

Establish consumer choice by increasing the availability of services for individuals enrolled in the MHSP.	Agency/Program #: 69010-33-13
	Division: Addictive & Mental Disorders
	Program: Community Mental Health Se
Agency Name:	Department of Public Health and Human Services
Agency Contact:	Mary Dalton 444-4084
LFC Contact:	Senator Lewis; Senator Wanzenried
LFD Liaison:	Lois Steinbeck 444-5391
OBPP Liaison:	Pat Sullivan 444-1207

Program or Project Description:

The Mental Health Services Plan (MHSP) provides limited services to individuals who are not eligible for Medicaid, have a severe mental illness, and a family income under 150 percent of the federal poverty level.

Fund Name:	Appropriation, Expenditure and Source				Approp & Expenditure numbers are as of June 30, 2009.
	2008		2009		
	Approp.	Expended	Approp.	Expended	
General Fund	6,312,014	6,291,546	6,312,014	5,951,164	
State Special	2,768,810	2,768,810	3,536,400	2,303,301	
Federal Funds	1,228,490	1,201,776	1,228,490	1,138,798	
Total:	\$10,309,314	\$10,262,132	\$11,076,904	\$9,393,263	

Goal(s):

Establish consumer choice by increasing the availability of services for individuals enrolled in the Mental Health Services Plan.

Performance Measures :

- Increase the number of providers with prescriptive authority who accept MHSP clients
- Increase the number of other outpatient providers, including mental health centers, who accept MHSP clients
- Establish baseline data for MHSP clients who receive services from expanded provider network

2009 Biennium Significant Milestones:

	Completion Dates	
	Target	Actual
1 Expand provider network for prescriptions and medication management - fee-for-service	1/01/08	2/01/08
2 Amend Administrative Rules to transition to expanded provider network	7/01/08	in progress
3		
4		
5		
6		

Performance Report:

1. Increase of 42 of providers with prescriptive authority to the 2008 total of 70 providers.
2. Increase of 66 outpatient providers, to the 2008 total of 100 MHSP providers.
3. Expanded provider network saw 77 more individuals in 2009 than in 2008.

February 1, 2008 provider network was expanded to include all physicians, psychiatrists, mid-level practitioners (APRN, PAC), Rural Health Centers, Federally Qualified Health Centers, and labs to improve access to prescribers of medications. For these six provider types, claims are paid as fee-for-service.

Performance measures reported 5-20-08:

Increase the number of providers with prescriptive authority who accept MHSP clients - Since beginning open access to medication prescribers in February 2008, as many as 8 physicians (June), 8 mid-level practitioners (April) and 7 psychiatrists (February, April, June) have provided services to MHSP recipients. Overall, a total of 12 non-Mental Health Center providers provided medication management services in February 2008 and 17 non-Mental Health Center providers provided services in June 2008.

Increase the number of other outpatient providers, including mental health centers, who accept MHSP clients - In July 2008, there were a total (YTD) of 31 various providers serving MHSP recipients. 18 of the 31 were non-medication management providers. Of the 18 non-medication providers, 1 provider was a non-mental health center provider.

Establish baseline data for MHSP clients who receive services from expanded provider network - AMDD lacks confidence in encounter claim reporting for the SFY 2008 and previous time periods which makes comparisons difficult. Beginning with July 2008, 2,189 individuals received MHSP services (YTD). So far this fiscal year, only a handful of individuals have sought services from the expanded provider network. AMDD expects the actual experience to increase as consumers become more aware of the expanded network of providers.

LFD Narrative:

LFD ASSESSMENT - On Track

DATA RELEVANCE - The data received is relevant to the milestones.

APPROPRIATION STATUS - Appropriation/expenditure data was provided.

OPTIONS - The workgroup could:

1. Retire this measure
2. Ask that AMDD update the data for the October 2010 meeting
3. Request that the joint appropriations subcommittee review data on MHSP expansion during the 2011 session.

The workgroup may wish to ask whether DPHHS will move forward with implementation of the HIFA (Health Insurance Flexibility and Accountability Waiver) since the waiver uses the state funds appropriated for MHSP to expand a basic set of Medicaid services to MHSP eligible persons. The 2009 Legislature did not discuss the HIFA waiver request with DPHHS since it appeared the waiver might not be approved.

Version	Date	Author
6901-33-13 BO - 1	12/05/07	Steinbeck
6901-33-13 BW - 2	5/20/08	Steinbeck
6901-33-13 BO - 3	12/8/09	Steinbeck

Change Description
LFD narrative added
LFD narrative added
LFD narrative added