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## **An Act To Ensure the Effective Management of the Behavioral Health Care Services System in Maine**

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

**Whereas,** it is imperative that a managed behavioral health care system be established as soon as possible to ensure and protect public health and welfare; and

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

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

**Sec. 1. 34-B MRSA §3001,** as amended by PL 1995, c. 560, Pt. K, §31 and affected by §83; amended by PL 2001, c. 354, §3; and amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

### **§ 3001. General**

The Department of Health and Human Services is responsible for the direction of the mental health programs in the state institutions and for the promotion and guidance of mental health programs within the communities of the State including establishing a managed behavioral health care services system as required by Public Law 2005, chapter 457, Part PP; Public Law 2005, chapter 519, Part ZZZ; and Resolve 2005, chapter 203.

**1. Managed behavioral health care services system.** In developing and implementing a managed behavioral health care services system, the department shall:

A. Contract with an experienced behavioral health care company to provide management functions, including, but not limited to, provider enrollment; quality improvement; rate setting that applies to all providers, including the State and private and public hospitals; network development; utilization review; level of care determination; best practices guidelines; claims management; information processing; provider credentialing; consent decree compliance; and elimination of system redundancy;

B. Develop contract specifications that include a model that limits risks, provides incentives for performance, incorporates full parity for mental health services, focuses on prevention, early intervention and recovery and specifies contractual, financial and service outcomes;

C. Be responsible for the policy development, financing, leadership and evaluation of quality of the system and for system improvements while eliminating state duplication of private and community services and programs;

D. Develop a system that focuses on the whole person and the person's environment, including but not limited to transportation, housing and vocational and social needs;

E. Develop a stakeholders' group to advise the department on the development of the system while promoting and supporting the highest level of community inclusion; and

F. Ensure that the system is equitable and person-centered, provides consumer choice, is easy to understand and is accessible through multiple avenues, including, but not limited to, referrals from physicians or social service agencies, and is free of logistical, geographical and bureaucratic barriers.

**Sec. 2. 34-B MRSA §3003, sub-§2, ¶K,** as amended by PL 1987, c. 246, §1, is further amended to read:

K. Provisions for a fair, timely and impartial grievance procedure for the purpose of ensuring appropriate administrative resolution of grievances with respect to infringement of rights; ~~and~~

**Sec. 3. 34-B MRSA §3003, sub-§2, ¶L,** as enacted by PL 1987, c. 246, §2, is amended to read:

L. To the extent that state and community resources are available, establishment of the rights of long-term mentally ill clients containing the following requirements:

(1) The right to a service system ~~which~~that employs culturally normative and valued methods and settings;

(2) The right to coordination of the disparate components of the community service system;

(3) The right to individualized developmental programming which recognizes that each long-term mentally ill individual is capable of growth or slowing of deterioration;

(4) The right to a continuum of community services allowing a gradual transition from a more intense level of service; ~~and~~

(5) The right to the maintenance of natural support systems, such as family and friends of the long-term mentally ill individual and formal and informal networks of mutual and self-help; and

**Sec. 4. 34-B MRSA §3003, sub-§2, ¶M** is enacted to read:

M. Establishment of a managed behavioral health care services system as required by Public Law 2005, chapter 457, Part PP; Public Law 2005, chapter 519, Part ZZZ; and Resolve 2005, chapter 203 in accordance with section 3001, subsection 1.

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

## **SUMMARY**

This bill codifies the development of a managed behavioral health care services system pursuant to Public Law 2005, chapter 457, Part PP; Public Law 2005, chapter 519, Part ZZZ; and Resolve 2005, chapter 203. It provides specific information designed to guide the development of the system.