



General Assembly

February Session, 2000

***Raised Bill No. 5529***

LCO No. 1527

Referred to Committee on Human Services

Introduced by:  
(HS)

***An Act Promoting And Enhancing Behavioral Health Services For Children.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) The Commissioner of Social Services and the  
2 Commissioner of Children and Families shall: (1) Allocate state and  
3 federal funds for behavioral health services under the HUSKY Plan,  
4 Part A and Part B, to enhance services for those children with a serious  
5 emotional disturbance in accordance with section 2 of this act; (2)  
6 establish a medical assistance intergovernmental transfer account  
7 which shall contain any state funds appropriated to the Department of  
8 Social Services and the Department of Children and Families for a  
9 similar target population of children and maximize federal  
10 reimbursement for such services in accordance with section 3 of this  
11 act; (3) enhance the local systems of care by clarifying responsibilities  
12 and enhance accountability in accordance with section 4 of this act; (4)  
13 enable local systems of care to contract with an administrative services  
14 organization to assume the role of fiduciary for such local system of  
15 care in accordance with section 5 of this act; and (5) clarify that  
16 children voluntarily placed with the Department of Children and

17 Families may access case management services in accordance with  
18 section 6 of this act.

19 Sec. 2. (NEW) The Commissioner of Social Services and the  
20 Commissioner of Children and Families may select a contractor to  
21 administer behavioral health services under the HUSKY Plan, Part A  
22 and Part B for those children with a serious emotional disturbance. The  
23 Commissioner of Social Services may apply for any federal waivers  
24 necessary to implement the provisions of this section.

25 Sec. 3. (NEW) There is established a medical assistance  
26 intergovernmental transfer account, administered by the  
27 Commissioner of Social Services, consisting of any transfers to the  
28 account from publicly-operated entities providing reimbursable  
29 services under Title XIX or Title XXI of the Social Security Act and  
30 federal reimbursements related to medical assistance payments to  
31 publicly-operated entities. All amounts credited to the account shall  
32 be held in trust and shall be available for expenditure by the  
33 commissioner to be used solely for medical assistance payments to  
34 entities designated and authorized by the commissioner who has  
35 contractually agreed to make intergovernmental transfers to said  
36 account. The maximum payments and transfers from said account  
37 shall not exceed those permissible for federal reimbursement under  
38 Title XIX or Title XXI of the Social Security Act or any successor federal  
39 statute.

40 Sec. 4. Section 17a-127 of the general statutes is repealed and the  
41 following is substituted in lieu thereof:

42 (a) For the purposes of this section:

43 (1) "Emergency mobile psychiatric services" means mobile crisis  
44 services that are available twenty-four hours a day, seven days a week,  
45 to help children and adolescents during a mental health emergency;

46 (2) "Local system of care" means a method by which local

47 organizations work in teams to deliver behavioral health services in a  
48 manner that assists children and adolescents with mental health  
49 problems and provides their families with access to the full range of  
50 services tailored to the physical, emotional, social and educational  
51 needs of each individual in or near the communities in which they  
52 reside;

53 (3) "Step-down placements" means alternative placements to  
54 hospital-based care that include, but are not limited to, residential  
55 treatment with a clinical component, group homes and therapeutic  
56 foster care; and

57 (4) "Therapeutic foster care" means a family-based treatment option  
58 for children with social, emotional and psychological issues provided  
59 in a home with trained foster parents with access to support services  
60 and intended to precede a permanent placement.

61 (b) The Commissioner of Children and Families and the  
62 Commissioner of Social Services shall establish local systems of care.

63 [(a)] (c) The following shall be established for the purposes of  
64 developing and implementing an individual system of care plan:

65 (1) Within available appropriations, a child specific team may be  
66 developed by the family of a child or adolescent at placement risk and  
67 include, but not be limited to, family members, the child or adolescent  
68 if appropriate, clergy, school personnel, representatives of local or  
69 regional agencies providing programs and services for children and  
70 youth, a family advocate, and other community or family  
71 representatives. The team shall designate one member to be the team  
72 coordinator. The team coordinator shall make decisions affecting the  
73 implementation of an individual system of care plan with the consent  
74 of the team, except as otherwise provided by law. If a case manager,  
75 other than the case manager from the Department of Children and  
76 Families, has been assigned to the child and is not designated as the  
77 team coordinator, such case manager shall not make decisions

78 affecting the implementation of the individual system of care plan  
79 without the consent of the team, except as otherwise provided by law.  
80 [.] The case manager may submit a case summary to the case review  
81 committee that shall identify any deficiencies in behavioral health  
82 services for children and adolescents.

