

2016 Regular Session

HOUSE BILL NO. 497

BY REPRESENTATIVE NORTON

MENTAL HEALTH: Requires the Department of Health and Hospitals 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, comprised of  
3 R.S. 46:979.11 through 979.19, 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; 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 979.19, is hereby enacted to read as follows:

13 CHAPTER 8-C. HEALTH HOMES FOR MEDICAID ENROLLEES

14 WHO SUFFER 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" 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, 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 program; duties of the secretary  
12 of the Department of Health and Hospitals

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 enrollees.

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

1        §979.16. Enrollment

2                The department shall develop the health home state plan to require, at a  
3        minimum, all of the following:

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

6                (2) Enrollees may choose among the qualified health home providers, and  
7        may change or disenroll at any time.

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

12       §979.17. Providers; system delivery requirements

13               The department shall develop the health home state plan to require each  
14       health home provider to meet, at a minimum, all of the following system delivery  
15       requirements:

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

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

21               (3) Provide health home services that operate under a “whole person”  
22       approach to care using a comprehensive needs assessment and an integrated  
23       person-centered care planning process to coordinate care.

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

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

28               (6) Have in place operational protocol as well as communication procedures  
29       to assure care coordination across all elements of the healthcare system including but

1        not limited to hospitals, specialty providers, social service providers, and other  
2        community based settings.

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

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

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

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

15        §979.18. Notification to potential enrollees

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

18               (1) The purpose of the benefit.

19               (2) The available health home services generally.

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

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

25               C. The department shall also post on its internet website for general viewing  
26        the information required by Subsection A of this Subsection.

27        §979.19. Scope of covered services

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

1           Section 2. On or before October 1, 2016, the Department of Health and Hospitals  
2 shall take all of the actions required by R.S. 46:979.13, as enacted by Section 1 of this Act,  
3 as are necessary to implement the Medicaid health home state plan option in conformance  
4 with the provisions of Section 1 of this Act.

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.

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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)]

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HB 497 Original

2016 Regular Session

Norton

**Abstract:** Requires implementation of the Medicaid health home state plan option for Medicaid enrollees 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 requires the Dept. of Health and Hospitals to submit to the Centers for Medicare and Medicaid Services 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 shall not be construed to expand the scope of the covered services under the La. medical assistance program.

Proposed law requires DHH, on or before Oct. 1, 2016, 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.

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

(Adds R.S. 46:979.11-979.19)