



132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1745

H.P. 1163

House of Representatives, April 22, 2025

An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script, reading "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative GRAMLICH of Old Orchard Beach.
Cosponsored by Senator MOORE of Washington and
Representatives: BRENNAN of Portland, DEBRITO of Waterville, DUCHARME of Madison,
JAVNER of Chester, SHAGOURY of Hallowell, STOVER of Boothbay, Senator:
TIMBERLAKE of Androscoggin.

1 Be it enacted by the People of the State of Maine as follows:

2 Sec. 1. 22 MRSA §8111 is enacted to read:

3 **§8111. Closure notice requirements for children's residential care facilities**

4 After October 1, 2025, the department shall notify the joint standing committee of the
5 Legislature having jurisdiction over health and human services matters whenever a
6 children's residential care facility ceases to operate no later than 2 weeks after the facility
7 has ceased operations. The notification to the joint standing committee of the Legislature
8 having jurisdiction over health and human services matters must include information about
9 the facility, including but not limited to the name of the facility, the services provided, the
10 number of beds, the number of employees, the stated reasons for closure and a de-identified
11 summary of the transition and discharge plan for the children who were in the facility at
12 the time of closure. The notification must also include a description of any actions taken
13 by the department to prevent the closure.

14 **Sec. 2. Provider engagement and needs assessment.** The Department of Health
15 and Human Services shall convene a stakeholder group of child residential treatment
16 providers to identify the short-term and long-term staffing and resources needs to ensure
17 the sustainability of child residential treatment providers. The department shall submit a
18 report, no later than December 3, 2025, to the joint standing committee of the Legislature
19 having jurisdiction over health and human services matters with its findings, a needs
20 assessment and recommendations. The joint standing committee of the Legislature having
21 jurisdiction over health and human services matters is authorized to report out legislation
22 related to the report to the Second Regular Session of the 132nd Legislature.

23 **Sec. 3. Out-of-state and emergency department costs analysis.** The
24 Department of Health and Human Services shall assess the costs associated with children
25 and youth with long stays in hospital emergency departments and out-of-state placements
26 of children and youth with behavioral health care needs or developmental disabilities. For
27 calendar years 2023 and 2024, the department shall provide information regarding children
28 and youth with long stays in hospital emergency departments and out-of-state placements,
29 including the following:

- 30 1. The total number of children and youth impacted;
31 2. The average cost of a stay or placement; and
32 3. The total cost to the State.

33 No later than December 3, 2025, the department shall submit a report to the joint
34 standing committee of the Legislature having jurisdiction over health and human services
35 matters with the findings from the cost analysis. The joint standing committee of the
36 Legislature having jurisdiction over health and human services matters is authorized to
37 report out legislation related to the report to the Second Regular Session of the 132nd
38 Legislature.

39 **Sec. 4. Aftercare services payment model; attempts; below bachelor's**
40 **degree level qualifications.** No later than December 3, 2025, the Department of Health
41 and Human Services shall amend its rules in Chapter 101: MaineCare Benefits Manual,
42 Chapter III, Section 97, Private Non-Medical Institution Services, Appendix D to establish
43 a payment model for aftercare services attempts on a per member, per month basis. The

1 payment model must include travel costs and must require minimum standards for service
2 delivery attempts, with a maximum of 2 reimbursable unsuccessful delivery attempts per
3 case. The department shall amend the rules to allow for delivery of aftercare services by
4 staff who have qualifications below a bachelor's degree but have experience with the
5 family, as long as the family receiving the service provides consent.

6 **Sec. 5. Appropriations and allocations.** The following appropriations and
7 allocations are made.

8 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
9 **Office of Behavioral Health Z199**

10 Initiative: Provides one-time funding to establish an emergency fund to stabilize children's
11 residential care facility providers in danger of closing a facility or closing beds in a facility.

12	GENERAL FUND	2025-26	2026-27
13	All Other	\$1,000,000	\$0
14			
15	GENERAL FUND TOTAL	\$1,000,000	\$0

16 **SUMMARY**

17 This bill does the following.

18 1. It requires the Department of Health and Human Services to notify the joint standing
19 committee of the Legislature having jurisdiction over health and human services matters
20 whenever a children's residential care facility closes. The notification must include the
21 name of the facility, the services provided, the number of beds and employees and the
22 reasons for closure. The notification must be within 2 weeks of closure.

23 2. It requires the Department of Health and Human Services to convene a stakeholder
24 group of child residential treatment providers to identify the short-term and long-term
25 staffing and resources needs to ensure the sustainability of child residential treatment
26 providers and report to the joint standing committee of the Legislature having jurisdiction
27 over health and human services matters.

28 3. It requires the Department of Health and Human Services to assess the costs
29 associated with children and youth with long stays in hospital emergency departments and
30 out-of-state placements of children and youth with behavioral health care needs or
31 developmental disabilities and submit a report to the joint standing committee of the
32 Legislature having jurisdiction over health and human services matters.

33 4. It requires the Department of Health and Human Services to amend its rules in
34 Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical
35 Institution Services, Appendix D, no later than December 3, 2025, to establish a payment
36 model for aftercare services attempts on a per member, per month basis. The payment
37 model must include travel costs and require minimum standards for service delivery
38 attempts, with a maximum of 2 reimbursable unsuccessful delivery attempts per case. The
39 rules must also allow for delivery of aftercare services by staff who have qualifications
40 below a bachelor's degree but have experience with the family, as long as the family
41 provides consent.

1 5. It provides funding of \$1,000,000 to establish an emergency sustainability fund to
2 stabilize child residential treatment providers in danger of closing a facility or closing beds
3 in a facility.