83 (2) Within available appropriations, case review committees may be  
84 developed by each regional office of the Department of Children and  
85 Families and shall be comprised of at least three parents of children or  
86 adolescents with serious emotional disturbance and representatives of  
87 local or regional agencies and service providers including, but not  
88 limited to, the regional administrator of the office of the Department of  
89 Children and Families or his designee, a superintendent of schools or  
90 his designee, a director of a local children's mental health agency or his  
91 designee, the district director of the district office of the Department of  
92 Social Services or his designee, representatives from the Departments  
93 of Mental Retardation and Mental Health and Addiction Services who  
94 are knowledgeable of the needs of a child or adolescent at placement  
95 risk, a representative from a local housing authority and a  
96 representative from the court system. The functions of the case review  
97 committees shall include, but not be limited to: (A) The determination  
98 of whether or not a child or adolescent meets the definition of a child  
99 or adolescent [at placement risk] with a serious emotional disturbance;  
100 (B) assisting children or families without a child specific team in the  
101 formation of such a team; [and] (C) resolution of the development or  
102 implementation of an individual system of care plan not developed,  
103 implemented or agreed upon by a child specific team; and (D)  
104 reviewing any deficiencies in behavioral health services for children  
105 and adolescents identified in case summaries completed by child  
106 specific teams. Such functions shall be completed in one hundred  
107 twenty days or less from the date of referral to the case review  
108 committee. The attendance of family members or guardians of a child  
109 or adolescent shall not be required by the committee in the  
110 performance of its functions. In the event of the need for an individual  
111 system of care plan for a child or adolescent with no identifiable

112 community, a representative of the child or adolescent shall make a  
113 referral to the state coordinated care committee, established pursuant  
114 to subdivision (3) of this subsection, which shall designate  
115 responsibility for the development of an individual system of care plan  
116 to a case review committee. The case review committee shall also  
117 monitor the implementation of an individual system of care plan when  
118 appropriate. [The Department of Children and Families may assign a]  
119 A system coordinator may be assigned to each case review committee.  
120 The duties of the system coordinator shall include, but not be limited  
121 to, assistance and consultation to child specific teams and assistance  
122 with the development of case review committees and child specific  
123 teams.

124 (3) A coordinated care committee shall be developed by the  
125 Commissioner of Children and Families and the Commissioner of  
126 Social Services and shall be comprised of a parent of a child or  
127 adolescent with serious emotional disturbance who is currently  
128 serving or has served on a case review committee, a person who is  
129 now or has been a recipient of services for a child or adolescent at  
130 placement risk, representatives of the Departments of Children and  
131 Families, Education, Mental Health and Addiction Services, Social  
132 Services and Mental Retardation who are knowledgeable of the needs  
133 of a child or adolescent at placement risk, and a representative of the  
134 Office of Protection and Advocacy for Persons with Disabilities who is  
135 knowledgeable of the needs of a child or adolescent at placement risk.  
136 The coordinated care committee shall designate an interagency  
137 management team consisting of agency administrators and family  
138 advocates. Such team shall serve as a steering committee for local  
139 systems of care, assess effectiveness of the case specific teams and case  
140 review committees, and establish interagency agreements. Not later  
141 than January 1, 2001, such team shall establish standards and  
142 guidelines for local systems of care to conduct local needs assessments,  
143 set objective functional goals that include benchmarks to measure the  
144 well-being of children and functional outcomes for children receiving  
145 behavioral health services.

146 (4) Not later than January 1, 2001, and annually thereafter, each local  
147 system of care shall (A) complete a local needs assessment which shall  
148 include objectives and outcome measures, (B) specify the number of  
149 children requiring behavioral health services, (C) specify the number  
150 of children actually receiving community-based and residential  
151 services and the type and frequency of such services, (D) complete an  
152 annual self-evaluation process and review of discharge summaries,  
153 and (E) develop a plan to address cultural competence issues.  
154 Community-based services shall include therapeutic foster care,  
155 emergency mobile psychiatric services, step-down placements,  
156 extended day treatment programs and home-based treatment  
157 programs. Not later than January 1, 2002, each local system of care  
158 shall comply with the system of care practice standards specified by  
159 the Department of Children and Families as a condition of continued  
160 case management funding.

