

MAINE STATE LEGISLATURE

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SMC
R. of S.

Date: 6/11/19

(Filing No. S-300)

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STATE OF MAINE
SENATE
129TH LEGISLATURE
FIRST REGULAR SESSION

SENATE AMENDMENT "A" to COMMITTEE AMENDMENT "A" to S.P. 446,
L.D. 1461, Bill, "An Act To Support Early Intervention and Treatment of Mental Health
Disorders"

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;

1 E. Support services to help a MaineCare member continue education or employment
2 or return to education or employment; and

3 F. Peer support services to connect the MaineCare member with others who have
4 similar experiences.

5 **3. Bundled reimbursement rate.** The department, in cooperation with the
6 Department of Education and the Department of Labor, shall establish a bundled
7 reimbursement rate for any services identified in subsection 2, paragraphs A to F that are
8 not otherwise covered under MaineCare. In establishing the bundled rate, the department
9 shall consider various structures of a bundled rate model, including, but not limited to, a
10 daily rate or a monthly rate.

11 **4. Funds.** The department may review, develop or apply for any source of funds that
12 may be available to implement reimbursement for services under this section that are not
13 otherwise covered under MaineCare.

14 **5. Evaluation assessment.** The department shall ensure that an organization
15 providing coordinated specialty care provides program evaluation assessments to the
16 department, including external ratings of fidelity to the coordinated specialty care model
17 and reports of clinical and functional outcomes.

18 **6. Rules.** The department may adopt rules to implement this section. Rules adopted
19 pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375,
20 subchapter 2-A.'

21 Amend the bill in section 2 in the first line (page 2, line 18 in L.D.) by striking out
22 the following: "The" and inserting the following: 'No later than 90 days after the effective
23 date of this Act, the'

24 Amend the bill in section 2 in the last 2 lines (page 2, lines 22 and 23 in L.D.) by
25 striking out the following: "34-B, chapter 16. The department shall maximize coverage
26 of services under the MaineCare program and private insurance" and inserting the
27 following: '22, section 3174-CCC'

28 Amend the bill in section 3 in the 5th and 6th lines (page 2, lines 28 and 29 in L.D.)
29 by striking out the following: "34-B, chapter 16 that are not otherwise covered by the
30 MaineCare program or private insurance" and inserting the following: '22, section 3174-
31 CCC that are not otherwise covered by the MaineCare program'

32 Amend the bill by adding after section 3 the following:

33 **'Sec. 4. Bundled reimbursement rate.** No later than July 1, 2020, the
34 Department of Health and Human Services shall establish a bundled reimbursement rate
35 for services in accordance with the Maine Revised Statutes, Title 22, section 3174-CCC.

36 **Sec. 5. Appropriations and allocations.** The following appropriations and
37 allocations are made.

38 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
39 **Medical Care - Payments to Providers 0147**

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

| | | | |
|---|---------------------------|----------------|------------------|
| 1 | GENERAL FUND | 2019-20 | 2020-21 |
| 2 | All Other | \$0 | \$307,094 |
| 3 | | | |
| 4 | GENERAL FUND TOTAL | <u>\$0</u> | <u>\$307,094</u> |
| 5 | | | |

SUMMARY

7 This amendment amends the committee amendment. This amendment retains the
8 emergency preamble and emergency clause and, as in the committee amendment and the
9 bill, requires the Department of Health and Human Services to establish a reimbursement
10 rate for a coordinated specialty care model to treat individuals showing early signs of
11 psychotic disorder. Services must be evidence-based and treat both the individual and the
12 family. Under this amendment, the Department of Health and Human Services is
13 directed, in cooperation with the Department of Education and the Department of Labor
14 and no later than July 1, 2020, to establish a bundled rate to reimburse for services
15 provided under the coordinated specialty care model that are not otherwise covered under
16 the MaineCare program. This amendment moves the statutory requirements for the
17 reimbursement to the Maine Revised Statutes, Title 22. This amendment retains the
18 requirement that the Department of Health and Human Services apply to the United
19 States Department of Health and Human Services, Centers for Medicare and Medicaid
20 Services for any necessary waivers and state plan amendments and to seek federal
21 funding under the community mental health services block grant but changes cross-
22 references and requires that necessary applications be submitted no later than 90 days
23 after the effective date of this legislation.

24 The amendment also changes the appropriations and allocations section.

FISCAL NOTE REQUIRED

(See attached)

27 SPONSORED BY: 

28 (Senator BREEN)

29 COUNTY: Cumberland



129th MAINE LEGISLATURE

LD 1461

LR 436(05)

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

Fiscal Note for Senate Amendment "A" to Committee Amendment "A" (S-300)

Sponsor: Sen. Breen of Cumberland

Fiscal Note Required: Yes

Fiscal Note

| | FY 2019-20 | FY 2020-21 | Projections FY 2021-22 | Projections FY 2022-23 |
|-----------------------------------|---------------|-------------|---------------------------|---------------------------|
| Net Cost (Savings) | | | | |
| General Fund | (\$1,210,798) | (\$903,704) | (\$903,704) | (\$903,704) |
| Appropriations/Allocations | | | | |
| General Fund | (\$1,210,798) | (\$903,704) | (\$903,704) | (\$903,704) |

Fiscal Detail and Notes

The amendment changes the individuals who would be eligible for reimbursement for the treatment of individuals showing early signs of a psychotic disorder using a coordinated specialty care model from non-MaineCare to MaineCare and changes the start date of the program to July 1, 2020 which reduces the ongoing General Fund appropriations to the Department of Health and Human Services by \$1,210,798 in fiscal year 2019-20 and by \$903,704 in fiscal year 2020-21.