



# 128th MAINE LEGISLATURE

LD 1133

LR 871(03)

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

**Fiscal Note for Bill as Engrossed with:**

**C "A" (H-760)**

**Committee: Health and Human Services**

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### **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 This bill will be repealed July 1, 2020, allowing the department to gather information about the cost and savings associated with these members and report back to the legislature with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.