161 (5) The Commissioner of Children and Families shall establish  
162 procedures for the transition of children and adolescents from the  
163 child welfare system to adult services.

164 (6) The Commissioner of Children and Families, within available  
165 appropriations, shall conduct research and evaluate all programs and  
166 projects in the state relative to the well-being of children and their  
167 families.

168 [(b)] (d) The commissioner, in consultation with the coordinated  
169 care committee, shall submit a report on the findings and  
170 recommendations of programs for children and youth [at placement  
171 risk] with serious emotional disturbances, including recommendations  
172 for budget options or programmatic changes necessary to enhance the  
173 system of care for such child or youth and his family, to the joint  
174 standing committee and the select committee of the General Assembly  
175 having cognizance of matters relating to children, on or before January  
176 1, 1998, and annually thereafter.

177 [(c)] (e) The provisions of this section shall not be construed to grant

178 an entitlement to any child or youth [at placement risk] with a serious  
179 emotional disturbance to receive particular services under this section  
180 in an individual system of care plan if such child or youth is not  
181 otherwise eligible to receive such services from any state agency or to  
182 receive such services pursuant to any other provision of law.

183 [(d)] (f) The Commissioner of Children and Families [may] shall  
184 adopt regulations in accordance with chapter 54 for the purpose of  
185 implementing the provisions of this section.

186 Sec. 5. Section 17a-128 of the general statutes is repealed and the  
187 following is substituted in lieu thereof:

188 (a) The Department of Children and Families shall establish a liaison  
189 to the Department of Social Services to ensure that Medicaid eligible  
190 children and youth receive mental health services in accordance with  
191 federal law.

192 (b) The Commissioner of Social Services and the Commissioner of  
193 Children and Families may jointly set a special risk-adjusted rate  
194 appropriate for behavioral health services for children and youth with  
195 serious emotional disturbances. Such services shall include the existing  
196 design for services under the HUSKY Plus programs established under  
197 section 17b-294, as amended by this act.

198 (c) The Commissioner of Social Services shall enter into a  
199 memorandum of understanding with the Commissioner of Children  
200 and Families for the purpose of the joint administration of behavioral  
201 health services under the risk-adjusted rate program. Such  
202 memorandum of understanding shall specify that (1) the Department  
203 of Social Services administer combined funding, manage all Medicaid  
204 and HUSKY Plan changes, waiver amendments, federal reporting,  
205 claims processing and provide financial management, and (2) the  
206 Department of Children and Families establish standards, monitor  
207 implementation and develop state-wide training programs on the  
208 systems of care approach for providers, families and other persons and

209 develop outcome measures and a plan to evaluate such administration  
210 of behavioral health services.

211 (d) The Commissioner of Social Services and the Commissioner of  
212 Children and Families, utilizing a request for proposals process, may  
213 select a contractor such as an administrative services organization to  
214 serve one or more local systems of care, as defined in section 17a-127,  
215 as amended by this act, and to assume the role of fiduciary for each  
216 such local system of care. The administrative services organization  
217 shall contract with the local system of care to (1) administer the  
218 prepaid, risk adjusted capitated rate for the local system of care, (2)  
219 assist the local system of care to develop and manage a provider  
220 network, (3) provide clinical and utilization management, (4) manage  
221 access to behavioral health services, (5) perform claims management  
222 and otherwise monitor expenditures, and (6) serve as a purchasing  
223 agent. The administrative services organization may contract with  
224 other organizations, including lead service agencies, to assist in  
225 fulfilling the fiduciary responsibilities for a local system of care. Said  
226 commissioners may implement the provisions of this subsection  
227 starting with those local systems of care where the commissioners  
228 determine services are well-developed and a high degree of  
229 cooperation exists among providers.

230 (e) The administrative services organization shall provide the  
231 Commissioner of Social Services, the Commissioner of Children and  
232 Families and the local system of care with (1) an audit that reviews  
233 compliance with performance standards, (2) post audit documentation  
234 for federal reimbursement for Medicaid eligible expenditures and all  
235 other appropriate reimbursement, (3) clinical and financial  
236 performance, quality management and customer satisfaction surveys,  
237 and (4) such reports and data analysis as may be requested by said  
238 commissioners.

