

SB 672 (Veto)

FILED

2009 MAY -7 PM 12: 57

WEST VIRGINIA LEGISLATURE
SEVENTY-NINTH LEGISLATURE
REGULAR SESSION, 2009

SECRETARY OF STATE

ENROLLED

COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 672

(SENATORS KESSLER, HELMICK, McCABE, PREZIOSO,
PLYMALE, STOLLINGS, JENKINS, MINARD,
UNGER, AND WELLS, *original sponsors*)

[Passed April 8, 2009; to take effect July 1, 2009.]

FILED

2009 MAY -7 PM 12: 57

OFFICE WEST VIRGINIA
SECRETARY OF STATE

ENROLLED

COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 672

(SENATORS KESSLER, HELMICK, MCCABE, PREZIOSO, PLYMALE, STOLLINGS,
JENKINS, MINARD, UNGER AND WELLS, *original sponsors*)

[Passed April 8, 2009; to take effect July 1, 2009.]

AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §9-2-9a, relating generally to mental health; creating Mental Health Stabilization Act of 2009; making legislative findings; increasing reimbursement rates in mental health service codes; requiring periodic reports to the Legislature; and providing an implementation date and a termination date.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new section, designated §9-2-9a, to read as follows:

**ARTICLE 2. DEPARTMENT OF HEALTH AND HUMAN RESOURCES. AND
OFFICE OF COMMISSIONER OF HUMAN SERVICES;
POWERS, DUTIES AND RESPONSIBILITIES GENERALLY.**

§9-2-9a. Mental Health Stabilization Act of 2009.

1 (a) *Legislative findings.* — The Legislature hereby finds
2 and declares:

3 (1) The West Virginia community mental health system
4 is in a state of crisis. There are not sufficient community
5 resources to meet the needs of the state's population.

6 (2) It is the public policy of West Virginia that the state
7 should have a mental health system that provides a
8 continuum of care for people with mental health needs.
9 This continuum may include preventive and primary
10 mental health services, peer supports, community sup-
11 ports, group homes, case management, crisis intervention
12 services and an appropriate number of hospital beds.
13 There is also recognition that the state has limited finan-
14 cial resources.

15 (3) The state has been the subject of various court
16 orders as result of the manner in which it dealt with
17 people with mental health needs and the Legislature
18 desires to be proactive and resolve issues surrounding
19 mental illness without the intervention of the courts.

20 (4) The current rate of involuntary mental health
21 commitments and the incarceration of people with mental
22 health needs are at a level that is utilizing significant state
23 resources. The resources could be used in the provision of
24 community mental health services in a way that improves
25 clinical outcomes and more efficiently utilizes the state's
26 limited resources. The result should be a reduction in the
27 level of involuntary commitments and incarceration for
28 those people with mental health needs.

29 (b) To the maximum full extent of additional appropri-
30 ations by the Legislature to increase reimbursement rates
31 for behavioral health clinic and rehabilitation services as
32 provided for in this act in the fiscal year that begins July
33 1, 2009, and in any fiscal year thereafter, and of federal

34 participation dollars attributable thereto and subject to
 35 provisions of state and federal laws and regulations, the
 36 secretary, in addition to all other powers, duties and
 37 responsibilities granted and assigned to that office in this
 38 chapter and elsewhere by law, shall increase proportion-
 39 ally across the board the reimbursement rates for behav-
 40 ioral health clinic and rehabilitation services in the
 41 following service codes in order to help stabilize the
 42 mental health system which is in crisis:

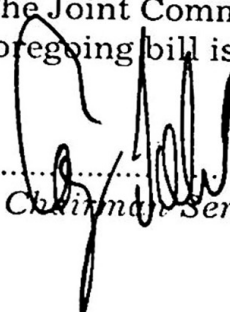
43 <u>Service Description</u>	<u>Service Code</u>
44 Mental Health Assessment 45 by Nonphysician	H0031
46 Mental Health Service 47 Plan Development	T1017
48 Mental Health Service 49 Plan Development	H0032
50 Mental Health Service Plan 51 Development (Home base)	H0032
52 Mental Health Service Plan 53 Development by Psychologist	H0032 AH
54 Physician Coordinated Care 55 Oversight Services	G9008
56 Behavioral Health Counseling, 57 Professional, Individual	H0004 H0
58 Behavioral Health Counseling, 59 Professional, Individual 60 (Home Based)	H0004 H0
61 Behavioral Health Counseling, 62 Professional, Group	H0004 H0HQ
63 Behavioral Health Counseling, 64 Supportive, Individual	H0004
65 Behavioral Health Counseling, 66 Supportive, Individual (Home Based)	H0004
67 Behavioral Health Counseling, 68 Supportive, Group	H0004 HQ
69 Skills Training and Development 70 1:1 by Paraprofessional	H2014 U4

71	Skills Training and Development 1:1 by	
72	Paraprofessional (Home Based)	H2014 U4
73	Skills Training and Development	
74	1:2-4 by Paraprofessional	H2014 U1
75	Skills Training and Development	
76	1:1 by Paraprofessional	H2014 HN U4
77	Skills Training and Development 1:1 by	
78	Professional (Home Based)	H2014 HN U4
79	Skills Training and Development	
80	1:2-4 by Professional	H2014 HN U1
81	Skills Training and Development	
82	1:2-4 by Professional (Home Based)	H2014 HN U1
83	Therapeutic Behavioral Health	
84	Services - Development	H2019 HO
85	Therapeutic Behavioral Services -	
86	Development (Home Based)	H2019 HO
87	Therapeutic Behavioral Services -	
88	Implementation	H2019
89	Therapeutic Behavioral Services -	
90	Implementation (Home Based)	H2019
91	Crisis Intervention	H2011
92	Crisis Intervention (Home Based)	H2011
93	Comprehensive Community Support	
94	Services Tx Ratio 1:12	H2015 U1
95	Comprehensive Community Support	
96	Services Tx Ratio 1:8	H2015 U2
97	Comprehensive Community Support	
98	Services (structured program 1:1)	H2014 U1
99	Crisis Stabilization - Community	
100	Psychiatric Supportive Treatment	H0036
101	ACT (daily rate)	H0040
102	Daily Treatment	H2012
103	Comprehensive Medication	
104	Services Mental Health	H2010
105	(c) This section does not preclude any other rate	
106	increase authorized by law.	

107 (d) The secretary shall provide a written report monthly
108 to the Joint Committee on Government and Finance
109 created by section one, article three, chapter four of this
110 code and the Legislative Oversight Commission on Health
111 and Human Resources Accountability created by section
112 four, article twenty-nine-e, chapter sixteen of this code on
113 the development and implementation of the provisions of
114 this section until they have been fully implemented.

115 (e) The provisions of this section shall be implemented
116 by July 1, 2009, or ninety days after the budget is enacted
117 for the fiscal year beginning July 1, 2009, whichever
118 occurs last. This section shall expire and be of no further
119 effect beginning July 1, 2013.

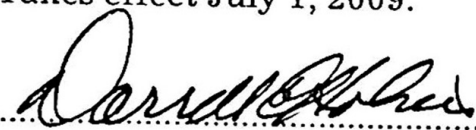
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.


.....
Chairman Senate Committee



.....
Chairman House Committee

Originated in the Senate.

Takes effect July 1, 2009.



.....
Clerk of the Senate


.....
Clerk of the House of Delegates


.....
President of the Senate


.....
Speaker House of Delegates

The within *is disapproved* this the *10th*
Day of *May*, 2009.


.....
Governor

PRESENTED TO THE
GOVERNOR

MAY 1 2009

Time 2:50 pm