

*131<sup>st</sup> Legislature*  
*Senate of*  
*Maine*  
*Senate District 2*

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**LD 2223, "Resolve, to Direct the Department of Health and Human Services  
to Amend Rules and Establish a Study Group Related to Funding and  
Reimbursement for Mental Health Crisis Resolution Services"**

**Joint Standing Committee on Health and Human Services  
March 5, 2024**

Senator Baldacci, Representative Meyer and Distinguished Members of the Joint Standing Committee on Health and Human Services:

I am Trey Stewart; and I represent Senate District 2, which includes several municipalities in Penobscot and Aroostook Counties. I am here today to present LD 2223, "*Resolve, to Direct the Department of Health and Human Services to Amend Rules and Establish a Study Group Related to Funding and Reimbursement for Mental Health Crisis Resolution Services.*" Please note that I am providing a small amendment to this Resolve of an expansion to the study in Section Two, which I will highlight. This language was not included in the final draft before you.

This Committee has been hearing a great deal about the need for crisis services. I hear about the need every time I am home. We are all well aware the need is growing, especially in our rural areas. We have too few crisis responders and spend too much time waiting for assistance. I understand the Department of Health and Human Services is working on changes to the rules and rates for this service, but I believe this legislation is needed to direct them to re-evaluate how these services are funded.

What I hear from providers, and what the department needs to understand, is that this service cannot be sustained when the billing is on a per encounter basis. The Department referred to this as a "Firehouse model" of crisis response. Can you imagine if we only paid for fire response on a per fire basis? Fire departments would not be able to keep staff on hand or keep the firehouse open over time.

This Resolve directs the Department of Health and Human Services to, in its rules governing reimbursement for crisis resolution services, develop a reimbursement model for those services that is designed as an annual cost reimbursement model rather than a per encounter basis model. The reimbursement model must be designed to fully cover staffing and operational costs for crisis resolution services to operate 24 hours per day, 7 days per week. The services affected by this Resolve are those services that are described by the MaineCare Benefits Manual.

We need to invest in this service in a way that will let it grow with the increasing need in all of our communities, especially since the terrible tragedy in Lewiston and the several other recent instances of crises escalating into violence in communities across the state.

This Resolve also directs the Department of Health and Human Services to establish the Crisis Resolution Services System Study Group to conduct a study to evaluate and recommend funding sources for making these changes in the reimbursement model for these crisis services.

And as you can see in the amended version of this bill, the Resolve would also direct this Study Group to discuss and develop a plan for system changes in crisis response to integrate mobile crisis response, the crisis stabilization services system, and the buildout of new crisis receiving centers, with the new Certified Community Behavioral Health Clinic model. The Department must submit a report of the study group's findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2025.

I hope you will support this legislation to build a much more sustainable and responsive crisis response system. Thank you for your time and attention.

Resolve, to Direct the Department of Health and Human Services to Amend Rules and Establish a Study Group Related to Funding and Reimbursement for Mental Health Crisis Resolution Services

L.D. 2223

**Resolve, to Direct the Department of Health and Human Services to Amend Rules and Establish a Study Group Related to Funding and Reimbursement for Mental Health Crisis Resolution Services**

**Sec. 1. Crisis resolution services reimbursement. Resolved:** That the Department of Health and Human Services, referred to in this resolve as "the department," shall, by rulemaking, develop a reimbursement model for the crisis resolution services described in rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65.05-1, Crisis Resolution Services, that is designed as an annual cost reimbursement model, not a per encounter basis model. The reimbursement model must be designed to fully cover the staffing and operational costs of any service provider covered under rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65.05-1 to operate on a 24-hours-per-day, 7-days-per-week basis.

**Sec. 2. Crisis Resolution Services System Study Group; report. Resolved:** That the department shall establish the Crisis Resolution Services System Study Group to (1) evaluate and recommend funding sources for existing and developing crisis resolution services as described in rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65.05-1, Crisis Resolution Services. Funding sources must include any combination of Medicaid reimbursement, General Fund appropriations and grant funding—, and (2) to discuss and develop a plan for system changes in crisis response to integrate mobile crisis response, the crisis stabilization services system, and the buildout of new crisis receiving centers, with the new Certified Community Behavioral Health Clinic model. The Study Group should be comprised of crisis service providers as well as OBH, OCFS, and OMS leadership.

By January 15, 2025, the department shall submit a report of the study group's findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

**SUMMARY**

This resolve directs the Department of Health and Human Services to, in its rules governing reimbursement for crisis resolution services, develop a reimbursement model for those services that is designed as an annual cost reimbursement model rather than a per encounter basis model. The reimbursement model must be designed to fully cover staffing and operational costs for crisis resolution services to operate 24 hours per day, 7 days per week. The services affected by this resolve are those services that are described by the MaineCare Benefits Manual as designed to offer immediate crisis-oriented services to an individual experiencing a crisis related to mental or behavioral health or social relationships or a crisis related to an intellectual disability, autism or related condition. Crisis resolution services also include services offered for co-occurring substance use conditions.

The resolve also directs the Department of Health and Human Services to establish the Crisis Resolution Services System Study Group to conduct a study to evaluate and recommend funding sources for crisis resolution services. The department must submit a report of the study group's findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2025.