

128th MAINE LEGISLATURE

FIRST REGULAR SESSION-2017

Legislative Document No	. 1517
-	

H.P. 1041

House of Representatives, April 25, 2017

An Act To Ensure Access to Behavioral Health Services

Reference to the Committee on Health and Human Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative PERRY of Calais. Cosponsored by Senator CHIPMAN of Cumberland and Representatives: CHACE of Durham, DENNO of Cumberland, MALABY of Hancock, MARTIN of Eagle Lake, TALBOT ROSS of Portland, Senator: KATZ of Kennebec.

Be it enacted by th	e People of the State	of Maine as follows:	
Sec. 1. 5 MR	SA §12004-I, sub-§6	60-C is enacted to read:	
<u>60-C.</u>			
<u>Mental Health</u>	Behavioral Health Oversight Council	Legislative Per Diem and Expenses for Legislators/Expenses Only for Other Members	<u>34-B MRSA §3911</u>
Sec. 2. 22 MI	RSA §3195 is enacted	to read:	
§3195. Rate-settir	ng for certain MaineC	are services	
targeted case man behavioral evaluati children with cogni	agement services, cor on clinic services, reh tive impairments and f	department shall set rein nmunity support services abilitative and community functional limitations, behaviors s pursuant to this section.	s, developmental and y support services for avioral health services
A. Use actual	provider costs related to	o the services;	
B. Survey stal process; and	keholders for all servio	ces and include the stakel	nolders in this review
reasonable, tim	ely and expected verifi	generated by current ser cation processes by the de tual cost of service deliver	epartment, to calculate
conducted on neu available information	tral cost-finding princ on about actually incur	ection must be based or iples and take into accorred costs, adjusted for inf period to which the rates a	bunt the most recent lation from the period
		ed pursuant to this section subsection 1 for the fol	*
A. Direct salar	y of the provider;		
<u>B. Direct be</u> benefits:	nefits for the provide	r, including health care	and other employee
C. Direct prog	ram support for the pro	vider, including costs for	clinical supervision;
<u>D. Direct co</u> expenses;	osts, including occup	ancy, utilities, travel an	d liability insurance
E. Indirect cos	t <u>s;</u>		
F. Actual costs	for special population	s; and	
G. Actual cost	s for providing services	s in a rural setting.	

1 2 3	Payments per unit of service must be based on realistic estimates of achievable productivity targets, using information from actual provider experience and accounting for cancellations, failures to keep appointments, travel, training and education.
4 5 6	4. Rate review initiated. The department shall conduct a rate review pursuant to this section in cases of substantive changes in federal or state programs or evidence-based programs that affect the total cost of delivery of a particular MaineCare-funded service.
7	Sec. 3. 34-B MRSA c. 3, sub-c. 6 is enacted to read:
8	SUBCHAPTER 6
9	BEHAVIORAL HEALTH OVERSIGHT COUNCIL
10	§3911. Behavioral Health Oversight Council
11 12 13	1. Members. The Behavioral Health Oversight Council, as established by Title 5, section 12004-I, subsection 60-C and referred to in this subchapter as "the council," consists of the following 15 members:
14 15 16	A. The chairs of the joint standing committees of the Legislature having jurisdiction over health and human services matters, appropriations and financial affairs and criminal justice and public safety matters;
17 18 19	B. The Commissioner of Health and Human Services or the commissioner's designee, the Commissioner of Corrections or the commissioner's designee and the Commissioner of Public Safety or the commissioner's designee;
20	C. Two members appointed by the President of the Senate, including:
21 22	(1) A consumer of or an advocate for consumers of behavioral health services; and
23	(2) A representative of providers of behavioral health services:
24 25	D. Two members appointed by the Speaker of the House of Representatives, including:
26 27	(1) A consumer of or an advocate for consumers of behavioral health services; and
28	(2) A representative of providers of behavioral health services; and
29 30	E. Two members appointed by the Governor, representing the law enforcement and public safety community.
31 32	The council may appoint advisory council members who have experience and expertise in particular services under consideration.
33 34 35	2. Terms; reappointments; vacancies. A member of the council who is appointed pursuant to subsection 1 serves for a 3-year term and may be reappointed. A vacancy on the council of an appointed member must be filled by the appointing authority.

