**Resolve, To Enhance Access to Medication Management for Individuals with Serious and Persistent Mental Illness**

**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 needs to take effect before the expiration of the 90-day period because MaineCare reimbursement rates for providing medication management services are stagnant and are insufficient to enable some providers to continue to provide services; and

**Whereas,** the parameters and requirements for medication management must be reformed immediately in order to reflect the increased complexity of the demand and to sustain the availability and effectiveness of these services by providing resources and adjusting criteria; 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

**Sec.** **1.** **Department of Health and Human Services to increase MaineCare** **reimbursement for adults with serious mental illness. Resolved:** That the Department of Health and Human Services shall amend its rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65, Behavioral Health Services, to increase reimbursement rates for medication management services by 25% and to respond to the increased demand and complexity of the need for medication management services and make the following changes:

1. Provide for new rates consistent with the 25% rate increase and for subsequent adjustments to ensure that adequate resources continue to be available;

2. With stakeholder input, develop a per member, per month reimbursement rate method that covers the cost for all services provided; and

3. With stakeholder input, create 3 levels of care and reimbursement to meet the diverse needs of those receiving these services:

A. Level 3: An enhanced rate for any client involved in a progressive treatment plan, or recently released from inpatient psychiatric treatment, or forensic services at a state-run hospital;

B. Level 2: A standard rate for care that accounts for regular monitoring and updating as needed to achieve stabilization; and

C. Level 1: A lower maintenance rate for those that have achieved a very stable, consistent response and adherence to their regimen.

Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

**Sec.** **2. Appropriations and allocations.  Resolved:**  That the following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Medical Care – Payments to Providers 0147**

Initiative: Provides funding for an increase to certain rates under Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65, Behavioral Health Services, by 25%.

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| **GENERAL FUND** | **2021-22** | **2022-23** |
| All Other | $1,500,000 | $1,500,000 |
|   | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| GENERAL FUND TOTAL | $1,500,000 | $1,500,000 |

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| **FEDERAL EXPENDITURES FUND** | **2021-22** | **2022-23** |
| All Other | $2,700,000 | $2,700,000 |
|   | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| FEDERAL EXPENDITURES FUND TOTAL | $2,700,000 | $2,700,000 |

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

**SUMMARY**

This resolve provides for a 25% rate increase for the medication management services provided under Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65, Behavioral Health Services, and requires the department to amend its rules governing medication management services to respond to the increased demand and complexity of the need.

The resolve also includes an appropriations and allocations section to reflect the cost of these changes.