

# Amendment: D14

Representative **HERBKERSMAN** proposes the following amendment:

## General Provisions

NEW

117.bhc. (GP: Behavioral Health Capacity) (A) It is the intent of the General Assembly that the Department of Mental Health, Department of Health and Human Services, Department of Health and Environmental Control, Department of Alcohol and Other Drug Abuse Services, and all other relevant agencies coordinate their efforts to ensure that the statewide system for the delivery of mental health services required by Section 44-9-90(7) is:

(1) structured so as to provide a range and supply of treatment options and settings that are appropriate to meet the varying needs of individual patients;

(2) responsive to changes in federal law, regulation, or policy that improve access to care and/or associated reimbursement, particularly where related to the treatment of patients in Institutions for Mental Disease (IMDs); and

(3) economical in its approach, so as to obtain the greatest value possible for each state taxpayer dollar.

(B) With the funds appropriated for Inpatient Services, the Department of Mental Health (Department) shall undertake an effort to increase access to crisis stabilization services as specified herein. Any unexpended funds appropriated for Inpatient Services may be carried forward and expended for the same purpose.

(1) The department shall increase the number of operating crisis stabilization unit facilities, as defined in Regulation 61-125, and introduce them to previously unserved areas of the state, with an interim goal of having at least one such facility located within a 90-minute drive of each South Carolinian. In each case, the department may choose to operate the facility independently or in association with one or more partners and/or contractors. The department shall engage with community stakeholders in identifying new host communities and developing referral and discharge strategies.

(2) The department may also use these funds to expand its program to contract with acute care hospitals to place indigent patients who need hospital-level care in acute care hospitals' general or psychiatric beds on a temporary basis during a crisis.

(C) After consulting with the Director of the Department of Mental Health, the Director of the Department of Health and Human Services shall establish such coverage and reimbursement policies for mobile crisis and crisis stabilization services as he deems necessary and appropriate to fulfill the intent of this proviso. These policies shall facilitate the claiming of matching funds

where feasible; any state funds saved through this effort shall remain committed to the provision of care to patients with behavioral health needs. The Department of Mental Health shall supply information in the format specified by the Department of Health and Human Services for this purpose. The Executive Director of the Public Employee Benefit Authority is encouraged to consult with the Director of the Department of Mental Health and make appropriate coverage and reimbursement policy changes to ensure proper access to mobile crisis and crisis stabilization services for covered beneficiaries.

(D) The Data Oversight Council established pursuant to Section 44-6-170 shall undertake whatever rulemaking is necessary to ensure that the data on the utilization of crisis stabilization unit facilities are collected in a manner generally consistent with the requirements for general acute care hospitals and specialized hospitals, so that the effectiveness of these services may be properly evaluated.

(E) With the support of the Director of the Department of Mental Health, the Director of the Department of Alcohol and Other Drug Abuse Services, and any other identified agency head, the Director of the Department of Health and Human Services shall evaluate opportunities to improve treatment capacity for individuals diagnosed with substance use disorder and/or serious mental illness, including but not limited to options established pursuant to Sections 1115 or 1915(l) of the Social Security Act or made available to states by the Centers for Medicare and Medicaid Services through State Medicaid Director Letters 17-003, 18-011, or 19-0003. These options shall be evaluated based substantially upon criteria such as their relative abilities to:

(1) increase behavioral health treatment capacity at the inpatient, partial hospitalization, intensive outpatient, and/or outpatient levels of care;

(2) obtain federal matching funds to help offset the costs of state-funded treatment for substance use and/or mental health treatment; and

(3) convert indigent care to a sustainable reimbursement model that improves access to behavioral health and/or substance use treatment while potentially alleviating pressure on the state General Fund and reducing levels of uncompensated care.

(F) After completing the evaluation required by subsection (E), the Director of the Department of Health and Human Services is authorized to pursue any necessary implementing state plan amendments and/or waivers. Copies of the public notices accompanying these actions shall be furnished to the Chairmen of the House Ways and Means and Senate Finance Committees.

(G) If the Director of the Department of Mental Health finds that state personnel and/or procurement rules are limiting his ability to fulfill the intent of this provision, the director shall notify the State Fiscal Accountability Authority of this in writing and request whatever exemptions are necessary to ensure that clinical staff may be recruited, retained, and/or contracted for so as to provide greater access to behavioral health treatment.