

2016 Regular Session

HOUSE BILL NO. 1164 (Substitute for House Bill No. 497 by Representative Norton)

BY REPRESENTATIVE NORTON

MENTAL HEALTH: Creates a task force to study the delivery of integrated physical and behavioral health services for Medicaid enrollees with serious mental illness

1 AN ACT

2 To enact Chapter 8-C of Title 46 of the Louisiana Revised Statutes of 1950, to be comprised  
3 of R.S. 46:979.11 through 979.15, relative to the Medicaid services for enrollees  
4 with serious mental illness; to create a task force to study the delivery of integrated  
5 physical and behavioral health services in Louisiana; to require the task force to  
6 study the feasibility and desirability of implementing a health home option for  
7 persons with serious mental illness; to provide for definitions; to provide for  
8 legislative findings; to provide for membership, compensation, meetings, and  
9 domicile of the task force; to provide for powers and duties of the task force; to  
10 require an annual report to the legislature; to provide for a termination date; to  
11 provide for an effective date; and to provide for related matters.

12 Be it enacted by the Legislature of Louisiana:

13 Section 1. Chapter 8-C of Title 46 of the Louisiana Revised Statutes of 1950,  
14 comprised of R.S. 46:979.11 through 979.15, is hereby enacted to read as follows:

15 CHAPTER 8-C. HEALTHCARE FOR MEDICAID ENROLLEES

16 WITH SERIOUS MENTAL ILLNESS

17 §979.11. Definitions

18 As used in this Chapter, the following terms have the meaning ascribed to  
19 them in this Section:

20 (1) "ACA" and "Affordable Care Act" mean the following acts of congress,  
21 collectively:

1           (a) The Patient Protection and Affordable Care Act, which originated as H.R.  
2           3590 in the One Hundred Eleventh United States Congress and became Public Law  
3           111-148.

4           (b) The Health Care and Education Reconciliation Act, which originated as  
5           H.R. 4872 in the One Hundred Eleventh United States Congress and became Public  
6           Law 111-152.

7           (2) "Centers for Medicare and Medicaid Services" means the division of the  
8           United States Department of Health and Human Services which administers and  
9           regulates the Medicaid program.

10          (3) "Department" means the Department of Health and Hospitals.

11          (4) "Medicaid" and "medical assistance program" mean the medical  
12          assistance program provided for in Title XIX of the Social Security Act.

13          (5) "Medicaid health home state plan option" means the option pursuant to  
14          Section 2703 of the Affordable Care Act which allows states to design health homes  
15          to provide comprehensive care coordination for Medicaid beneficiaries with chronic  
16          conditions.

17          (6) "Secretary" means the secretary of the Department of Health and  
18          Hospitals.

19          §979.12. Legislative findings; purpose

20                 The Legislature of Louisiana hereby finds and declares the following:

21                 (1) The Affordable Care Act, referred to hereafter in this Chapter as the  
22                 "ACA", sets forth health policy reforms that reshape the way virtually all Americans  
23                 will receive and finance their health care.

24                 (2) The ACA authorizes health homes as a Medicaid state plan option that  
25                 provides a comprehensive system of care coordination for Medicaid enrollees with  
26                 chronic conditions including serious mental illness.

27                 (3) Medicaid health homes provide states with an important opportunity to  
28                 integrate physical and behavioral health care for beneficiaries with complex care  
29                 needs by integrating and coordinating all primary, acute, and behavioral health care

1 and long term services and supports to treat the "whole person" across the  
2 individual's lifespan.

3 (4) The unintended consequence of untreated mental illness results in a  
4 negative financial and social impact on Louisiana including an ever increasing  
5 burden on the criminal justice system.

6 (5) Many Louisiana residents rely on public services for needed care but  
7 public mental health services are inadequate to meet needs.

8 (6) The legislature declares that due to compelling moral and economic  
9 reasons, it is in the best interest of this state to study and evaluate Louisiana's current  
10 statewide system of healthcare delivery for Medicaid enrollees with serious mental  
11 illness and to determine the feasibility and desirability of participation in the  
12 Medicaid health home state plan option.

13 §979.13. Medicaid Integrated Care Assessment Task Force; creation; appointments  
14 of members; terms; officers; compensation; meetings; domicile

15 A. The Medicaid Integrated Care Assessment Task Force, hereafter referred  
16 to as the "task force", is hereby created within the Department of Health and  
17 Hospitals.

18 B. The task force shall consist of the following members:

19 (1) The secretary of the Department of Health and Hospitals or his designee.

20 (2) The assistant secretary of the office of behavioral health, Department of  
21 Health and Hospitals or his designee.

22 (3) The director of the Medicaid program of the Department of Health and  
23 Hospitals or his designee.

