

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND AND SEVENTEEN

—
H.P. 853 - L.D. 1231

**Resolve, To Assess the Need for Mental Health Care Services for Veterans in
Maine and To Establish a Pilot Program To Provide Case Management
Services to Veterans for Mental Health Care**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this legislation establishes a pilot program to provide case management services to provide mental health treatment to veterans; and

Whereas, this legislation transfers for use by the pilot program funds recently appropriated for the purpose of providing aid to veterans; and

Whereas, those funds may lapse before the end of the 90-day period; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

PART A

Sec. A-1. Hospitals to inquire about past military service of patients presenting for emergency care. Resolved: That, beginning no later than January 1, 2018 and until December 31, 2020, a hospital licensed under the Maine Revised Statutes, Title 22, chapter 405 shall screen all patients presenting for emergency care at the hospital's emergency department regarding whether or not the patient has prior service in the military. This information must be added into the hospital's patient data management system; and be it further

Sec. A-2. Hospitals to report data to the Commissioner of Health and Human Services. Resolved: That, from January 1, 2018 to December 31, 2020, a hospital licensed under the Maine Revised Statutes, Title 22, chapter 405 shall compile data regarding the number of patients who identified as having served in the military who reported or presented a behavioral or mental health emergency when seeking care from

the hospital emergency department, including the number who were admitted or referred for inpatient treatment for psychiatric care. The data collected in accordance with this subsection must not include information that would disclose the identity of the patient. Hospitals shall report the data to the Commissioner of Health and Human Services twice per year, for the period from January 1st to June 30th and for the period from July 1st to December 31st. The commissioner shall establish the date by which the data for each period must be reported; and be it further

Sec. A-3. Commissioner may waive screening and data collection requirement. Resolved: That the Commissioner of Health and Human Services may grant a waiver of the screening and data collection requirements of this resolve to a hospital that demonstrates that the requirements constitute an excessive burden that will substantially affect the operation of the hospital. The commissioner may not grant a waiver described under this section to more than 4 hospitals; and be it further

Sec. A-4. Obligation to screen and collect data discontinued for certain hospitals. Resolved: That, if reports submitted to the Commissioner of Health and Human Services show that a hospital, in the initial 6-month period of data collection, identified 95% or more of the patients who presented for emergency care as having prior military service by the fact that they are enrolled and receive health care benefits from the United States Department of Veterans Affairs, the hospital is no longer required to screen patients and collect data as required by this resolve; and be it further

Sec. A-5. Report required. Resolved: That the Commissioner of Health and Human Services shall work with the Director of the Bureau of Maine Veterans' Services within the Department of Defense, Veterans and Emergency Management to analyze the data submitted by hospitals in accordance with section 2 of this Part to quantify the unmet need for mental health care services, particularly inpatient mental health care services, and to identify gaps in mental health care services provided by the United States Department of Veterans Affairs. The commissioner and the director shall submit a report on the analysis to the joint standing committee of the Legislature having jurisdiction over veterans affairs no later than February 1, 2020; and be it further

Sec. A-6. Commissioner shall distribute funds to mitigate costs of compliance. Resolved: That, by July 15, 2018, the Commissioner of Health and Human Services shall distribute \$4,500 to each hospital that screened for military service and collected data in accordance with sections 2 and 3 of this Part.

PART B

Sec. B-1. Commissioner of Health and Human Services to establish pilot program to provide mental health case management services to veterans. Resolved: That, beginning January 1, 2018, the Commissioner of Health and Human Services, referred to in this Part as "the commissioner," shall establish a pilot program to provide contracted case management services to provide necessary mental health treatment to veterans who are residents of the State. Case management services must include assisting veterans in gaining a range of mental and behavioral health services, which must include inpatient mental health care services. In establishing the pilot

program, the commissioner shall consult with the Director of the Bureau of Maine Veterans' Services within the Department of Defense, Veterans and Emergency Management, referred to in this Part as "the director," to identify regions where case management services are most needed and to identify veterans seeking case management services who are enrolled with the United States Department of Veterans Affairs and those who would likely be eligible to be enrolled. The pilot program described in this section must continue until January 1, 2020 or until the funds provided in Part C are exhausted.

1. The commissioner, with the assistance of the director, shall seek to coordinate services with the United States Department of Veterans Affairs and state agencies that offer mental health care services or provide assistance to veterans.

2. The commissioner may enter into regional contracts for the purpose of ensuring a statewide network of case management that provides coordinated mental health care services for Maine veterans, including, but not limited to, inpatient treatment as clinically required.

