

STATEMENT OF PURPOSE

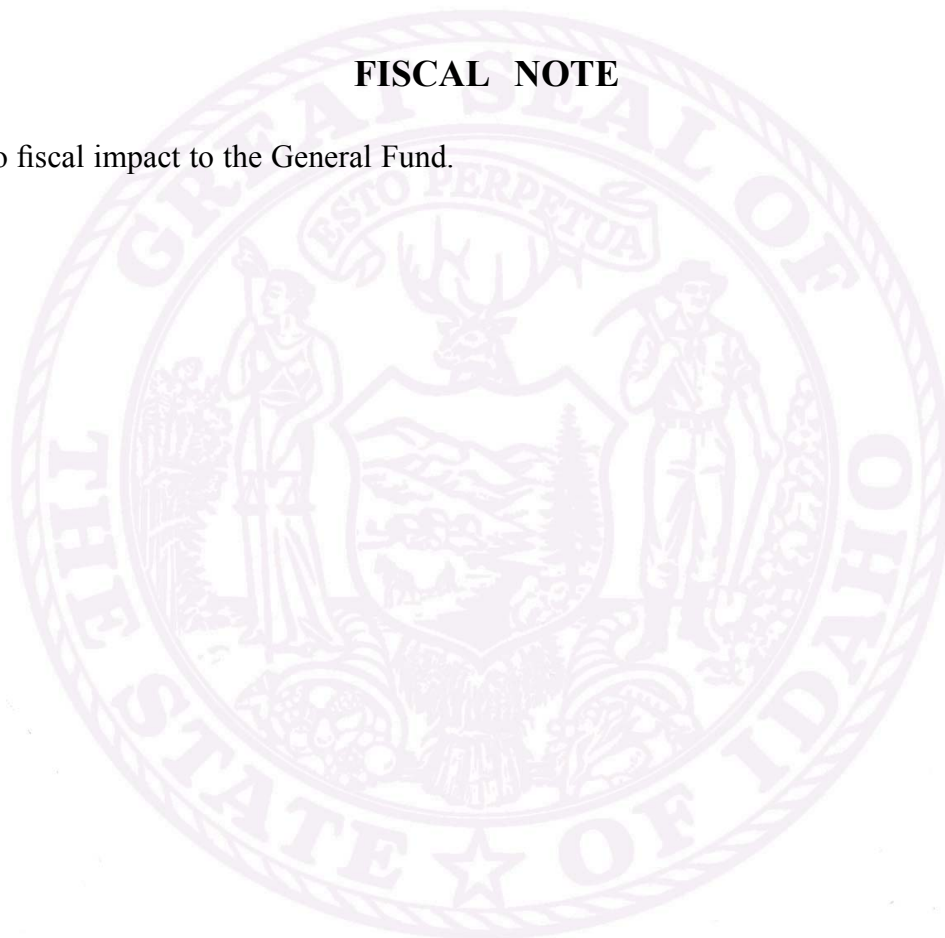
RS21592

The purpose of this bill is to realign Medicaid behavioral health benefits to allow for a managed care delivery system that includes independent, standardized, statewide assessment and evidence-based benefits as directed by House Bill 260 of the 2011 Legislature.

Currently, the Medicaid behavioral health benefits a participant may receive are restricted by specific service limitations outlined in statute and the benchmark benefit package in which the participant is enrolled. These changes will provide the flexibility needed to allow for evidence-based management of behavioral health services through a managed care contract.

FISCAL NOTE

There is no fiscal impact to the General Fund.



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