239 (f) For the purposes of this section (1) "administrative services  
240 organization" means an association that provides administrative

241 support for the local systems of care and is responsible for maintaining  
242 performance and outcome data and providing financial management  
243 for reimbursements and reconciliation of funding requirements for the  
244 lead service agencies, and (2) "lead service agencies" means agencies  
245 that work in conjunction with local systems of care to provide a  
246 comprehensive array of community-based services and supports and  
247 are responsible for authorizing and reimbursing services delivered  
248 under approved individual treatment plans, funding all care required  
249 within a case rate, collecting and organizing all information required  
250 for quality management and performance oversight, providing  
251 administrative support to the local systems of care and ensuring that  
252 the local systems of care respond to the unique needs of their  
253 communities.

254       Sec. 6. Section 17a-129 of the general statutes is repealed and the  
255 following is substituted in lieu thereof:

256       There shall be no requirement for the Department of Children and  
257 Families to seek custody of any child or youth with mental illness,  
258 emotional disturbance, a behavioral disorder or developmental or  
259 physical disability if such child is voluntarily placed with the  
260 department by a parent or guardian of the child for the purpose of  
261 accessing an out-of-home placement or intensive outpatient service,  
262 including, but not limited to, residential treatment programs,  
263 therapeutic foster care programs and extended day treatment  
264 programs, except as permitted pursuant to sections 17a-101g and 46b-  
265 129. Commitment to or protective supervision or protection by the  
266 department shall not be a condition for receipt of services or benefits  
267 delivered or funded by the department. Any child voluntarily placed  
268 with the department may, within available appropriations, access case  
269 management services from the local system of care, as defined in  
270 section 17a-127, as amended by this act.

271       Sec. 7. Section 17b-294 of the general statutes is repealed and the  
272 following is substituted in lieu thereof:

273 (a) The commissioner shall, within available appropriations,  
274 establish two supplemental health insurance programs, to be known as  
275 HUSKY Plus programs, for enrollees of the subsidized portion of the  
276 HUSKY Plan, Part B with family incomes which do not exceed three  
277 hundred per cent of the federal poverty level, whose medical needs  
278 cannot be accommodated within the basic benefit package offered  
279 enrollees. One program shall supplement coverage for those medically  
280 eligible enrollees with intensive physical health needs and one shall  
281 supplement coverage for those medically eligible enrollees with  
282 intensive behavioral health needs.

283 (b) Within available appropriations, the commissioner shall contract  
284 with entities to administer and operate the HUSKY Plus program for  
285 medically eligible enrollees with intensive physical health needs. Such  
286 entities shall be the same entities that the Department of Public Health  
287 contracts with to administer and operate the program under Title V of  
288 the Social Security Act. The advisory committee established by the  
289 Department of Public Health for Title V of the Social Security Act shall  
290 be the steering committee for such program, except that such  
291 committee shall include representatives of the Departments of Social  
292 Services and Children and Families.

293 (c) Within available appropriations, the commissioner shall contract  
294 with one or more entities to operate the HUSKY Plus program for  
295 medically eligible enrollees with intensive behavioral health needs.  
296 The steering committee for such program shall be established by the  
297 commissioner, in consultation with the Commissioner of Children and  
298 Families. The steering committee shall include representatives of the  
299 Departments of Social Services and Children and Families.

300 (d) The acuity standards or diagnostic eligibility criteria, or both, the  
301 service benefits package and the provider network for the HUSKY Plus  
302 program for intensive physical health needs shall be consistent with  
303 that of Title V of the Social Security Act. Such service benefit package  
304 shall include powered wheelchairs.

305 (e) The steering committee for intensive behavioral health needs  
306 shall submit recommendations to the commissioner for acuity  
307 standards or diagnostic eligibility criteria, or both, for admission to the  
308 program for intensive behavioral health needs as well as a service  
309 benefits package. The criteria shall reflect the severity of psychiatric or  
310 substance abuse symptoms, the level of functional impairment  
311 secondary to symptoms and the intensity of service needs. The  
312 network of community-based providers in the program shall include  
313 the services generally provided by child guidance clinics, family  
314 service agencies, youth service bureaus and other community-based  
315 organizations.

