

2018 Regular Session

HOUSE BILL NO. 647

BY REPRESENTATIVE NORTON

MENTAL HEALTH: Requires the La. Department of Health to implement the Medicaid health home option for persons 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 979.20, relative to the Medicaid health home option; to
4 require implementation of the health home option for persons with serious mental
5 illness; to provide for definitions; to provide for legislative findings; to provide for
6 the minimum required services; to provide for the creation of an interdisciplinary
7 team and the required duties of the team; to provide for referral and enrollment; to
8 provide for system delivery requirements; to require notification to potential
9 enrollees; to require approval; and to provide for related matters.

10 Be it enacted by the Legislature of Louisiana:

11 Section 1. Chapter 8-C of Title 46 of the Louisiana Revised Statutes of 1950,
12 comprised of R.S. 46:979.11 through 979.20, is hereby enacted to read as follows:

13 CHAPTER 8-C. HEALTH HOMES FOR MEDICAID ENROLLEES

14 SUFFERING FROM SERIOUS MENTAL ILLNESS

15 §979.11. Definitions

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

18 (1) "ACA" and "Affordable Care Act" mean the following acts of congress,
19 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" and "CMS" mean the
8 division of the United States Department of Health and Human Services which
9 administers and regulates the Medicaid program.

10 (3) "Department" means the Louisiana Department of Health.

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 Louisiana Department of Health.

18 §979.12. Legislative findings; purpose

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

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

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

26 (3) Medicaid health homes provide states with an important opportunity to
27 integrate physical and behavioral health care for beneficiaries with complex care
28 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 consequences of failure to treat mental illness result in
4 a 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 may be inadequate to meet their needs.

8 (6) The legislature declares that due to compelling moral and economic
9 reasons, participation in the Medicaid health home state plan option is in the best
10 interest of this state.

11 §979.13. Medical assistance program; health home option; duties of the secretary
12 of the Louisiana Department of Health

13 The secretary of the department shall submit to the Centers for Medicare and
14 Medicaid Services all Medicaid state plan amendments, promulgate all rules and
15 regulations in accordance with the Administrative Procedure Act, and take any other
16 actions as necessary to implement the Medicaid health home state plan option for
17 Medicaid enrollees who suffer from a serious mental illness pursuant to this Section.

18 §979.14. Health home state plan; services

19 The department shall develop the health home state plan to include but not
20 be limited to the following services for Medicaid enrollees with a serious mental
21 illness:

22 (1) Comprehensive care management.

23 (2) Care coordination.

24 (3) Health promotion.

25 (4) Comprehensive transitional care and follow-up.

26 (5) Patient and family support.

27 (6) Referral to community and social support services.

1 §979.15. Interdisciplinary team; duties

2 A. The department shall develop the health home state plan to require the
3 creation of a health home interdisciplinary team for each participating Medicaid
4 enrollee, which shall, at a minimum, consist of all of the following:

5 (1) Primary care physician or nurse practitioner.

6 (2) Nurse.

7 (3) Behavioral healthcare provider.

8 (4) Social work professional.

9 (5) Other providers appropriate for the condition of the enrollee.

10 B. The department shall develop the health home state plan to do, at a
11 minimum, all of the following for each participating Medicaid enrollee through the
12 designated health home interdisciplinary team:

13 (1) Implement a person-centered care plan for the enrollee.

14 (2) Provide for continuous monitoring of the enrollee's progress towards
15 goals identified in the person-centered care plan through face-to-face and collateral
16 contacts with the enrollee, family, informal and formal caregivers, and primary and
17 specialty care providers.

18 (3) Provide support for the enrollee's adherence to all prescribed treatment
19 regimens and wellness activities.

20 (4) Provide for participation in all hospital discharge processes to support the
21 enrollee's transition to a nonhospital setting.

22 (5) Provide for communication and consultation with other providers and the
23 enrollee and enrollee's support members, as appropriate.

24 (6) Facilitate the sharing of centralized information to coordinate integrated
25 care by multiple providers through use of electronic health records that can be shared
26 among all providers.

27 §979.16. Enrollment

28 The department shall develop the health home state plan to provide, at a
29 minimum, for all of the following functions:

1 (1) The department, healthcare providers, and hospitals may refer individuals
2 to the health home providers.

3 (2) Enrollees may choose among the qualified health home providers, and
4 may change providers or disenroll from the health home program at any time.

