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Testimony of
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Before the Joint Standing Committee on Health and Human Services
LD 632 – An Act to Facilitate the Conversion of Children’s Private Nonmedical Institutions to
Qualified Residential Treatment Programs as Required by Federal Law

Hearing Date: March 18, 2021

Good afternoon Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

I am Todd Landry, Director of the Office of Child and Family Services (OCFS) within the Department of Health and Human Services and I am here today to testify in opposition to LD 632 – An Act to Facilitate the Conversion of Children’s Private Nonmedical Institutions to Qualified Residential Treatment Programs as Required by Federal Law. This bill would require the Department to develop a plan to convert Private Nonmedical Institutions (PNMIs) to Qualified Residential Treatment Programs (QRTPs), as well as requiring the Department to provide financial resources to providers that are converting. The bill would also add definitions of “qualified professional” and “qualified residential treatment program” to the statute.

The qualification of PNMI providers as QRTPs is an essential part of the work already underway within OCFS to implement Family First. I want to make clear though, that PNMI providers are not converting from PNMIs to QRTP. They will remain PNMIs while meeting the federal definition for a QRTP, thereby allowing the State to receive available federal Title IV-E reimbursement for the costs associated with children in state custody receiving treatment in these facilities.

Over the last year OCFS has provided significant technical and fiscal support to providers as they have sought to meet the requirements for QRTPs outlined in federal law. This work has been a part of OCFS’ plan to implement Family First and providers (including PNMI providers) have been a part of the planning and implementation of this requirement since last spring. OCFS has clearly outlined for providers the expectations, provided a readiness tool, and convened meetings of a QRTP stakeholder workgroup. More information is available on our website: <https://www.maine.gov/dhhs/ocfs/family-first-act/qualified-residential-treatment-program.shtml>.

Currently there are 10 PNMI providers in Maine. Using Family First Transition Grant funding, OCFS has agreed to provide reimbursement to providers for some of the fees associated with attaining accreditation and OCFS plans to fund the cost of fingerprint-based background checks for PNMI staff (both of these are a requirement for QRTP status) for the first year. OCFS has

allocated \$700,000 in Family First Transition Grant funding for this work. OCFS has also partnered with MaineCare to ensure the PNMI rate study which is currently underway incorporates the QRTP requirements into the rate study to ensure an accurate rate review for PNMI services moving forward. Throughout this process stakeholders in the QRTP stakeholder group convened by the Department have met frequently to collaborate on the process for ensuring all Maine providers are able to attain QRTP status.

As you consider LD 632 we wanted you to be aware of the significant work that has already occurred and will occur over the coming months. We do not believe LD 632 is necessary given the work already underway. Thank you for the opportunity to testify before you today. I'm happy to answer any questions you may have.