
ENGROSSED SENATE BILL No. 461

DIGEST OF SB461 (Updated February 19, 1998 3:18 pm - DI 88)

Citations Affected: IC 12-29; noncode.

Synopsis: Payment systems for mental health providers. Allows the division of mental health to continue developing and implementing a prospective or per diem funding system to fund eligible community mental health centers and managed care providers for services to eligible mentally ill and substance abuse patients other than seriously and persistently mentally ill adults. Requires the division of mental health to submit the results of a required actuarial study to the Indiana commission on mental health not later than 30 days after completion
(Continued next page)

Effective: Upon passage; December 31, 1997 (retroactive); June 30, 1999.

Johnson, Gard

(HOUSE SPONSORS — CROSBY, GOEGLEIN)

January 14, 1998, read first time and referred to Committee on Planning and Public Services.

January 27, 1998, amended, reported favorably — Do Pass.

January 30, 1998, read second time, ordered engrossed. Engrossed.

February 3, 1998, read third time, passed. Yeas 50, nays 0.

HOUSE ACTION

February 10, 1998, read first time and referred to Committee on Public Health.

February 16, 1998, reported — Do Pass.

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of the actuarial study. Requires the division of mental health to develop all payment systems using actuarial principles and generally accepted accounting principles incurred by efficient and economically operated programs that serve mentally ill and substance abuse patients who are found to be eligible for care that is paid for in part or in whole by the state. Delays for one year the repeal of current laws regarding funding methodologies for the seriously and persistently mentally ill. Extends the commission on mental health for four years. Requires the commission to monitor the implementation of managed care programs for all populations of the mentally ill that are eligible for care that is paid for in part or in whole by the state and to make recommendations regarding the commission's findings to the appropriate division or department. Requires the office of the secretary of family and social services to amend a rule to include licensed mental health counselors and marriage and family therapists as providers of Medicaid reimbursable physician directed outpatient mental health services for group, family, and individual outpatient mental health services, subject to rules governing prior authorization and supervision.

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Second Regular Session 110th General Assembly (1998)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1997 General Assembly.

SENATE ENROLLED ACT No. 461

AN ACT to repeal certain provisions of the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. THE FOLLOWING ARE REPEALED [EFFECTIVE JUNE 30, 1999]: IC 12-29-2-8; IC 12-29-2-9; IC 12-29-2-10; IC 12-29-2-11; IC 12-29-2-12.

SECTION 2. P.L.40-1994, SECTION 84, IS REPEALED [EFFECTIVE UPON PASSAGE].

SECTION 3. P.L.40-1994, SECTION 86, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE DECEMBER 31, 1997 (RETROACTIVE)]: SECTION 86. (a) As used in this SECTION, "commission" refers to the Indiana commission on mental health established by this SECTION.

(b) The Indiana commission on mental health is established.

(c) The commission consists of sixteen (16) members. The speaker of the house of representatives and the president pro tempore of the senate shall each appoint two (2) legislative members, who may not be from the same political party, to serve on the commission. The governor shall appoint twelve (12) lay members, not more than six (6) of whom may be from the same political party, to serve on the commission as follows:

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(1) Four (4) at-large members, not more than two (2) of whom may be from the same political party.

(2) Two (2) consumers of mental health services.

(3) Two (2) representatives of different advocacy groups for consumers of mental health services.

(4) Two (2) members of families of consumers of mental health services.

(5) Two (2) members who represent mental health providers. One

(1) of the members appointed under this subdivision must be a physician licensed under IC 25-22.5.

(d) Except for the members appointed under subsection (c)(5), the members of the commission may not have a financial interest in the subject matter to be studied by the commission.

(e) The chairman of the legislative council shall designate a legislative member of the commission to serve as chairman of the commission.

(f) Each legislative member and each lay member of the commission is entitled to receive the same per diem, mileage, and travel allowances paid to individuals serving as legislative and lay members, respectively, on interim study committees established by the legislative council.

(g) The commission shall do the following:

(1) Study and evaluate the funding system for managed care providers of mental health services.

(2) Review and make specific recommendations regarding the provision of mental health services delivered by community managed care providers and state operated hospitals.

(3) Review and make recommendations regarding any unmet need for public supported mental health services in any specific geographic area or throughout Indiana. In formulating these recommendations, the commission shall consider the need, feasibility, and desirability of including additional organizations in the network of managed care providers.

