

MAINE STATE LEGISLATURE

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Date: 4/12/18

L.D. 1133
(Filing No. H-760)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
128TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 796, L.D. 1133, Bill, "An Act Regarding Access to Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

'Sec. 1. 34-B MRSA §1226 is enacted to read:

§1226. Resources available for patients entering residential care facilities

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Hospital" means a hospital licensed under Title 22, chapter 405 or a nonstate mental health institution as defined in section 3801, subsection 6.

B. "Patient" means a person who is 18 years of age or older, who is receiving inpatient services in a hospital for a severe and persistent mental illness as defined in section 3801, subsection 8-A and who the hospital has determined to be ready for discharge from the hospital.

C. "Residential service provider" means a facility licensed under Title 22, section 7801, subsection 1, paragraph A or A-1.

2. Application for additional services. A residential service provider may apply to the department for services in order to temporarily meet a patient's needs when the patient requires reasonable accommodations or a higher level of care for admission or readmission to the residential service provider.

If the services necessary to meet a patient's needs under this subsection are reimbursable by the MaineCare program, the department shall direct the residential service provider to first seek reimbursement from the MaineCare program. The department shall provide technical support to the residential service provider in order to determine whether MaineCare reimbursement is available.

COMMITTEE AMENDMENT

ROFS

1 The department shall adopt rules to implement this subsection. Rules adopted pursuant to
2 this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter
3 2-A.

4 **3. Repeal.** This section is repealed July 1, 2020.

5 **Sec. 2. Rulemaking.** The Department of Health and Human Services shall adopt
6 rules to implement the Maine Revised Statutes, Title 34-B, section 1226 no later than
7 January 1, 2019.

8 **Sec. 3. Report.** The Department of Health and Human Services shall report in
9 writing by January 15, 2020 to the joint standing committee of the Legislature having
10 jurisdiction over health and human services matters on the implementation of the Maine
11 Revised Statutes, Title 34-B, section 1226, including, but not limited to, the number of
12 applications received; the number of patients served; the costs of patient services
13 provided, including whether the services were reimbursable by the MaineCare program;
14 and the types of services received by patients.¹

15 **SUMMARY**

16 This amendment replaces the bill. It provides that a residential service provider may
17 apply to the Department of Health and Human Services for temporary services in order to
18 meet the needs of an adult patient who is ready for discharge from psychiatric
19 hospitalization when the patient requires reasonable accommodations or a higher level of
20 care for admission or readmission to the residential service provider's facility. It provides
21 that if the services are reimbursable by the MaineCare program, the residential service
22 provider must seek reimbursement first and it directs the department to provide the
23 residential service provider with technical support in seeking MaineCare reimbursement.
24 It directs the department to adopt rules to implement these provisions no later than
25 January 1, 2019. It directs the department to report to the joint standing committee of the
26 Legislature having jurisdiction over health and human services matters by January 15,
27 2020. It provides that these provisions are repealed July 1, 2020.

FISCAL NOTE REQUIRED
(See attached)



128th MAINE LEGISLATURE

LD 1133

LR 871(02)

An Act Regarding Access to Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization

Fiscal Note for Bill as Amended by Committee Amendment "A (H-760)"

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Current biennium cost increase - General Fund
Current biennium cost increase - Federal Expenditures Fund
Potential current biennium savings - General Fund
Potential current biennium savings - Federal Expenditures Fund

Fiscal Detail and Notes

This amendment allows a residential service provider to apply to the Department of Health and Human Services (DHHS) for time-limited services in order to meet a patient's needs when the patient requires reasonable accommodations or a higher level of care for admission or readmission to the residential service provider. It directs the DHHS to provide the residential service provider with technical support in seeking MaineCare reimbursement, when applicable. Implementing this bill will increase MaineCare costs for residential care facilities (RCF), as some members will receive additional services. However, that increase could potentially be offset by the savings that occur when moving a member to this lower cost setting from a higher cost inpatient facility. This bill will be repealed July 1, 2020, allowing the department to gather information about the cost and savings associated with these members and report back to the legislature with their findings. As it is not known precisely what services will be required, how many members will receive the services, how much sooner they are readmitted to the RCF and the associated savings achieved by moving from a higher cost inpatient facility to a lower cost RCF, a more complete estimate cannot be made at this time.

It has been estimated that 10 to 25 individuals would apply for this service in a given year, based on the experience in previous years, so the additional costs to the DHHS to receive and process the applications and report to the joint standing committee having jurisdiction over health and human services matters on the outcomes are expected to be minor and can be absorbed within existing budgeted resources.