HOUSE COMMITTEE AMENDMENTS

2021 Regular Session

Amendments proposed by House Committee on Health and Welfare to Engrossed Senate Bill No. 108 by Senator Luneau

1 AMENDMENT NO. 1

2 On page 1, line 2, after "reenact" delete the remainder of the line and insert in lieu thereof 3 "R.S. 46:460.51(1) and 460.61 and to enact R.S. 46:460.77.3,"

4 AMENDMENT NO. 2

- 5 On page 1, line 3, after "relative to" delete the remainder of the line and insert in lieu thereof
- 6 "the Medicaid managed care program; to provide relative to mental health rehabilitation7 services delivered through the program;"
- 8 AMENDMENT NO. 3
- 9 On page 1, at the beginning of line 4, delete "minimum requirements;"

10 AMENDMENT NO. 4

11 On page 1, line 5, after "credentialing;" delete the remainder of the line and at the beginning 12 of line 6 delete "adverse determinations;"

13 AMENDMENT NO. 5

14 On page 1, after line 8, delete the remainder of the page and delete page 2 in its entirety and 15 on page 3 delete lines 1 through 17 in their entirety and insert in lieu thereof the following:

"Section 1. R.S. 46:460.51(1) and 460.61 are hereby amended and reenacted and
 R.S. 46:460.77.3 is hereby enacted to read as follows:

- 18 §460.51. Definitions
- 19As used in this Part, the following terms have the meaning ascribed in this20Section unless the context clearly indicates otherwise:21(1)(a) "Adverse determination" means any of the following relative to a

(1)(a) "Adverse determination" means any of the following relative to a
 claim by a provider for payment for a healthcare service rendered by the provider to
 an enrollee of the Medicaid managed care organization:
 (a) (i) A decision by a managed care organization that denies a claim in

(a) (i) A decision by a managed care organization that denies a claim in whole or in part.

(b) (ii) A decision by a managed care organization that only partially pays a claim.

(c) (iii) A decision by a managed care organization that results in
 recoupment of the payment of a claim.

30(b) The term "adverse determination" shall not include a decision by a31managed care organization that results in a recoupment of the payment of a32claim based upon an audit finding of fraud or abuse.

- 33 * * * *"
- 34 <u>AMENDMENT NO. 6</u>

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35 On page 4, line 7, delete "<u>health care</u>" and insert in lieu thereof "<u>healthcare</u>"

- 1 AMENDMENT NO. 7
- 2 On page 4, line 9, delete "<u>the</u>"
- 3 AMENDMENT NO. 8
- On page 4, line 14, delete "Louisiana Department of Health or their" and insert in lieu
 thereof "department or its"
- 6 AMENDMENT NO. 9
- On page 4, at the beginning of line 28, change "E. A managed care organization that
 determines" to "E. If a managed care organization determines"
- 9 AMENDMENT NO. 10
- 10 On page 4, line 29, delete "<u>health care</u>" and insert in lieu thereof "<u>healthcare</u>"
- 11 AMENDMENT NO. 11
- 12 On page 5, line 2, delete "<u>health care</u>" and insert in lieu thereof "<u>healthcare</u>"
- 13 AMENDMENT NO. 12
- 14 On page 5, at the end of line 7, change "<u>health care</u>" to "<u>healthcare</u>"
- 15 AMENDMENT NO. 13

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- 16 On page 5, delete lines 12 through 17 in their entirety and insert in lieu thereof the following:
- 17 "§460.77.3. Staff training requirements 18 A. Employees, contractors, and subcontractors of managed care 19 organizations performing work or services related to the performance or 20 supervision of audits, prior authorization determinations, and clinical reviews 21 of mental health rehabilitation services providers shall receive annual training 22 on Louisiana's Medicaid Behavioral Health Provider Manual and the relevant 23 state laws, policies, and regulations related to the state's mental health 24 rehabilitation program. 25
 - **B.** Employees, contractors, and subcontractors of managed care organizations shall take all necessary steps to ensure mental health rehabilitation services providers are rostered, credentialed, or otherwise eligible to provide and be reimbursed for mental health rehabilitation services in accordance with R.S. 46:460.61.

<u>C.</u> For purposes of this Section, the following definitions apply:

(1) "Mental health rehabilitation" means an outpatient healthcare program provider of any psychosocial rehabilitation, crisis intervention, or community psychiatric support and treatment services that promotes the restoration of community functioning and well-being of an individual diagnosed with a mental health or mental or emotional disorder. A mental health rehabilitation provider uses evidence-based supports and interventions designed to improve individual and community outcomes.

38 (2) "Mental health rehabilitation services" means outpatient services for
 39 adults with serious mental illness and children with emotional or behavioral
 40 disorders which are medically necessary to reduce the disability resulting from
 41 mental illness and assist in the recovery and resiliency of the recipient. Such
 42 services are home- and community-based and are provided on an as-needed
 43 basis to assist recipients in coping with the symptoms of their illness. The intent
 44 of mental health rehabilitation services is to minimize the disabling effects on

| 1 | the individual's capacity for independent living and to prevent or limit the |
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| 2 | periods of inpatient treatment. |
| 3 | D. The department shall promulgate in accordance with the |
| 4 | Administrative Procedure Act all rules as are necessary to implement the |
| 5 | provisions of this Section." |
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- 6 AMENDMENT NO. 14
- 7 On page 5, at the beginning of line 18, change "Section 3." to "Section 2."