1 2 3 4	3. Chairs; meetings; staff assistance. The chairs of the joint standing committee of the Legislature having jurisdiction over health and human services matters or their designees shall serve as cochairs of the council. The council shall meet not less than 6 times a year.
5 6 7 8	The Office of Policy and Legal Analysis shall provide staff support for the operation of the council, except that this staff support is not authorized when the Legislature is in regular or special session. In addition, the council may contract for administrative, professional and clerical services if funding permits.
9 10 11 12	4. Duties. The council shall review rates pursuant to subsection 5 and advise the Commissioner of Health and Human Services, the Commissioner of Corrections and the Commissioner of Public Safety regarding the behavioral health system in the State in order to:
13	A. Increase accessibility of high-quality behavioral health services through:
14	(1) Expansion of individualized, family-centered and community-based services;
15	(2) Maximization of federal revenue to fund behavioral health services; and
16	(3) Improved administrative oversight and efficiencies; and
17	B. Aid in the development of a community system of care to:
18	(1) Alleviate hospital emergency department overcrowding;
19 20	(2) Reduce unnecessary admissions and lengths of stay in hospitals and residential treatment settings;
21 22	(3) Reduce or alleviate the need for treatment of mental health and substance use disorder within the correctional settings of state and county facilities;
23	(4) Increase availability of outpatient services; and
24	(5) Promote recovery-oriented care.
25 26 27 28 29 30 31 32 33 34	5. Review rates. Notwithstanding Title 5, chapter 375, the Department of Health and Human Services, office of substance abuse and mental health services, office of aging and disability services and Office of Child and Family Services shall submit proposals for initial rates, reductions to existing rates and any changes in elements of rate-setting under Title 22, section 3195 to the council for review. The council shall review the proposals. If the council does not recommend acceptance of a proposal, it may forward a counter-recommendation to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs. If the council forwards a recommendation to the joint standing committees shall:
35 36	A. Hold a joint public hearing on the subject of the proposed rates to receive the council's rationale for its recommendation; and
37 38 39 40	B. Not later than 90 days after the date of submission of rates by the departments to the council, make recommendations to the departments regarding the proposed rates. The departments shall incorporate recommendations of both the council and the joint standing committees when setting rates.

- 6. Reports. On or before the first Wednesday in December annually, the council
 shall submit a report to the Governor and to the joint standing committees of the
 Legislature having jurisdiction over health and human services matters and appropriations
 and financial affairs on the council's activities under this section.
- 5 Sec. 4. Behavioral Health Oversight Council first appointments, terms 6 and meeting. All appointments to the Behavioral Health Oversight Council pursuant to 7 the Maine Revised Statutes, Title 34-B, section 3911, subsection 1 must be made no later 8 than October 1, 2017.
- 9 Notwithstanding Title 34-B, section 3911, subsection 2, of the members initially appointed to the Behavioral Health Oversight Council pursuant section 3911, subsection 10 1, paragraph C, the President of the Senate shall appoint one member to serve for a 2-year 11 term and one member to serve for a 3-year term; of the members initially appointed to the 12 council pursuant to Title 34-B, section 3911, subsection 1, paragraph D, the Speaker of 13 the House shall appoint one member to serve for a 2-year term and one member to serve 14 for a 3-year term; and, of the members initially appointed to the council pursuant to Title 15 34-B, section 3911, subsection 1, paragraph E, the Governor shall appoint one member to 16 17 serve for a 2-year term and one member to serve for a 3-year term.
- The chairs of the council shall convene the first meeting of the council no later thanOctober 18, 2017.

20 Department of Health and Human Services to increase Sec. 5. 21 MaineCare rates. No later than June 1, 2018, the Department of Health and Human Services shall amend the rules in Chapter 101: MaineCare Benefits Manual, Chapter III, 22 23 Section 13, Targeted Case Management Services; Section 17, Allowances for Community Support Services; Section 23, Developmental and Behavioral Clinic Services; Section 28, 24 25 Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; Section 65, Behavioral Health Services; and 26 Section 97, Private Non-Medical Institution Services to increase reimbursement rates to 27 28 ensure a net increase in funding from fiscal year 2008-09 to fiscal year 2018-19 of 20%.

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SUMMARY

30 This bill establishes the Behavioral Health Oversight Council to review reimbursement rate-setting for certain behavioral health services provided under 31 32 MaineCare and advise the Commissioner of Health and Human Services, the Commissioner of Corrections and the Commissioner of Public Safety regarding the 33 34 behavioral health system in the State. It sets out requirements for reimbursement ratesetting to be used by the Department of Health and Human Services to determine rates for 35 36 certain behavioral health services provided under MaineCare. It directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits 37 Manual, Chapter III, Sections 13, 17, 23, 28, 65 and 97 to increase reimbursement rates 38 39 by fiscal year 2018-19 to reflect a 20% increase from rates in fiscal year 2008-09.