

§15003. Responsibilities of the departments

In addition to any responsibilities otherwise provided by law, the departments have the following responsibilities. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

1. Agreements between departments. The departments shall enter into agreements that designate the department as responsible for the implementation and operation of the program and specify the other departments' respective responsibilities. The agreements must provide mechanisms for planning, developing and designating lead responsibility for each child's care and for coordinating care and supportive services.

The agreements must include memoranda of agreement that provide for clinical consultation and supervision, delivery of care, staff training and development, program development and finances. [PL 2019, c. 343, Pt. DDD, §4 (AMD).]

2. Coordination. The department is responsible for coordinating with the other departments to:

A. Establish policies and adopt rules necessary to implement the program, including, but not limited to, policies and rules that provide access to clinically appropriate care; establish eligibility standards; provide for uniform intake and assessment protocols; adopt screening tools for functional impairment pursuant to section 15001, subsection 3, paragraph D; and provide for access to information among departments. Rules regarding functional impairments must be developed and adopted by the departments through rulemaking; [PL 2019, c. 343, Pt. DDD, §5 (AMD).]

B. Develop necessary community-based residential and nonresidential resources for care and supportive services; [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

C. Provide clinically appropriate care in accordance with the memoranda of agreement executed pursuant to subsection 1, including providing all care provided under the authority of the Department of Health and Human Services through residential and nonresidential resources within the State by July 1, 2004; and [RR 2003, c. 2, §110 (COR).]

D. Monitor available care and supportive services, the extent of any unused capacity and unmet need, the need for increased capacity and the efforts and progress of the departments in addressing unmet needs. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

[PL 2019, c. 343, Pt. DDD, §5 (AMD).]

3. Medicaid rules. The department, after consultation with the Department of Corrections and the Department of Education, shall adopt rules for the provision of mental health care to children under the Medicaid program. The rules must address eligibility and reimbursement for different types of care in different settings, including management of psychiatric hospitalization. Rules in effect prior to the adoption of rules adopted pursuant to this subsection remain in effect until the effective date of the new rules.

Rules for managed care initially adopted under this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A and when first adopted must be adopted following the procedure for such rules.

[RR 2003, c. 2, §111 (COR).]

4. Statutory responsibilities; services, benefits or entitlements. Nothing in this chapter may be construed to constrain or to impair any departments of this State in carrying out statutorily mandated responsibilities to children and their families or to diminish or to alter any services, benefits or entitlements received by virtue of statutory responsibilities.

[PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

5. Fiscal management. Funds appropriated or allocated for the purposes of this chapter must be used to provide care, to administer the program, to meet departmental responsibilities and to develop

resources for children's care in this State as determined necessary through the individualized treatment planning process pursuant to section 15002, subsection 1.

A. When care is provided for a child that costs less than the amount that had been budgeted for that care from funds within the budget of the Department of Health and Human Services, the savings in funds must be reinvested to provide care to children or to develop resources for care in the State. [PL 2021, c. 676, Pt. A, §48 (AMD).]

B. The departments shall adopt fiscal information systems that record appropriations, allocations, expenditures and transfers of funds for children's care for all funding sources in a manner that separates funding for children from funding for adults. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

C. The departments shall shift children's program block grant funding toward the development of a community-based mental health system that includes developing additional community-based services and providing care and services for children who are not eligible for services under the Medicaid program. The departments shall maximize the use of federal funding, the Medicaid program and health coverage for children under the federal Balanced Budget Act of 1997, Public Law 105-133, 111 Stat. 251. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

D. The departments shall work with the Department of Administrative and Financial Services to remove barriers to allow appropriate funds, irrespective of origin or designation, to be combined to provide and to develop the care and support services needed for the program, to use General Fund money to meet needs that are not met by other funds and to leverage state funds to maximize the use of federal funding for each child, including the use of funds under the Adoption Assistance and Child Welfare Act of 1980, Title IV-E of the Social Security Act, 42 United States Code, Sections 670 to 679a (Supplement 1997) and other federal funds for care delivered to children living at home and in all types of residential placements. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

[PL 2021, c. 676, Pt. A, §48 (AMD).]

6. Management information systems. The departments shall work toward integration of management information systems to administer the program and to perform the functions provided in this subsection.

A. The management information systems must track all types of nonresidential and residential care provided for children and supportive services provided for their families; the extent of met and unmet need for care; the extent of any waiting lists used in the program; behavioral, functional and clinical information; the development of resources; and the costs of the program. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

B. Information on the care of children served through the program must be kept by treatment need, region, care provided, a child's progress and department involvement. Information on children who transfer from care out of the State to care in the State must be kept as part of the total system and must be kept separately. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

C. The departments shall work toward data collection systems that use compatible data collection tools and procedures and toward care monitoring and evaluation systems. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

[PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

7. Evaluation process. The departments shall develop an evaluation process for the program that includes:

- A. Internal quality assurance mechanisms, clinical progress and performance indicators and information on costs; [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]
- B. System capacity and unmet need for care and department progress in responding to excess capacity and unmet need for care; and [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]
- C. Auditing as required by subsection 8. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

Copies of all evaluation reports must be provided to the joint standing committee of the Legislature having jurisdiction over health and human services matters upon completion.