24 (4) The director of the health standards section of the Department of Health  
25 and Hospitals, or his designee.

26 (5) The deputy secretary of the Department of Public Safety and Corrections,  
27 youth services, office of juvenile justice or his designee.

28 (6) The state superintendent of education or his designee.

1           (7) The president of the Louisiana School Counselor Association or his  
2           designee.

3           (8) The chairperson of the Louisiana Mental Health Planning Council or his  
4           designee.

5           (9) The executive director of the Louisiana Licensed Professional Counselors  
6           Board of Examiners or his designee.

7           (10) The executive director of the Louisiana Counseling Association or his  
8           designee.

9           (11) The president of the Louisiana Association of Marriage and Family  
10          Therapy or his designee.

11          (12) The executive director of the Louisiana State Board of Examiners of  
12          Psychologists or his designee.

13          (13) The executive director of the Community Providers Association or his  
14          designee.

15          (14) The executive director of the Homecare Association of Louisiana or his  
16          designee.

17          (15) The president of the Louisiana Psychological Association or his  
18          designee.

19          (16) The executive director of the National Association of Social Workers,  
20          Louisiana Chapter or his designee.

21          (17) The president of the Louisiana Association of Clinical Social Workers  
22          or his designee.

23          (18) The president of the Louisiana Hospital Association or his designee.

24          (19) The executive director of the Mental Health Association of Louisiana  
25          or his designee.

26          (20) The president of the National Alliance on Mental Illness Louisiana or  
27          his designee.

28          (21) The president of the Louisiana State Medical Society or his designee.

1           (22) The president of the Louisiana Association of Substance Abuse  
2           Counselors and Trainers, Inc. or his designee.

3           (23) One representative of each of the ten human service districts or  
4           authorities.

5           (24) Two elected members of the Louisiana House of Representatives  
6           appointed by the speaker of the House of Representatives.

7           (25) Two elected members of the Louisiana Senate appointed by the  
8           president of the Senate.

9           C. The secretary of the Department of Health and Hospitals, or his designee,  
10          shall serve as chairman of the task force.

11          D. At the first meeting of the task force, the members shall elect a vice  
12          chairman and other officers as they may deem appropriate.

13          E. All legislative members of the commission shall receive the same per  
14          diem and travel allowance for attending meetings of the task force or any meeting  
15          thereof as is normally provided for members of the legislature by their respective  
16          houses for attendance at legislative committee meetings.

17          F. Except as provided in Subsection E of this Section, members of the task  
18          force shall receive no compensation for their services and shall serve at no expense  
19          to the state.

20          G. The task force shall be domiciled in Baton Rouge but may hold public  
21          meetings elsewhere in the state.

22          H. The task force shall submit a report of its findings and recommendations,  
23          including proposed legislation if necessary, no later than sixty days prior to the  
24          convening of the 2018 regular legislative session. The task force may render  
25          objective, fiscally feasible recommendations to the legislature for the implementation  
26          of policies that could be adopted by the state.

1        §979.14. Medicaid Integrated Care Assessment Task Force; powers and duties

2            A. The task force shall make a thorough study and evaluation of Louisiana's  
3        current statewide system of healthcare delivery for Medicaid enrollees with serious  
4        mental illness.

5            B.(1) The task force shall also make a determination of the feasibility and  
6        desirability of implementing a Medicaid health home state plan option to  
7        complement the current state medical assistance program and provide comprehensive  
8        care coordination for Medicaid beneficiaries with a serious mental illness, including,  
9        at a minimum, all of the following services:

10           (a) Comprehensive care management.

11           (b) Care coordination.

12           (c) Health promotion.

13           (d) Comprehensive transitional care and follow-up.

14           (e) Patient and family support.

15           (f) Referral to community and social support services.

16           (2) The task force shall consider all of the following components for possible  
17        inclusion in a health home state plan:

18           (a) Creation of a health home interdisciplinary team for each participating  
19        Medicaid enrollee, which shall do, at a minimum, all of the following:

20           (i) Implement a person-centered care plan for the enrollee.

21           (ii) Provide for continuous monitoring of the enrollee's progress towards  
22        goals identified in the person-centered care plan through face-to-face and collateral  
23        contacts with the enrollee, family, informal and formal caregivers, and primary and  
24        specialty care providers.

25           (iii) Provide support for the enrollee's adherence to all prescribed treatment  
26        regimens and wellness activities.

27           (iv) Provide for participation in all hospital discharge processes to support  
28        the enrollee's transition to a nonhospital setting.

1           (v) Provide for communication and consultation with other providers and the  
2           enrollee and enrollee's support members, as appropriate.

3           (vi) Facilitate the sharing of centralized information to coordinate integrated  
4           care by multiple providers through use of electronic health records that can be shared  
5           among all providers.

