

Establish consumer choice by increasing the availability of services for individuals enrolled in the MHSP.

Agency/Program #: 69010-33-I3
Division: Addictive & Mental Disorders
Program: Community Mental Health Services

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			

Performance Report:

Performance data reported February 2010:

1. Providers with prescriptive authority increased from 73 in 2008 to 118 in 2009 and 91 in 2010 (YTD).
2. The total number of MHSP providers increased from 93 in 2008 to 171 in 2009 , and 139 in FY2010 YTD.
3. The expanded MHSP network provided services to 154 clients in 2008, 999 recipients in 2009, and 736 clients in 2010 YTD. ((Please note that the December outcome measure included a typographical error that listed the client numbers for FY 2009 as 77 and it should have been 717.)) HIFA waiver will transfer up to 800 MHSP beneficiaries to basic Medicaid. Waiver is not yet approved by CMS.

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.

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.

Version	Date	Author
6901-33-13 BO - 1	12/05/07	Steinbeck

Change Description
LFD narrative added



6901-33-13 BW - 2	5/20/08	Steinbeck
6901-33-13 BO - 3	12/8/09	Steinbeck
6901-33-13 BO - 4	2/25/10	Steinbeck
6901-33-13 BO - 5	3/2/10	Steinbeck

LFD narrative added
LFD narrative added
LFD narrative added
LFD narrative added