **Sec. 4. Rulemaking to implement home support services. Resolved:** That, upon approval of the waiver by the federal Centers for Medicare and Medicaid Services pursuant to section 3, the Department of Health and Human Services shall undertake rulemaking to amend the rules on the MaineCare program in Chapter 101, Chapter II, Section 29 to add home support services as a covered service. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A; and be it further
- Sec. 5. Savings generated by electronic technology and home support services. Resolved: That savings generated by the use of electronic technology and home supports, particularly in preventing the need for individuals who are to receive services under the MaineCare program Chapter 101, Chapter II, Section 29 from requiring residential services under Section 21, must be used to serve additional people currently on the waiting list for these waiver programs; and be it further
- Sec. 6. Implementation of adult developmental services working group interim recommendations. Resolved: That the Department of Health and Human Services shall report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Appropriations and Financial Affairs by June 1, 2013 describing the status of the implementation of recommendations from interim reports by the adult developmental services working group formed pursuant to Public Law 2011, chapter 477, Part W, section 1. The department shall incorporate the following recommendations from the adult developmental services working group for individuals with intellectual disabilities and autism into a plan:
- 1. Each person will receive a strength-based standardized individualized assessment of that person's strengths or needs to inform a person-centered plan;

- 2. Each person will be assessed for the natural family and community support networks potentially available to that person;
- 3. The State will establish a broad menu option model designed to match the amount and kind of paid support services needed by each individual;
- 4. Each person will have a designated community resource assistant whose job it is to help individuals at any age navigate the local array of services;
 - 5. The State will develop a thorough and accessible information repository;
- 6. The State will establish early support and planning for steps to transition individuals from childhood services to adult services;
- 7. The State will undertake educational efforts in each neighborhood to educate and foster inclusiveness and awareness of the community;
 - 8. The State's developmental services will deliver only the paid services needed; and
- 9. Formal services will be based on individual and realistic needs.

The department shall develop a plan with clear steps and a timeline with a goal that current and future waiting lists do not exceed 6 months. The Joint Standing Committee on Health and Human Services is authorized to report out legislation to the Second Regular Session of the 126th Legislature pursuant to this section.

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

20 SUMMARY

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This resolve requires the Department of Health and Human Services to request approval from the federal Centers for Medicare and Medicaid Services to amend the MaineCare waivers for Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder, and Section 29, Support Benefits for Adults with Intellectual Disabilities or Autistic Disorder, to permit the reimbursement for the use of appropriate electronic technology as a means of reducing the costs of supporting people currently being served. It also requires the department to apply to the Centers for Medicare and Medicaid Services to amend the Section 29 waiver to add as a covered service home support as an option under the current service cap. Home support is direct support provided to a member in the member's home by a direct support professional to improve and maintain the member's ability to live as independently as possible in the member's own home and primarily consists of personal assistance, such as preparing meals, cleaning and personal care. Upon the granting of the amended waivers, the department is required to undertake rulemaking to amend the Section 21 and 29 rules to reflect the changes in the waiver. Any savings from the use of electronic technology and the provision of home support services must be used to serve additional people on Sections 21 and 29 waiting lists.

The resolve also requires the Department of Health and Human Services to report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Appropriations and Financial Affairs on the status of the recommendations of the adult developmental services working group formed pursuant to Public Law 2011, chapter 477, Part W, section 1. The department is required to develop a plan to incorporate the recommendations of the working group, including specific steps and a timeline with a goal that current and future waiting lists do not exceed 6 months.