OFFICE OF POLICY AND LEGAL ANALYSIS

Date:April 14, 2021To:Joint Standing Committee on Health & Human ServicesFrom:Anna Broome, Legislative Analyst

LD 432 Resolve, To Improve Behavioral Health Care for Children

SUMMARY: This resolve requires DHHS to amend rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65 to reimburse for additional collateral contacts for children's home and community-based treatment. Those additional collateral contacts are between the child's mental health professional and parents, medical providers, psychiatric providers, residential providers, case managers and school personnel as long as the goal of the collateral contact is included in the goals of the individual treatment plan. Does not impact the maximum number of hours of collateral contacts that may be reimbursed under the rule.

ISSUES FROM TESTIMONY:

- Sponsor: standard of care requires working with others than only the child and family; need to be able to bill for coordination time.
- MDDC: Need Sec. 28 in the bill include developmental disability in addition to mental health (no collateral contacts in the rule).
- Alliance: Expand the cap on the number of hours allowed.
- DHHS: Increased utilization below the limit still likely to incur a fiscal impact.

DRAFTING AND ADDITIONAL INFORMATION:

• Current collateral contact rules. See the rules below (and also attached to DHHS testimony): Covers up to 10 hours per year of face-to-face collateral contacts. Are there collateral contacts that are not currently covered? Is the face-to-face requirement the issue? Or is the cap of 10 hours the issue?

• Sec. 28 collateral contacts. DHHS: Not currently a billable activity but BCBAs can use up to 2 hours PMPM to conduct care coordination of the member's care with other providers. The BCBA (Board Certified Behavior Analyst) may request additional units if medically necessary.

FISCAL IMPACT:

OFPR preliminary fiscal impact statement: DHHS will require GF appropriations of \$2,017 in FY 21-22 and \$4,033 in FY 22-23 for additional children's home and community based treatment collateral services. FMAP match.

Section 65 rules:

65.06-9.H. The treatment team shall:

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Meet with other service providers to plan and coordinate treatment to ensure the integration of the treatment across the member's home, school, and community and to achieve the desired outcomes and goals identified in the ITP (see collateral contacts, Section 65.06-10); and

65.06 COVERED SERVICES

65.06-10 Collateral Contacts for Children's Home and Community Based Treatment

Collateral Contact is a face-to-face contact on behalf of a member by a mental health professional to seek or share information about the member in order to achieve continuity of care, coordination of services, and the most appropriate mix of services for the member.

Discussions or meetings between staff of the same agency (or contracted agency) are considered to be collateral contacts only if such discussions are face-to-face and are part of a team meeting that includes professionals and caregivers from other agencies who are included in the development of the Individual Treatment Plan (ITP).

65.08-10 Collateral Contacts

For the purposes of Collateral contacts for Children's Home and Community Based Treatment, MaineCare reimburses only up to forty (40) units or ten (10) hours of billable face-to-face collateral contacts per member per year of service.

Through April 30, 2020, DHHS or an Authorized Entity may approve, in writing, additional collateral contact hours and/or non face-to-face collateral contacts for Multi-Systemic Therapy (MST) services consistent with the requirements of the MST model of service, as defined in 65.02-29, and for Functional Family Therapy (FFT) services consistent with the requirements of the FFT model of service, as defined in 65.02-22.

Effective May 1, 2020, reimbursement for MST, MST-PSB, and FFT services will be based on a weekly case rate. Costs for collateral contacts are incorporated into this rate of reimbursement and are not separately billable.