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Medicaid rule changes recommended

Committee proposes requiring formal diagnosis, treatment plan for mental health services

BOISE - The House Health and Welfare Committee recommended approval of two Medicaid rule changes Monday that will cut benefits in certain mental health programs, while providing greater oversight. Patricia Guidry, with the Idaho Department of Health and Welfare, said the intent of the rules is to provide better care at lower cost.

In the past, she said, participants may have received a needs assessment, but not gotten a formal diagnosis and treatment plan. Consequently, it hasn't always been clear the services they receive - and what taxpayers pay for - were really beneficial.

Moreover, the lack of oversight contributed to fraud and overpayments. For example, the department has found examples of service providers reimbursed for things like playing cards with patients, cleaning homes, taking them to the park, attending funerals and working out.

The rule changes would require a formal medical diagnosis and treatment plan before any services would be authorized. Essentially, the department wants to make sure a doctor or psychiatrist is saying the treatment is necessary, rather than someone less qualified. "We want to match the service to the need," Guidry said.

A separate aspect of the rules change, prompted by the state budget constraints, would cap some treatment benefits, saving in excess of \$8.8 million per year. For individuals who need additional treatment, the agency would try to find other programs for which they qualified.

Several organizations offered testimony during the meeting, including representatives of the Mental Health Providers Association of Idaho. They said the proposed rules were confusing and would ultimately result in delayed treatment and increased costs. "What we're looking for is an opportunity to sit down with the department and work collaboratively to come up with rules we can support," said Greg Dickerson, the association's legislative director.

However, while some members of the committee were uncomfortable with capping the benefits, most supported the need for greater oversight and for a treatment plan. "Unless we have a good diagnosis that's aligned with a good treatment plan, it's impossible to tell if the outcome is related to the diagnosis or an accident of fate," said Rep. John Rusche, D-Lewiston. "I see these rules as a necessary step to get where we want to go."

At Rusche's urging, the department agreed to monitor program participants, to make sure the cut in benefits didn't lead to an increase in hospital admissions, emergency room visits, prison incarcerations and other unanticipated consequences. The committee was scheduled to take action on a rules change related to services for the developmentally disabled, but postponed that item after spending more than four hours on the mental health rules.