

COMMITTEE AMENDMENT "#" to H.P. 1208, L.D. 1701

1 Date: 4/6/06

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L.D. 1701 (Filing No. H-164)

Health and Human Services
Reproduced and distributed under the direction of the Clerk of the House.
STATE OF MAINE
HOUSE OF REPRESENTATIVES
122ND LEGISLATURE
SECOND REGULAR SESSION
COMMITTEE AMENDMENT 'A" to H.P. 1208, L.D. 1701, "Resolve, To Ensure the Coordination and Effectiveness in the Provision of Outpatient and Medication Management Services under Maine's Noncategorical Waiver"

12 Amend the resolve by striking out the title and substituting the following:

'Resolve, To Ensure Coordination and Effectiveness in the Provision of Services under the MaineCare Noncategorical Waiver'

Further amend the resolve by striking out everything after the title and before the summary and inserting in its place the following:

Sec. 1. Development of processes. Resolved: That the Department of Health
and Human Services shall ensure the coordination and effective provision of MaineCare
services provided to noncategorical members eligible for benefits under the Maine
Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph F, referred to in this
section as "noncategorical members," by:

Implementing a process for tracking the number of mental health treatment
sessions provided to noncategorical members for purposes of appropriate clinical
planning;

25 2. Establishing and implementing prior authorization processes to aid in ensuring
26 that a noncategorical member's remaining service availability is not exhausted within any
27 given calendar year;

3. Creating criteria for necessary clinical justification for exceeding the calendar year limit of outpatient services. The department may increase the maximum number of visits for outpatient mental health services, excluding visits for medication management, to 24 visits in a 12-month period as long as any cost associated with this increase is offset by savings from managing the utilization of this service by methods that may include prior authorization;

34 4. Developing systems to enable providers to identify the eligibility category of
35 noncategorical members, the members' enrollment dates and the members' recertification
36 dates;

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5. Developing systems for transition planning for noncategorical members who leave or become ineligible for the MaineCare program; and

6. Providing a priority reinstatement process for certain noncategorical members who have good cause for failing to recertify their eligibility or placement on the waiting list in a timely manner.

6 The department may adopt routine technical rules, as defined in Title 5, chapter 375, 7 subchapter 2-A, as needed to implement this section. '

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SUMMARY

9 This amendment changes the title of the resolve. It retains the provisions of the resolve for tracking the number of mental health treatment sessions, establishing prior 10 authorization processes and creating criteria for clinical justification for exceeding the 11 calendar year limit. It creates a cap of up to 24 visits for outpatient services excluding 12 visits for medication management, provided that any cost increase is offset by savings 13 from managing utilization through prior authorization. It directs the Department of 14 Health and Human Services to develop systems that enable providers to identify the 15 eligibility category of noncategorical members, the members' enrollment dates and the 16 17 members' recertification dates. The amendment also requires the department to develop 18 systems for transition planning for noncategorical members who for any reason leave the 19 MaineCare program. Additionally, the amendment directs the department to provide a priority reinstatement process for certain noncategorical members. 20

FISCAL NOTE REQUIRE	D
(See attached)	

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122nd MAINE LEGISLATURE

LD 1701

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Resolve, To Ensure the Coordination and Effectiveness in the Provision of Outpatient and Medication Management Services under Maine's Noncategorical Waiver

> Fiscal Note for Bill as Amended by Committee Amendment "//" Committee: Health and Human Services Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

Assumes any additional costs to the Department of Health and Human Services in implementing this bill can be absorbed by the department utilizing existing budgetary resources. Further assumes any increase in the annual cap on the number of outpatient services visits from 16 to 24 visits would only be implemented in conjunction with measures provided in the bill to offset the cost of the increase and thereby result in no net increase in costs to the MaineCare non-categorical waiver program.