

- *Similar bill, LD 1461 (129th)*
 - *Unanimous OTP-A*
 - *Floor amendment*
 - *Died on adjournment*

An Act To Support Early Intervention and Treatment of Mental Health Disorders

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

Whereas, coordinated specialty care programs exist in the State that could treat more individuals suffering from psychotic disorders but lack a funding mechanism; and

Whereas, early treatment of symptoms of psychotic disorders prevent the onset of advanced mental illness and should begin as soon as possible; 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 enacted by the People of the State of Maine as follows:

Sec. 1. 34-B MRSA c. 16 is enacted to read:

CHAPTER 16

EARLY INTERVENTION FOR PSYCHOTIC DISORDERS

§ 16001. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Coordinated specialty care. "Coordinated specialty care" means an evidence-based recovery-oriented treatment model for individuals in the early years of a psychotic disorder. Coordinated specialty care promotes shared decision making with a team of specialists to work with an individual to develop a personalized treatment plan.

2. Psychotic disorder. "Psychotic disorder" means a diagnosis of schizophrenia spectrum disorder and other psychotic disorders or mood disorders with prominent psychotic features.

§ 16002. Coordinated specialty care

No later than January 1, 2020, the department, in cooperation with the Department of Education and the Department of Labor, shall establish a funding mechanism to reimburse for the treatment of individuals within the first 3 years of onset of a psychotic disorder using the coordinated specialty care model. Services provided as part of coordinated specialty care include, but are not limited to, the following:

1. Case management. Case management to manage services to help the individual develop problem solving skills and manage medication;

2. Family support and education. Family support to give the family of the individual information and skills to support the individual receiving treatment and recovery services;

3. Psychotherapy. Psychotherapy services that teach resiliency, managing the psychotic disorder, promoting wellness and developing coping skills;

4. Medication management. Medication management to determine the most effective medication and the lowest dosage to be effective;

5. Supported education and employment. Support services to help an individual continue education or employment or return to education or employment; and

6. Peer support. Peer support services to connect the individual with others who have similar experiences.

§ 16003. Evaluation

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.

§ 16004. Rulemaking

The department may adopt rules to accomplish the requirements of this chapter. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. Federal approval. The Department of Health and Human Services shall submit any necessary applications to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for waiver or state plan amendments to implement the coordinated specialty care services established under the Maine Revised Statutes, Title 34-B, chapter 16. The department shall maximize coverage of services under the MaineCare program and private insurance.

Sec. 3. Community mental health services block grant. The Department of Health and Human Services shall seek federal funding from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration through the community mental health services block grant to cover services provided pursuant to the Maine Revised Statutes, Title 34-B, chapter 16 that are not otherwise covered by the MaineCare program

or private insurance. The community mental health services block grant funding may be used in any other manner allowable under federal law to establish and support coordinated specialty care services.

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

SUMMARY

This bill requires the Department of Health and Human Services to establish a funding mechanism and reimbursement rate for the treatment of individuals showing early signs of a psychotic disorder using a coordinated specialty care model. Services must be evidence-based and treat both the individual and the family. The Department of Health and Human Services is directed to establish a funding mechanism to reimburse for the treatment of individuals in cooperation with the Department of Education and the Department of Labor. The Department of Health and Human Services is directed to apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for any necessary waivers and state plan amendments and to seek federal funding under the community mental health services block grant.

Amend the bill in section 1 in §16002 in the first paragraph in the 2nd line (page 1, line 27 in L.D.) by striking out the following: "funding mechanism" and inserting the following: 'bundled rate'

Amend the bill in section 1 in §16002 by inserting after subsection 6 the following:

The bundled rate must take into account the services identified in this section that are provided to an individual in the coordinated specialty care model in order to ensure fidelity to the model. In establishing the bundled rate, the department must consider various structures of a bundled rate model, including, but not limited to, a day rate or a monthly rate.

The department may review, develop or apply for any source of funds that may be available to implement reimbursement for the coordinated specialty care model.'

Amend the bill by inserting after section 3 the following:

‘Sec. 4. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Mental Health Services - Community Z198

Initiative: Provides appropriations to reimburse for the treatment of individuals showing early signs of a psychotic disorder using a coordinated specialty care model.

GENERAL FUND	2019-20	2020-21
All Other	\$1,210,798	\$1,210,798
GENERAL FUND TOTAL	<u>\$1,210,798</u>	<u>\$1,210,798</u>

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment, which is the unanimous report of the committee, clarifies that the department must establish a bundled rate for coordinated specialty care. It also provides that the department may review, develop or apply for any source of funds that may be available to implement reimbursement for the coordinated specialty care model. The amendment also adds an appropriations and allocations section.

FISCAL NOTE REQUIRED

(See [link](#))

Provided by OPLA

Amend the amendment by striking out everything after the title and before the last indented paragraph and inserting the following:

Amend the bill by striking out all of section 1 and inserting the following:

‘**Sec. 1. 22 MRSA §3174-CCC** is enacted to read:

§ 3174-CCC. Coordinated specialty care reimbursement

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

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.

B. "Psychotic disorder" means a diagnosis of schizophrenia spectrum disorder and other psychotic disorders or mood disorders with prominent psychotic features.

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:

A. Case management to manage services to help the MaineCare member develop problem-solving skills and manage medication;

B. Family support to give the family of the MaineCare member information and skills to support the member receiving treatment and recovery services;

C. Psychotherapy services that teach resiliency, managing the psychotic disorder, promoting wellness and developing coping skills;

D. Medication management to determine the most effective medication and the lowest dosage to be effective;

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.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

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.

GENERAL FUND	2019-20	2020-21
All Other	\$0	\$307,094
GENERAL FUND TOTAL	\$0	\$307,094

Provided by OPLA

SUMMARY

This amendment amends the committee amendment. This amendment retains the emergency preamble and emergency clause and, as in the committee amendment and the bill, requires the Department of Health and Human Services to establish a reimbursement rate for a coordinated specialty care model to treat individuals showing early signs of psychotic disorder. Services must be evidence-based and treat both the individual and the family. Under this amendment, the Department of Health and Human Services is 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 provided under the coordinated specialty care model that are not otherwise covered under the MaineCare program. This amendment moves the statutory requirements for the reimbursement to the Maine Revised Statutes, Title 22. This amendment retains the requirement that the Department of Health and Human Services apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for any necessary waivers and state plan amendments and to seek federal funding under the community mental health services block grant but changes cross-references and requires that necessary applications be submitted no later than 90 days after the effective date of this legislation.

The amendment also changes the appropriations and allocations section.

FISCAL NOTE REQUIRED

(See [link](#))