



# 130th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2021

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Legislative Document

No. 632

S.P. 246

In Senate, March 3, 2021

**An Act To Facilitate the Conversion of Children's Private  
Nonmedical Institutions to Qualified Residential Treatment  
Programs as Required by Federal Law**

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Received by the Secretary of the Senate on March 1, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed.

A handwritten signature in black ink, appearing to read "D M Grant".

DAREK M. GRANT  
Secretary of the Senate

Presented by Senator CLAXTON of Androscoggin.

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

2               **Sec. 1. 22 MRSA §4002, sub-§6-B** is enacted to read:

3               **6-B. Qualified professional.** "Qualified professional" means a qualified individual  
4 as defined in the federal Bipartisan Budget Act of 2018, Public Law 115-123, Division E,  
5 Title VII (2018), known as the Family First Prevention Services Act.

6               **Sec. 2. 22 MRSA §4002, sub-§6-C** is enacted to read:

7               **6-C. Qualified residential treatment program.** "Qualified residential treatment  
8 program" means a program within a licensed children's residential care facility as defined  
9 in section 8101, subsection 4 that provides continuous 24-hour care and supportive services  
10 to children in a residential nonfamily home setting that:

11               A. Uses a trauma-informed treatment model that is designed to address the clinical and  
12 other needs of children with serious emotional and behavioral disorders or  
13 disturbances;

14               B. Implements a specific treatment recommended in a needs assessment completed by  
15 a qualified professional;

16               C. Employs registered or licensed nursing staff and other licensed clinical staff who  
17 are:

18                       (1) On site according to the treatment model used pursuant to paragraph A and  
19 during business hours; and

20                       (2) Available 7 days a week on a 24-hour basis;

21               D. Appropriately facilitates outreach to family members and integrates those family  
22 members into the treatment of children;

23               E. Provides discharge planning for children;

24               F. Is licensed by the department in accordance with the United States Social Security  
25 Act, Section 471(a)(10); and

26               G. Is accredited by an independent nonprofit organization approved by the department.

27               **Sec. 3. 22 MRSA §4061, sub-§1**, as amended by PL 1983, c. 354, §6, is further  
28 amended to read:

29               **1. Department.** The department shall care for a child ordered into its custody in  
30 licensed or approved family foster homes, in other residential child care facilities, including  
31 a qualified residential treatment program, or in other living arrangements as appropriate to  
32 meet the child's individual needs.

33               **Sec. 4. 22 MRSA §4066, sub-§6**, as enacted by PL 1997, c. 322, §1, is amended to  
34 read:

35               **6. Out-of-state placement.** The number of children in the care and custody of the  
36 department placed out-of-state for hospitalization and residential care and the costs for  
37 each; ~~and~~

38               **Sec. 5. 22 MRSA §4066, sub-§6-A** is enacted to read:

**6-A. Compliance with federal law.** An assessment of the State's compliance with the federal Bipartisan Budget Act of 2018, Public Law 115-123, Division E, Title VII (2018), known as the Family First Prevention Services Act; and

**Sec. 6. Department of Health and Human Services to develop a plan for compliance with federal law.** The Department of Health and Human Services shall develop a plan for conversion of children's private nonmedical institutions to qualified residential treatment programs so that the State complies with the requirements of the federal Bipartisan Budget Act of 2018, Public Law 115-123, Division E, Title VII (2018), known as the Family First Prevention Services Act. The department shall establish the requirements, timelines and estimated costs for children's private nonmedical institutions licensed on the effective date of this Act to convert to qualified residential treatment programs. The department shall establish a method of providing financial resources to children's private nonmedical institutions to pay for the costs of conversion. The plan must include how those resources will be acquired, including, but not limited to, requests to the Legislature for appropriation, grant funding and reallocating resources within the department.

**Sec. 7. Waiver authorization.** If the Department of Health and Human Services is unable to meet the deadlines required by the federal Bipartisan Budget Act of 2018, Public Law 115-123, Division E, Title VII (2018), known as the Family First Prevention Services Act, the department is authorized to apply for any waivers or extensions necessary from the United States Department of Health and Human Services.

## SUMMARY

This bill requires the Department of Health and Human Services to develop a plan for converting children's private nonmedical institutions to qualified residential treatment programs as required by the federal Family First Prevention Services Act. The department must establish requirements, timelines and costs for the children's private nonmedical institutions for converting to qualified residential treatment programs. It also requires the department to establish a method of providing financial resources to those institutions for converting. The bill also adds definitions for "qualified professional" and "qualified residential treatment program" in the Child and Family Services and Child Protection Act and requires the annual report to the Legislature submitted pursuant to that Act to include an assessment of compliance with the federal Family First Prevention Services Act.