(4) Review the results of the actuarial study which must be submitted by the division of mental health to the commission ~~before January 1, 1995:~~ **not later than thirty (30) days after completion of the actuarial study.**

(5) Make recommendations regarding the application of the actuarial study by the division of mental health to the determination of service needs, eligibility criteria, payment, and prioritization of service.

(h) The commission shall submit recommendations under

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subsection (g) to the secretary of the family and social services administration and to the legislative council before ~~January~~ **July** 1, 1998.

(i) The commission shall:

- (1) monitor the implementation of managed care programs for all populations of the mentally ill that are eligible for care that is paid for in part or in whole by the state; and**
- (2) make recommendations regarding the commission's findings under subdivision (1) to the appropriate division or department.**

~~(j)~~ **(j)** This SECTION expires January 1, ~~1998~~: **2002**.

SECTION 4. P.L.40-1994, SECTION 90, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: SECTION 90. (a) As used in this SECTION, "commission" refers to the Indiana commission on mental health created by this act.

(b) The division of mental health, ~~shall do the following~~:

- ~~(1) Contract for a professionally designed actuarial study to quantify the populations to be targeted for public mental health services; with a final report to be submitted to the commission before January 1, 1995.~~
- ~~(2) Conduct a study of strengths and weaknesses in current mental health service systems; and the need for additional services required in a publicly supported delivery system; with a final report to be submitted to the commission before January 1, 1995.~~
- ~~(3) Before July 1, 1995; notwithstanding IC 12-29-2, design and implement a pilot program for a prospective funding system based on principles of capitated funding with selected mental health service providers.~~
- ~~(4) Before January 1, 1997, evaluate the pilot program, make appropriate changes to reflect operational experience, and adjust the mental health service provider network to accommodate unmet service needs for full implementation of a capitated funding system.~~
- ~~(5) before developing study and evaluation instruments, the division of mental health and shall, with the contractor, meet with representatives of mental health consumers, advocacy groups, employee groups, and managed care providers.~~

(c) Notwithstanding IC 12-29-2, ~~before July 1, 1998, the state may fund eligible community mental health centers or managed care providers (as defined in IC 12-7-2-127(b)) on a prospective or per diem basis using generally accepted accounting principles recognizing costs incurred by efficient and economically operated programs that serve~~

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the mentally ill and substance abuse patients who are found to be eligible for state supported care: the division of mental health:

(1) may continue to develop and implement a prospective or per diem funding system to fund:

(A) eligible community mental health centers; and

(B) managed care providers;

for services to eligible mentally ill and substance abuse patients other than seriously and persistently mentally ill adults; and

(2) may continue to implement the division's prospective payment system for funding programs that benefit seriously and persistently mentally ill adults;

if all prospective or per diem payment systems implemented by the division are developed using actuarial data and principles and generally accepted accounting principles incurred by efficient and economically operated programs that serve mentally ill and substance abuse patients who are found to be eligible for care that is paid for in part or in whole by the state. Adequate management information and patient tracking systems must also be developed and in place before implementation.

(d) The division of mental health shall develop proposed rules under IC 4-22-2 for managed care providers in accordance with the results of the actuarial study and pilot program conducted under this SECTION and report the proposed rules to the commission before July 1, 1997. The division of mental health shall also submit annual status reports concerning the requirements of this SECTION to the commission.

(e) The division of mental health shall, before April 1, 1998, adopt rules under IC 4-22-2:

(1) setting forth specific criteria for managed care providers under IC 12-21 through IC 12-29; and

(2) notwithstanding IC 12-29-2, creating an operational and prospective funding system that is consistent with IC 12-21-2-7, as amended by this act.

(f) This SECTION expires January 1, ~~1999~~ 2000.

SECTION 5. [EFFECTIVE UPON PASSAGE]: (a) **Before January 1, 1999, the office of the secretary of family and social services shall amend 405 IAC 1-6-13(e) to include mental health counselors and marriage and family therapists licensed under IC 25-23.6 as providers of Medicaid reimbursable physician directed outpatient mental health services for group, family, and individual outpatient mental health services, subject to rules governing prior authorization and supervision.**

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(b) This SECTION expires January 1, 1999.
SECTION 6. An emergency is declared for this act.

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