316 (f) The commissioner shall adopt regulations, in accordance with  
317 chapter 54, to establish a procedure for the appeal of a denial of  
318 coverage under any of the HUSKY Plus programs. Such regulations  
319 shall provide that (1) an appeal of a denial of coverage for a medically  
320 eligible enrollee with intensive physical health needs shall be taken to  
321 the steering committee for intensive physical health needs, (2) an  
322 appeal of a denial of coverage for a medically eligible enrollee with  
323 intensive behavioral health needs shall be taken to the steering  
324 committee for intensive behavioral health needs, and (3) a medically  
325 eligible enrollee with intensive physical or behavioral health needs  
326 may appeal the decision of any such steering committee to the  
327 commissioner.

328 (g) The commissioner shall contract for an external quality review of  
329 the HUSKY Plus programs. Not later than January 1, 1999, and  
330 annually thereafter, the commissioner shall submit a report to the  
331 Governor and the General Assembly on the HUSKY Plus programs  
332 which shall include an evaluation of the health outcomes and access to  
333 care for medically eligible enrollees in the HUSKY Plus programs.

334 (h) On and after the date on which any medically eligible enrollee  
335 begins receiving benefits under the HUSKY Plus programs, such  
336 enrollee shall not be eligible for services under Title V of the Social

337 Security Act.

338 [(i) Not later than December 1, 1997, or not less than fifteen days  
339 before submission of the state children's health insurance plan to the  
340 joint standing committees of the General Assembly having cognizance  
341 of matters relating to human services, public health, insurance and  
342 appropriations and the budgets of state agencies, whichever is sooner,  
343 the commissioner shall submit to said joint standing committees of the  
344 General Assembly any part of the state children's health insurance plan  
345 that refers to the HUSKY Plus programs. Such submission shall  
346 address acuity standards and diagnostic eligibility criteria, the service  
347 benefit package and coordination between the HUSKY Plan, Part B  
348 and the HUSKY Plus programs and coordination with other state  
349 agencies. Within fifteen days of receipt of such submission, said joint  
350 standing committees of the General Assembly may advise the  
351 commissioner of their approval, denial or modifications, if any, of the  
352 submission. If the joint standing committees do not concur, the  
353 committee chairmen shall appoint a committee on conference which  
354 shall be comprised of three members from each joint standing  
355 committee. At least one member appointed from each committee shall  
356 be a member of the minority party. The report of the committee on  
357 conference shall be made to each committee, which shall vote to accept  
358 or reject the report. The report of the committee on conference may not  
359 be amended. If a joint standing committee rejects the report of the  
360 committee on conference, the submission shall be deemed approved. If  
361 the joint standing committees accept the report, the committee having  
362 cognizance of matters relating to appropriations and the budgets of  
363 state agencies shall advise the commissioner of their approval or  
364 modifications, if any, of the submission, provided if the committees do  
365 not act within fifteen days, the submission shall be deemed approved.]

366 [(j)] (i) The commissioner shall adopt regulations, in accordance  
367 with the provisions of chapter 54, to establish criteria and specify  
368 services for the HUSKY Plus programs. Such regulations shall state  
369 that the HUSKY Plus programs shall give priority in such programs to

370 enrollees with family incomes at or below two hundred thirty-five per  
371 cent of the federal poverty level.

372 [(k)] (j) As used in this section, "medically eligible enrollee" means  
373 any enrollee with special needs related to either physical or behavioral  
374 health who meets the acuity standards or diagnostic eligibility criteria  
375 adopted by the commissioner regarding the acuity, diagnosis,  
376 functional impairment and intensive service needs of the enrollee.

377 Sec. 8. Not later than July 1, 2001, each local system of care, as  
378 defined in section 17a-129, as amended by this act, shall develop a plan  
379 to achieve the following behavioral health goals: (1) Establish a  
380 community-based system of care responsive to specific populations; (2)  
381 provide alternatives to inpatient hospital care; and (3) integrate  
382 behavioral and primary care. Each local system of care shall submit its  
383 plan to the Commissioner of Social Services and the Commissioner of  
384 Children and Families by said date.

385 Sec. 9. This act shall take effect July 1, 2000.

***Statement of Purpose:***

To improve the delivery of behavioral health services and supports to children with mental health services needs and their families, to provide for the allocation of funds under the HUSKY Plan for behavioral health services for children with a serious emotional disturbance, to establish a medical assistance intergovernmental transfer account, to enhance local systems of care, and to enable local systems of care to contract with an administrative services organization to help manage the delivery of behavioral health services.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*