3. The commissioner, with the assistance of the director, shall establish criteria to determine eligibility for case management services to be provided in accordance with this section. A veteran who has received a mental health diagnosis or mental health disability rating from the United States Department of Veterans Affairs must be considered eligible for case management services. A veteran who is not enrolled with the United States Department of Veterans Affairs who is determined to require mental health care services by a licensed mental health professional may be considered eligible for case management and other behavioral health services based on the individual needs of the veteran.

4. The director shall work to assist veterans receiving case management services under the pilot program who are not enrolled with the United States Department of Veterans Affairs to determine eligibility and to assist with those veterans' enrollment and with filing claims to the United States Department of Veterans Affairs.

5. Case management and mental health professionals selected to participate in the pilot program must demonstrate military and veteran cultural competency.

6. An individual who served in the United States Armed Forces and meets the federal definition of veteran or is currently serving in the Maine Army National Guard or Air National Guard or the Reserves of the United States Armed Forces is eligible. Character of discharge is not a disqualifying eligibility criterion.

7. All veterans participating in the pilot program must be accounted for in the Department of Defense, Veterans and Emergency Management, Bureau of Maine Veterans' Services and the Department of Health and Human Services data collections.

8. Upon conclusion of the pilot program, the commissioner, in consultation with the director, shall prepare a written report of the services provided and make recommendations to the joint standing committee of the Legislature having jurisdiction over veterans affairs if appropriate; and be it further

Sec. B-2. Veterans Mental Health Case Management and Services Fund. Resolved: That the Veterans Mental Health Case Management and Services Fund, referred to in this section as "the fund," is established as a dedicated, nonlapsing Other Special Revenue Funds account in the Department of Health and Human Services. The fund is administered by the commissioner for the purposes of reimbursing hospitals for the costs of screening and data collection conducted by hospitals under Part A, section 6 and to support a pilot program established pursuant to this Part; and be it further

Sec. B-3. Transfer from General Fund unappropriated surplus; Department of Health and Human Services, Veterans Mental Health Case Management and Services Fund. Resolved: That, notwithstanding any other provision of law, the State Controller shall transfer \$875,000 from the General Fund unappropriated surplus to the Veterans Mental Health Case Management and Services Fund, Other Special Revenue Funds account established under section 2 within the Department of Health and Human Services no later than June 30, 2017.

PART C

Sec. C-1. Appropriations and allocations. Resolved: That the following appropriations and allocations are made.

DEFENSE, VETERANS AND EMERGENCY MANAGEMENT, DEPARTMENT OF

Veterans Services 0110

Initiative: Reduces funding previously appropriated in Public Law 2017, chapter 2, Part A.

GENERAL FUND	2016-17	2017-18	2018-19
All Other	(\$375,000)	\$0	\$0
GENERAL FUND TOTAL	<u>(\$375,000)</u>	<u>\$0</u>	<u>\$0</u>

DEFENSE, VETERANS AND EMERGENCY MANAGEMENT, DEPARTMENT OF DEPARTMENT TOTALS	2016-17	2017-18	2018-19
GENERAL FUND	(\$375,000)	\$0	\$0
DEPARTMENT TOTAL - ALL FUNDS	<u>(\$375,000)</u>	<u>\$0</u>	<u>\$0</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Mental Health Services - Community 0121

Initiative: Deappropriates \$500,000 from the Mental Health Services - Community account to transfer funds to the Veterans Mental Health Case Management and Services Fund, Other Special Revenue Fund account.

GENERAL FUND	2016-17	2017-18	2018-19
All Other	(\$500,000)	\$0	\$0
GENERAL FUND TOTAL	<u>(\$500,000)</u>	<u>\$0</u>	<u>\$0</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS) DEPARTMENT TOTALS	2016-17	2017-18	2018-19
GENERAL FUND	(\$500,000)	\$0	\$0
DEPARTMENT TOTAL - ALL FUNDS	<u>(\$500,000)</u>	<u>\$0</u>	<u>\$0</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Veterans Mental Health Case Management and Services Fund N269

Initiative: Provides an allocation to reimburse hospitals for the costs of screening and data collection and to support a pilot program providing mental health case management and services to veterans.

OTHER SPECIAL REVENUE FUNDS	2016-17	2017-18	2018-19
All Other	\$0	\$875,000	\$0
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$875,000</u>	<u>\$0</u>

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS) DEPARTMENT TOTALS	2016-17	2017-18	2018-19
OTHER SPECIAL REVENUE FUNDS	\$0	\$875,000	\$0
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DEPARTMENT TOTAL - ALL FUNDS	\$0	\$875,000	\$0
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SECTION TOTALS	2016-17	2017-18	2018-19
GENERAL FUND	(\$875,000)	\$0	\$0
OTHER SPECIAL REVENUE FUNDS	\$0	\$875,000	\$0
SECTION TOTAL - ALL FUNDS	<u>(\$875,000)</u>	<u>\$875,000</u>	<u>\$0</u>

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.