OFFICE OF POLICY AND LEGAL ANALYSIS

Date: May 12, 2021
To: Joint Standing Committee on Health & Human Services
From: Erin Dooling, Esq., Legislative Analyst

LD 582 An Act To Support the Fidelity and Sustainability of Assertive Community Treatment

SUMMARY: This bill is emergency legislation. It accomplishes the following:

Sec. 1-3: Amends the definition of "assertive community treatment" to align the definition with an evidence-based treatment model. The bill adds definitions of "psychiatric provider" and "medical assistant" and changes the description of the composition of the multidisciplinary teams that provide ACT.

Sec. 4: Requires DHHS to increase the MaineCare reimbursement rates for ACT under Section 17 of the rules by 25% immediately.

Sec. 5: Requires DHHS to amend its rules governing the ACT program within 6 months of the effective date of this legislation in order to:

(1) Provide for a per member, per month payment model;

- *DHHS:* Rulemaking within 6 months is not enough time to undertake a rate study to develop a PMPM rate

(2) Ensure that there are no limits placed on the duration of ACT services and that ACT services remain the point of contact for all clients eligible for ACT;

- *DHHS:* There are currently no limits on ACT; individuals receive services as long as they are medically necessary at the ACT team is generally the primary provider
- *AAMHS:* There is an "informal 5-year maximum service length"

(3) Provide for an initial authorization period of one year and no more than annually thereafter;

(4) Allow billing for services for coordinate of care during an initial engagement period of 90 days, when the recipient is temporarily admitted to a hospital or incarcerated in a jail or prison and then the recipient is making a transition to a lower level of care;

- *DHHS*: Reimbursement for services while a person is hospitalized or incarcerated faces obstacles for federal approval
- *Spurwink / AAMHS*: Following the client is integral to the fidelity to the model; may need to help recipient create a better plan to increase the intensity of service and goal would be assisted by a PMPM rate

(5) Clarify that minimum contact requirement is 3x/week on average over each year and may be face to face, through a closed door or an outreach attempt at the home or in the community;

(6) Ensure that medical eligibility to receive services reflects an evidence-based understanding of the diagnoses and circumstances in which ACT is effective.

- *DHHS*: Few diagnoses are excluded from eligibility criteria; intent is unclear
- *Spurwink / AAMHS*: ACT is evidence-based only for some diagnoses and circumstances, not all complex situations. Specifically, only for Schizophrenia and Schizoaffective Disorder, Bipolar Disorder and Major Depressive Disorder (not personality disorders, developmental disabilities or SUD alone).

Rules are routine technical.

ADDITIONAL INFORMATION REQUESTED BY COMMITTEE:

- *Submitted to the Alliance for Addiction and Mental Health Services*: How many mental health agencies have closed over the last 10 years?

FISCAL IMPACT: Preliminary fiscal impact statement (assumes 4/1/21 start date because it's emergency legislation) - $144,886 GF FY 202-21; $625,875 GF FY 21-22.