



Alliance for Addiction and Mental Health Services, Maine
The unified voice for Maine's community behavioral health providers

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Testimony in Support of LD 445

"Resolve, Directing the Department of Health and Human Services to Apply for a Waiver from the Federal Government for the Medicaid Limitation on Payment to a Facility with More Than 16 Inpatient Beds for Psychiatric Treatment"

Sponsored by Senator Joseph Baldacci

March 17, 2023

Good morning Senator Baldacci, Representative Meyer, and hardworking members of the Health and Human Services Committees. My name is Malory Shaughnessy and I am the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community based mental health and substance use treatment providers, providing services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in support of LD 445, "Resolve, Directing the Department of Health and Human Services to Apply for a Waiver from the Federal Government for the Medicaid Limitation on Payment to a Facility with More Than 16 Inpatient Beds for Psychiatric Treatment." I also want to thank Senator Baldacci for presenting this bill as I know this is an issue that has many mental health advocates weighing in from differing perspectives. It is not always easy to step into the middle of such an important, and yet divided issue.

The institutions for mental diseases (IMD) exclusion has been in place in Medicaid statute since 1965. An IMD is defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs). However, Maine sought and successfully received the waiver for IMD for SUD services in 2019. This waiver, combined with the recent rate reform, is actually allowing Maine to expand its capacity to serve those with substance use disorder in residential settings.

Maine initially had sought the waiver for IMD for mental health as well, but due to the concerns expressed by many advocates with lived experience, Maine withdrew that request. The concerns by those advocates are important and compelling. There is a real fear of re-institutionalization and of expanded involuntary hospitalizations given the history of how those with mental illness or mental challenges were treated in the past.

These are valid and important concerns. The Alliance members, and I, would also never want to see what happened in the past to recur today. But that is not what is being asked for in this resolve.

The Alliance supports this waiver of Medicaid's IMD exclusion for three main reasons.

First, and quite simply, there is a need for more supported residential and in-patient beds for those with severe and persistent mental illness. There is more need than capacity.

We have all seen what happens when there are not enough inpatient beds available, people get stuck in emergency departments for days, weeks or months. Up to one-third of MaineHealth's emergency department beds have been filled by behavioral health patients waiting to receive care.

Secondly, and most importantly, the intent of this waiver is to not only seek increased physical capacity, but to also bring in additional federal matching dollars. This would infuse more dollars into our system of care. This is needed.

And thirdly, this waiver could be also used to invest further in our community based mental health care continuum, not just residential or in-patient care. When Maine sought the IMD waiver for SUD services, the application also sought state flexibility to pilot four services focused on MaineCare-enrolled parents with SUD who are involved with or at risk of involvement with Child Protective Services. The proposed pilots included testing community-based skill development, parenting interventions, bundled payments to address social determinants of health, and MaineCare eligibility changes intended to address coverage and service delivery gaps that impact the health and well-being of this target population and their families. This type of expanded community service pilot could also be sought with the mental health IMD waiver.

We need to be able to move forward with expanding our capacity for treatment, but also keep the valid concerns about any movement towards re-institutionalization forefront in our minds. We can do both of these things at the same time.

I urge you to vote Ought to Pass on LD 445. Thank you for your time and attention to this important issue. I would be happy to get you additional information for the work session.