

MAINE STATE LEGISLATURE

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130th MAINE LEGISLATURE

FIRST REGULAR SESSION-2021

Legislative Document

No. 674

S.P. 261

In Senate, March 4, 2021

An Act To Support Early Intervention and Treatment of Psychotic Disorders

(EMERGENCY)

Received by the Secretary of the Senate on March 2, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BREEN of Cumberland.
Cosponsored by Senators: CARNEY of Cumberland, CLAXTON of Androscoggin,
Representatives: MADIGAN of Waterville, McCREIGHT of Harpswell, MEYER of Eliot,
WARREN of Hallowell.

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

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

5 **Whereas,** early treatment of symptoms of psychotic disorders helps prevent the onset
6 of advanced mental illness and should begin as soon as possible; and

7 **Whereas,** in the judgment of the Legislature, these facts create an emergency within
8 the meaning of the Constitution of Maine and require the following legislation as
9 immediately necessary for the preservation of the public peace, health and safety; now,
10 therefore,

11 **Be it enacted by the People of the State of Maine as follows:**

12 **Sec. 1. 22 MRSA §3174-FFF** is enacted to read:

13 **§3174-FFF. Coordinated specialty care reimbursement**

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

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

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

22 **2. Coordinated specialty care.** Beginning July 1, 2021, the department shall
23 reimburse for coordinated specialty care for the treatment of MaineCare members within
24 the first 3 years of onset of a psychotic disorder. A MaineCare member receiving
25 coordinated specialty care under this section must have access to all of the following
26 services:

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

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

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

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

35 E. Support services to help the MaineCare member continue education or employment
36 or return to education or employment; and

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

39 **3. Bundled reimbursement rate.** The department, in cooperation with the
40 Department of Education and the Department of Labor, shall establish a bundled
41 reimbursement rate for any services identified in subsection 2, paragraphs A to F that are
42 not otherwise covered under the MaineCare program. In establishing the bundled

1 reimbursement rate, the department shall consider various structures of a bundled
2 reimbursement rate model, including, but not limited to, a daily rate or a monthly rate.

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

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

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

13 **Sec. 2. State plan amendment or waiver.** By June 30, 2021, the Department of
14 Health and Human Services shall submit a state plan amendment or waiver under Section
15 1135 of the United States Social Security Act, Title XI to the United States Department of
16 Health and Human Services, Centers for Medicare and Medicaid Services to implement the
17 coordinated specialty care services under the Maine Revised Statutes, Title 22, section
18 3174-FFF.

19 Upon approval from the United States Department of Health and Human Services,
20 Centers for Medicare and Medicaid Services, and no later than January 1, 2022, the
21 Department of Health and Human Services, in cooperation with the Department of
22 Education and the Department of Labor, shall establish a bundled reimbursement rate for
23 coordinated specialty care services that are not otherwise covered under the MaineCare
24 program for the treatment of MaineCare members within the first 3 years of onset of a
25 psychotic disorder. In establishing the bundled reimbursement rate, the department shall
26 consider various structures of a bundled reimbursement rate model, including, but not
27 limited to, a daily rate or a monthly rate.

28 Services provided as part of coordinated specialty care include, but are not limited to,
29 the following:

30 1. Case management to manage services to help a MaineCare member develop
31 problem-solving skills and manage medication;

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

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

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

38 5. Support services to help the MaineCare member continue education or employment
39 or return to education or employment; and

40 6. Peer support services to connect the MaineCare member with others who have
41 similar experiences.

42 **Sec. 3. Community mental health services block grant.** The Department of
43 Health and Human Services shall seek federal funding from the United States Department

1 of Health and Human Services, Substance Abuse and Mental Health Services
2 Administration through the community mental health services block grant to cover services
3 provided pursuant to the Maine Revised Statutes, Title 22, section 3174-FFF that are not
4 otherwise covered by the MaineCare program. The community mental health services
5 block grant funding may be used in any other manner allowable under federal law to
6 establish and support coordinated specialty care services.

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

9 **SUMMARY**

10 This bill requires the Department of Health and Human Services to establish a
11 reimbursement rate for a coordinated specialty care model to treat individuals showing
12 early signs of psychotic disorder. Services must be evidence based and treat both the
13 individual and the family. The department is directed, in cooperation with the Department
14 of Education and the Department of Labor and no later than July 1, 2021, to establish a
15 bundled rate to reimburse for services provided under the coordinated specialty care model
16 that are not otherwise covered under the MaineCare program. The bill directs the
17 department to apply to the United States Department of Health and Human Services,
18 Centers for Medicare and Medicaid Services for a waiver or state plan amendment to
19 cooperate with the Department of Education and the Department of Labor to establish a
20 bundled reimbursement rate and to seek federal funding under the community mental
21 health services block grant.