130th MAINE LEGISLATURE

FIRST SPECIAL SESSION-2021

Legislative Document **No. 1649**

S.P. 536 In Senate, May 5, 2021

An Act To Make the Shared Living Program Accessible for Persons with Intellectual Disabilities or Autism

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Received by the Secretary of the Senate on May 3, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator LIBBY of Androscoggin.
Cosponsored by Representative TEPLER of Topsham.

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

2   **Sec. 1. 34-B MRSA §5001, sub-§5-A** is enacted to read:

3   <u>**5-A. Shared living residence.**</u> <u>"Shared living residence" means a residence in which</u>
4 <u>services are provided to a person with intellectual disabilities or autism by an individual</u>
5 <u>with whom the person shares the residence and who has entered into a contract with the</u>
6 <u>department to provide services to the person.</u>

7   **Sec. 2. 34-B MRSA §5437, first ¶,** as amended by PL 2011, c. 542, Pt. A, §101,
8 is further amended to read:

9   The department shall establish a contingency fund for use by community-based
10 intermediate care facilities for persons with intellectual disabilities or autism<u>, shared living</u>
11 <u>residences</u> and department clients residing in licensed boarding and foster homes or
12 intermediate care facilities or participating in appropriate day treatment programs. This
13 fund must be used in accordance with the following provisions.

14   **Sec. 3. 34-B MRSA §5437, sub-§3, ¶B,** as enacted by PL 1985, c. 486, §2, is
15 amended to read:

16   B.   Payment for special client needs, such as eyeglasses and wheelchairs and
17   nonreimbursable medications; ~~or~~

18   **Sec. 4. 34-B MRSA §5437, sub-§3, ¶C,** as enacted by PL 1985, c. 486, §2, is
19 amended to read:

20   C. Payment for special staff needs to ensure appropriate client treatment~~.~~<u>; or</u>

21   **Sec. 5. 34-B MRSA §5437, sub-§3, ¶D** is enacted to read:

22   <u>D. Payment for home accessibility adaptations to shared living residences, regardless</u>
23   <u>of who owns or rents the residence.</u>

24   **Sec. 6. 34-B MRSA §5438,** as amended by PL 2011, c. 542, Pt. A, §103, is further
25 amended to read:

26 **§5438.   Services for adults with diagnoses of intellectual disabilities or other**
27   **developmental disabilities**

28   To the extent possible using available resources, the department shall provide adults
29 with diagnoses of intellectual disabilities and other developmental disabilities choices from
30 among an array of supports and services, including but not limited to: employment
31 supports, personal supports, <u>home accessibility adaptations,</u> day programs and residential
32 services. The department shall pursue appropriate resources for the supports and services
33 needed by adults covered under this chapter.

34   **Sec. 7. Shared living program working group.** The Department of Health and
35 Human Services shall convene a working group to review the department's shared living
36 program for persons with intellectual disabilities or autism and evaluate whether to modify
37 the program to provide different stipend rates to shared living providers based on the needs
38 of the person served. The working group must include a person with intellectual disabilities
39 or autism. The department shall report the findings of the working group to the Joint
40 Standing Committee on Health and Human Services by December 1, 2021.

| 1 | **SUMMARY** |

This bill authorizes payment from the Department of Health and Human Services community-based services contingency fund for home accessibility adaptations to shared living residences. It also requires the department to evaluate whether to modify the shared living program for persons with intellectual disabilities or autism to provide different stipend rates to shared living providers based on the needs of the persons served.