The department shall seek funding from grants and other outside sources for external evaluations on program effectiveness and cost effectiveness.

[PL 2019, c. 343, Pt. DDD, §6 (AMD).]

8. Audits; financial reports. The departments shall provide access to their books, records, reports, information and financial papers for federal and state audits for fiscal and programmatic purposes and shall cooperate with all requests for the purposes of auditing. Auditing must be done annually and may be retrospective as determined by the auditor. Reports resulting from audits are public information. [PL 1997, c. 790, Pt. A, §1 (NEW); PL 1997, c. 790, Pt. A, §3 (AFF).]

9. Reports. The department shall report by January 1st of each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the following matters:

- A. The operation of the program, including numbers of children and families served and their residences by county; any waiting lists; the progress of the department in implementing improvement strategies; and appeals procedures requested, held and decided, including the results of decided appeals; [PL 2021, c. 191, §1 (AMD).]
- B. Initiatives in acquiring and using federal grant funding; [PL 2021, c. 191, §1 (AMD).]
- C. Barriers to improved delivery of care to children and their families and the progress of the department in overcoming those barriers; and [PL 2021, c. 191, §1 (AMD).]
- D. The number of children served by crisis providers and the number of children who waited for the appropriate level of behavioral health treatment in a hospital emergency room during the preceding year. The department shall make a reasonable effort to obtain information from providers, including implementing a standardized system for the reporting of data. Data collected pursuant to this paragraph must protect the confidentiality of all persons involved to the same extent as otherwise required by state or federal law or rule. [PL 2021, c. 191, §1 (NEW).]

[PL 2021, c. 191, §1 (AMD).]

10. Reporting on children's crisis services.

[PL 2021, c. 191, §2 (RP).]

11. Statewide child psychiatry telehealth consultation service. The department shall, to the extent funding allows, establish a statewide child psychiatry telehealth consultation service known as the Maine Pediatric and Behavioral Health Partnership Program, referred to in this subsection as "the program," to support primary care physicians who are treating children and adolescent patients and need assistance with diagnosis, care coordination, medication management and any other necessary behavioral health questions to serve their patients. The program must include the following:

- A. Oversight by a team consisting of at least one primary care provider and one child and adolescent psychiatrist serving part-time as medical directors to provide assistance to primary care physicians with questions regarding behavioral health services when treating children and adolescents; [PL 2023, c. 339, §1 (NEW).]

B. Regional community teams that use all of the State's child and adolescent psychiatric and behavioral health resources and disseminate resources across the State to primary care physicians with child and adolescent patients; [PL 2023, c. 339, §1 (NEW).]

C. An advisory board of key stakeholders, appointed by the department. The advisory board shall meet at least 4 times a year to assist the medical directors under paragraph A and continually review and evaluate the need for the program; [PL 2023, c. 339, §1 (NEW).]

D. Working agreements with other social service and educational agencies that support primary care physicians; and [PL 2023, c. 339, §1 (NEW).]

E. A system for the appropriate collection and sharing of data as required by the relevant state and federal laws, rules and regulations and as determined appropriate by the medical directors' team under paragraph A. [PL 2023, c. 339, §1 (NEW).]

The department shall seek funding, including public and private grant funds and federal funds, to support the program.

[PL 2023, c. 339, §1 (NEW).]

SECTION HISTORY

PL 1997, c. 790, §A1 (NEW). PL 1997, c. 790, §A3 (AFF). PL 2001, c. 354, §3 (AMD). PL 2001, c. 439, §KKK1 (AMD). RR 2003, c. 2, §§110,111 (COR). PL 2003, c. 367, §1 (AMD). PL 2003, c. 689, §B6 (REV). PL 2019, c. 343, Pt. DDD, §§4-8 (AMD). PL 2021, c. 191, §§1, 2 (AMD). PL 2021, c. 676, Pt. A, §48 (AMD). PL 2023, c. 339, §1 (AMD).

The State of Maine claims a copyright in its codified statutes. If you intend to republish this material, we require that you include the following disclaimer in your publication:

All copyrights and other rights to statutory text are reserved by the State of Maine. The text included in this publication reflects changes made through the Second Regular Session of the 131st Legislature and is current through October 15, 2024. The text is subject to change without notice. It is a version that has not been officially certified by the Secretary of State. Refer to the Maine Revised Statutes Annotated and supplements for certified text.

The Office of the Revisor of Statutes also requests that you send us one copy of any statutory publication you may produce. Our goal is not to restrict publishing activity, but to keep track of who is publishing what, to identify any needless duplication and to preserve the State's copyright rights.

PLEASE NOTE: The Revisor's Office cannot perform research for or provide legal advice or interpretation of Maine law to the public. If you need legal assistance, please contact a qualified attorney.