5 (3) Enrollment will be documented by the provider, and that documentation
6 shall at a minimum indicate that the enrollee has received required information
7 explaining the health home program and has consented to receive the health home
8 services noting the effective date of their enrollment.

9 §979.17. Providers; system delivery requirements

10 The department shall develop the health home state plan to require each
11 health home provider to meet, at a minimum, any CMS requirements and all of the
12 following system delivery requirements:

13 (1) Demonstrate clinical competency for serving the complex needs of health
14 home enrollees using evidence-based protocols.

15 (2) Demonstrate the ability for effectively coordinating the full range of
16 medical, behavioral health, long-term services and supports, and social services for
17 Medicaid enrollees who suffer from serious mental illness.

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

21 (4) Have conflict of interest safeguards in place to ensure that enrollee rights
22 and protections are not violated.

23 (5) Provide access to timely health care twenty-four hours a day, seven days
24 a week, to address any immediate care needs of its health home enrollees.

25 (6) Have in place operational protocol as well as communication procedures
26 to assure care coordination across all elements of the healthcare system including but
27 not limited to hospitals, specialty providers, social service providers, and other
28 community-based settings.

1 (7) Have protocols for ensuring safe care transitions, including established
2 agreements and relationships with hospitals and other community-based settings.

3 (8) Establish a continuous quality improvement program that includes a
4 process for collection and reporting of health home data for quality monitoring and
5 program performance and permits evaluation of increased coordination and chronic
6 disease management on individual-level clinical outcomes, experience of care
7 outcomes, and quality of care outcomes at the population level.

8 (9) Use data for population health management, tracking tests, referrals and
9 follow-up, and medication management.

10 (10) Use health information technology to link services and facilitate
11 communication among interdisciplinary team members and other providers to
12 coordinate care and improve service delivery across the care continuum.

13 §979.18. Notification to potential enrollees

14 A. The health home providers shall provide potential enrollees information
15 in writing, and orally as appropriate, describing, at a minimum, all of the following:

16 (1) The purpose of the benefit.

17 (2) The available health home services generally.

18 (3) The enrollee's right to choose, change, or disenroll from a health home
19 provider at any time.

20 B. The information required by Subsection A of this Section shall be
21 provided in plain language and in a manner that is accessible to individuals who have
22 limited English proficiency and to individuals with disabilities.

23 C. The department shall post on its internet website for general viewing the
24 information required by Subsection A of this Section.

25 §979.19. Scope of covered services

26 Nothing in this Chapter shall be construed to expand the scope of the covered
27 services under the Louisiana medical assistance program.

1 §979.20. Program approval
 2 Implementation of the program authorized by this Chapter shall be subject
 3 to approval by the Centers for Medicare and Medicaid Services and approval of the
 4 Joint Legislative Committee on the Budget.

5 Section 2. On or before October 1, 2018, the Louisiana Department of Health shall
 6 take all of the actions required by R.S. 46:979.13, as enacted by Section 1 of this Act, as are
 7 necessary to implement the Medicaid health home state plan option in conformance with the
 8 provisions of Section 1 of this Act.

9 Section 3. This Act shall become effective upon signature by the governor or, if not
 10 signed by the governor, upon expiration of the time for bills to become law without signature
 11 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
 12 vetoed by the governor and subsequently approved by the legislature, this Act shall become
 13 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 647 Engrossed

2018 Regular Session

Norton

Abstract: Requires implementation of the Medicaid health home state plan option for Medicaid enrollees with serious mental illness.

Proposed law defines "Medicaid health home state plan option" as the option pursuant to Section 2703 of the Affordable Care Act which allows states to design health homes to provide comprehensive care coordination for Medicaid beneficiaries with chronic conditions.

Proposed law requires the La. Dept. of Health (LDH) to submit to the federal Medicaid agency all Medicaid state plan amendments, promulgate all rules and regulations, and take any other actions as necessary to implement the Medicaid health home state plan option for Medicaid enrollees who suffer from a serious mental illness.

Proposed law sets forth all of the following requirements for 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.

Proposed law stipulates that it shall not be construed to expand the scope of covered services under the La. Medicaid program.

Proposed law requires LDH, on or before Oct. 1, 2018, to take all of the actions as are necessary to implement the Medicaid health home state plan option in conformance with the provisions of proposed law.

Proposed law provides that implementation of the program authorized by proposed law is subject to approval by the Centers for Medicare and Medicaid Services and approval of the Joint Legislative Committee on the Budget.

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

(Adds R.S. 46:979.11-979.20)