6           (b) Referral of individuals to a health home provider and enrollment in the  
7           program including, at a minimum, all of the following:

8           (i) Referral by the department, healthcare providers, and hospitals of  
9           individuals to the health home providers.

10          (ii) Allowing enrollees to choose among the qualified health home providers  
11          and to change or disenroll at any time.

12          (iii) Documentation of enrollment by the provider, which indicates that the  
13          enrollee has received required information explaining the health home program and  
14          has consented to receive the health home services noting the effective date of their  
15          enrollment.

16          (iv) Requiring information to be provided in plain language and in a manner  
17          that is accessible to individuals who have limited English proficiency and to  
18          individuals with disabilities.

19          (v) Providing access to information through the posting of the information  
20          on the department's website for general viewing.

21          (c) Requirements for health home providers to meet, at a minimum, all of the  
22          following system delivery requirements:

23          (i) Demonstrate clinical competency for serving the complex needs of health  
24          home enrollees using evidence based protocols.

25          (ii) Demonstrate the ability for effectively coordinating the full range of  
26          medical, behavioral health, long term services and supports, and social services for  
27          Medicaid enrollees who suffer from serious mental illness.

1           (iii) Provide health home services that operate under a "whole person"  
2           approach to care using a comprehensive needs assessment and an integrated  
3           person-centered care planning process to coordinate care.

4           (iv) Have conflict of interest safeguards in place to assure enrollee rights and  
5           protections are not violated.

6           (v) Provide access to timely health care twenty-four hours a day, seven days  
7           a week to address any immediate care needs of their health home enrollees.

8           (vi) Have in place operational protocol as well as communication procedures  
9           to assure care coordination across all elements of the healthcare system including but  
10           not limited to hospitals, specialty providers, social service providers, and other  
11           community based settings.

12           (vii) Have protocols for ensuring safe care transitions, including established  
13           agreements and relationships with hospitals and other community based settings.

14           (viii) Establish a continuous quality improvement program that includes a  
15           process for collection and reporting of health home data for quality monitoring and  
16           program performance and permits evaluation of increased coordination and chronic  
17           disease management on individual-level clinical outcomes, experience of care  
18           outcomes, and quality of care outcomes at the population level.

19           (ix) Use data for population health management, tracking tests, referrals and  
20           follow-up, and medication management.

21           (x) Use health information technology to link services and facilitate  
22           communication among interdisciplinary team members and other providers to  
23           coordinate care and improve service delivery across the care continuum.

24           (d) Prudent and efficient use of currently available services without  
25           expanding the scope of the covered services under the Louisiana medical assistance  
26           program.



1           §979.15. Medicaid Integrated Care Assessment Task Force; termination

2                       The provisions of this Chapter shall terminate on December 31, 2018.

3           Section 2. The secretary of the Department of Health and Hospitals shall convene  
4 the task force for its first meeting no later than October 1, 2016.

5           Section 3. This Act shall become effective upon signature by the governor or, if not  
6 signed by the governor, upon expiration of the time for bills to become law without signature  
7 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If  
8 vetoed by the governor and subsequently approved by the legislature, this Act shall become  
9 effective on the day following such approval.

#### DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 1164 Engrossed

2016 Regular Session

Norton

**Abstract:** Creates a task force to study and evaluate La.'s current statewide system of healthcare delivery for Medicaid enrollees with serious mental illness and to determine the feasibility and desirability of implementing a Medicaid health home option for persons with serious mental illness.

Proposed law defines key terms including "ACA" and "Affordable Care Act", "Centers for Medicare and Medicaid Services", "Medicaid" and "medical assistance program", and "Medicaid health home state plan option".

Proposed law creates the Medicaid Integrated Care Assessment Task Force within the Dept. of Health and Hospitals (DHH) to study and evaluate La.'s current statewide system of healthcare delivery for Medicaid enrollees with serious mental illness and to determine the feasibility and desirability of implementing a Medicaid health home option for persons with serious mental illness.

Proposed law requires the task force to consider all of the following components for possible inclusion in the health home state plan:

- (1) The minimum required services for Medicaid enrollees with a serious mental illness that must be included in the health home state plan.
- (2) The creation of an interdisciplinary team for each participating Medicaid enrollee and the minimum required duties of the team.
- (3) The minimum provisions regarding referral to a health home provider and enrollment in the program.
- (4) The minimum system delivery requirements for health home providers.
- (5) The required notification to potential enrollees.

- (6) Use of existing services without expanding the scope of the covered services under the La. medical assistance program.

Proposed law terminates on December 31, 2018.

Proposed law requires DHH to convene the task force for its first meeting no later than October 1, 2016.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 46:979.11-979.15)