1	L.D. 1461			
2	Date: (Filing No. S-			
3	Reproduced and distributed under the direction of the Secretary of the Senate.			
4	STATE OF MAINE			
5	SENATE			
6	129TH LEGISLATURE			
7	FIRST REGULAR SESSION			
8 9 10	SENATE AMENDMENT " " to COMMITTEE AMENDMENT "A" to S.P. 446, L.D. 1461, Bill, "An Act To Support Early Intervention and Treatment of Mental Health Disorders"			
11 12	Amend the amendment by striking out everything after the title and before the last indented paragraph and inserting the following:			
13	'Amend the bill by striking out all of section 1 and inserting the following:			
14	'Sec. 1. 22 MRSA §3174-CCC is enacted to read:			
15	§3174-CCC. Coordinated specialty care reimbursement			
16 17	1. <b>Definitions.</b> As used in this section, unless the context otherwise indicates, the following terms have the following meanings.			
18 19 20 21	A. "Coordinated specialty care" means an evidence-based recovery-oriented treatment model for individuals in the early years of a psychotic disorder that promotes shared decision making with a team of specialists to work with an individual to develop a personalized treatment plan.			
22 23	B. "Psychotic disorder" means a diagnosis of schizophrenia spectrum disorder and other psychotic disorders or mood disorders with prominent psychotic features.			
24 25 26 27	2. Coordinated specialty care. Beginning July 1, 2020, the department shall reimburse for coordinated specialty care for the treatment of MaineCare members within the first 3 years of onset of a psychotic disorder. A MaineCare member receiving coordinated specialty care under this section must receive all of the following services:			
28 29	A. Case management to manage services to help the MaineCare member develop problem-solving skills and manage medication;			
30 31	B. Family support to give the family of the MaineCare member information and skills to support the member receiving treatment and recovery services;			
32 33	C. Psychotherapy services that teach resiliency, managing the psychotic disorder promoting wellness and developing coping skills;			
34 35	D. Medication management to determine the most effective medication and the			

- E. Support services to help a MaineCare member continue education or employment or return to education or employment; and
  - F. Peer support services to connect the MaineCare member with others who have similar experiences.
  - 3. Bundled reimbursement rate. The department, in cooperation with the Department of Education and the Department of Labor, shall establish a bundled reimbursement rate for any services identified in subsection 2, paragraphs A to F that are not otherwise covered under MaineCare. In establishing the bundled rate, the department shall consider various structures of a bundled rate model, including, but not limited to, a daily rate or a monthly rate.
  - **4. Funds.** The department may review, develop or apply for any source of funds that may be available to implement reimbursement for services under this section that are not otherwise covered under MaineCare.
  - **5. Evaluation assessment.** The department shall ensure that an organization providing coordinated specialty care provides program evaluation assessments to the department, including external ratings of fidelity to the coordinated specialty care model and reports of clinical and functional outcomes.
  - 6. Rules. The department may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.'

Amend the bill in section 2 in the first line (page 2, line 18 in L.D.) by striking out the following: "The" and inserting the following: 'No later than 90 days after the effective date of this Act, the'

Amend the bill in section 2 in the last 2 lines (page 2, lines 22 and 23 in L.D.) by striking out the following: "34-B, chapter 16. The department shall maximize coverage of services under the MaineCare program and private insurance" and inserting the following: '22, section 3174-CCC'

Amend the bill in section 3 in the 5th and 6th lines (page 2, lines 28 and 29 in L.D.) by striking out the following: "34-B, chapter 16 that are not otherwise covered by the MaineCare program or private insurance" and inserting the following: '22, section 3174-CCC that are not otherwise covered by the MaineCare program'

Amend the bill by adding after section 3 the following:

- 'Sec. 4. Bundled reimbursement rate. No later than July 1, 2020, the Department of Health and Human Services shall establish a bundled reimbursement rate for services in accordance with the Maine Revised Statutes, Title 22, section 3174-CCC.
- Sec. 5. Appropriations and allocations. The following appropriations and allocations are made.
- 38 HEALTH AND HUMAN SERVICES, DEPARTMENT OF
- 39 Medical Care Payments to Providers 0147
- Initiative: Provides appropriations to reimburse for the treatment of MaineCare members showing early signs of a psychotic disorder using a coordinated specialty care model.
  - Page 2 129LR0436(05)-1

1	GENERAL FUND	2019-20	2020-21	
2	All Other	\$0	\$307,094	
3				
4	GENERAL FUND TOTAL	\$0	\$307,094	
5	''			
6	SUMMARY			
7	This amendment amends the committee amendment	. This amendmen	t retains the	
8	emergency preamble and emergency clause and, as in the committee amendment and the			
9	bill, requires the Department of Health and Human Services to establish a reimbursement			
10	rate for a coordinated specialty care model to treat indi	•		
11	psychotic disorder. Services must be evidence-based and treat both the individual and the			
12	family. Under this amendment, the Department of Health and Human Services is			
13 14	directed, in cooperation with the Department of Education and the Department of Labor and no later than July 1, 2020, to establish a bundled rate to reimburse for services			
15	provided under the coordinated specialty care model that are not otherwise covered under			
16	the MaineCare program. This amendment moves the statutory requirements for the			
17	reimbursement to the Maine Revised Statutes, Title 22. This amendment retains the			
18	requirement that the Department of Health and Human Services apply to the United			
19	States Department of Health and Human Services, Centers for Medicare and Medicaid			
20	Services for any necessary waivers and state plan amendments and to seek federal			
21	funding under the community mental health services block grant but changes cross-			
22	references and requires that necessary applications be submitted no later than 90 days			
23	after the effective date of this legislation.			
24	The amendment also changes the appropriations and a	llocations section.		
25	FISCAL NOTE REQUI	FISCAL NOTE REQUIRED		
26	(See attached)			
27	SPONSORED BY:			
28	(Senator BREEN)			
29	COUNTY: Cumberland			