

## FIRST REGULAR SESSION

## ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

No. 1670

S.P. 558

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In Senate, May 26, 1987

Reference to the Committee on Appropriations and Financial Affairs suggested and ordered printed.

JOY J. O'BRIEN, Secretary of the Senate Presented by Senator GAUVREAU of Androscoggin.

## STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-SEVEN

AN ACT to Establish a State Supplemental Insurance Program for Mentally Impaired Individuals.

Be it enacted by the People of the State of Maine<sup>,</sup> as follows:

Sec. 1. 22 MRSA §3174-D is enacted to read:

§3174-D. Interim assistance agreement

The department, with the approval of the Governor and on behalf of the State, may enter into an agreement with the United States Social Security Administration for the purpose of receiving reimbursement for interim assistance payments as provided by the United States Social Security Act.

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1	Sec. 2. 34-B MRSA \$1214 is enacted to read:	
2	§1214. Interim assistance payments	
 3 4 5 6	The department shall establish and maintain a nonlapsing revolving fund to provide interim assist- ance payments to Supplemental Security Income recipi- ents:	2
7 8 9 10	1. Benefits for hospitalization. Whose benefits have been terminated while they were hospitalized and who are reapplying for benefits because of their re- lease from the hospital; or	
11 12 13 14 15	2. Benefits when no longer able to work. Whose benefits have been terminated because they returned to work and who are reapplying for benefits because they have suffered a relapse and are no longer able to work.	
16 17 18 19 20	These benefits shall be provided until their Supple- mental Security Income application has been acted on. The fund shall be reimbursed, pursuant to Title 22, section 3174-D, for interim assistance payments made under this section.	
21 22 23	Sec. 3. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.	
24	<u>1987–88</u> <u>1988–89</u>	
25 26	MENTAL HEALTH AND MENTAL RE- TARDATION, DEPARTMENT OF	
27 28	Supplemental Security In- come Assistance Program	
29	All Other \$173,806 \$102,402	

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## STATEMENT OF FACT

One of the most significant problems facing mentally ill and disabled persons today is the federal policy which requires abrupt termination of all United States Supplemental Security Income benefits once a person between 21 and 65 years of age has been a patient in a state psychiatric hospital for a full month.

Without this income, the individual's ability to keep a home or an apartment in the community is jeopardized. Current mental health care policy has resulted in more frequent but shorter periods of hospitalization for mentally ill individuals than was the case 20 years ago. The result is that patients and state hospital social workers are constantly faced with the problem of finding money and locating scarce housing each time a patient is ready for release.

Patients do not have any money or a place to live when they leave the hospital. Because they have also lost their Medicaid benefits, they are even unable to pay for the medicines that help control the symptoms of their illness and prevent rehospitalization.

To summarize, current United States Supplemental Security Income policy results in a further disruption of the lives of hundreds of mentally ill and disabled persons, increased homelessness, delayed discharges, increased burdens on families and local welfare agencies, and increased likelihood that a mentally ill person will be rehospitalized.

30 This bill attempts to alleviate those problems as 31 follows.

1. This bill establishes an interim assistance payment program utilizing General Fund dollars. This program, currently allowed under United States Social Security Administration policy but not implemented in this State, will be available, upon state hospital discharge, to United States Supplemental Security Income recipients whose benefits have been terminated after a 30-day hospitalization to be used for meeting basic food, clothing and housing needs until United

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States Supplemental Security Income payments are re-1 2 sumed.

only requirement for implementation of this 3 The 4 program is written agreement between the United 5 States Social Security Administration and the State. 6 A key provision of this program is that, with prior authorization from the individual, the State is reim-7 8 bursed on a dollar-for-dollar basis the amount of as-9 sistance provided to the individual from the first retroactive payment to the individual. 10 Based on of stay provided by Augusta Mental Health In-11 length 12 stitute and Bangor Mental Health Institute, we expect 13 that this program will benefit over 160 persons.

14 The required agreement with the United States So-15 cial Security Administration will be implemented by the Department of Human Services. The Department of 16 Mental Health and Mental Retardation will administer 17 18 the program at each hospital.

19 2. This bill appropriates funds so that United 20 States Supplemental Security Income recipients will 21 continue to receive the equivalent of United States Supplemental Security Income benefits, 22 \$346 per 23 month, for a maximum of 3 months while hospitalized, 24 but only if such funds are required to maintain hous-25 ing in the community.

26 Determination of the need for these funds will be made by the hospital social worker. 27 This will avoid 28 the problem of locating scarce housing resources each 29 time a patient is ready for release.

section also provides funds so that each 30 This hospitalized United States Supplemental Security 31 In-32 come recipient will receive a \$35 monthly stipend for personal needs, such as toiletries, clothing, phone 33 calls, transportation and entertainment. 34 This is equivalent to the allowance given to a nursing home 35 36 or boarding home resident for these personal needs.

37 3. United States Supplemental Security Income 38 payments to persons over 65 years of age in Medicaid 39 certified state hospital nursing homes is \$25 a 40 month, with another \$10 added by the State; but their fellow patients between 22 and 64 years of 41 age, who

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certainly have similar personal needs, are not eligifor United States Supplemental Security Income ble payments. Approximately 25% of the patients at Au-Mental Health Institute and Bangor Mental qusta long Health Institute, about 111 patients, have had hospitalizations and have never received United States Supplemental Security Income benefits. These patients have no funds to meet personal needs and are at the mercy of informal systems and their own ingenuity for meeting these needs. This bill provides funds so that each of these patients will receive \$35 a month to meet personal needs.

Because of medical improvement or return to 4. work, approximately 130 individuals are found no 14 longer medically disabled by the State's Disability Determination Services, DDS. This number includes 33 people with mental impairments on United States Supplemental Security Income and 9 on Supplemental Security Disability Income.

illness is not unlike other chronic ill-Mental nesses in that, while there may be significant periods of good health resulting in a return to work and a finding by Disability Determination Services of "no longer impaired," there may also be relapses which impair an individual's ability to function. When this happens, a mentally ill person may not be able to work and must reapply for disability benefits.

The average time for this process is 3 months. During this period, a mentally disabled person will be in jeopardy of losing his home.

• • • • • • and the second يو العرود وي This bill appropriates funds to Disability Determination Services for interim assistance payments to individuals who were mentally impaired, then found no longer mentally impaired, but who then suffer а relapse.

36 be returned to the State on a These funds will 37 dollar-for-dollar basis through the interim assistance agreement outlined in this bill. 38

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