



General Assembly

Amendment

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LCO No. 7654

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Offered by:

SEN. MURPHY, 16th Dist.

REP. DILLON, 92nd Dist.

To: Subst. Senate Bill No. 553

File No. 301

Cal. No. 286

"AN ACT CONCERNING INPATIENT ADMISSIONS FOR CHILDREN WITH BEHAVIORAL HEALTH ISSUES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (*Effective from passage*) (a) The Commissioner of the Office
4 of Health Care Access shall establish a committee to examine whether
5 licensed hospital psychiatric inpatient bed capacity for children in this
6 state is sufficient and what steps, if any, are necessary to expand such
7 capacity. The committee shall make specific recommendations
8 concerning the expansion of licensed hospital psychiatric inpatient bed
9 capacity for children in mental health region five, established pursuant
10 to section 17a-478 of the general statutes.

11 (b) The committee shall consist of the following members:

12 (1) The Commissioners of Social Services and Children and
13 Families, or the commissioners' designees;

14 (2) The state Child Advocate, or the Child Advocate's designee; and

15 (3) Representatives of private children's hospitals and mental health
16 advocacy groups for children.

17 (c) Not later than January 1, 2006, the Commissioner of the Office of
18 Health Care Access shall submit a report, in accordance with the
19 provisions of section 11-4a of the general statutes, on the committee's
20 findings and recommendations to the General Assembly.

21 Sec. 2. (NEW) (*Effective July 1, 2005*) (a) The Commissioners of Social
22 Services and Children and Families shall develop and implement an
23 integrated behavioral health service system for HUSKY Part A and
24 HUSKY Part B members, children enrolled in the voluntary services
25 program operated by the Department of Children and Families and
26 may, at the discretion of the Commissioners of Children and Families
27 and Social Services, include other children, adolescents and families
28 served by the Department of Children and Families, which shall be
29 known as the Behavioral Health Partnership. The Behavioral Health
30 Partnership shall seek to increase access to quality behavioral health
31 services through: (1) Expansion of individualized, family-centered,
32 community-based services; (2) maximization of federal revenue to
33 fund behavioral health services; (3) reduction in the unnecessary use of
34 institutional and residential services for children; (4) capture and
35 investment of enhanced federal revenue and savings derived from
36 reduced residential services and increased community-based services;
37 (5) improved administrative oversight and efficiencies; and (6)
38 monitoring of individual outcomes, provider performance, taking into
39 consideration the acuity of the patients served by each provider, and
40 overall program performance.

41 (b) The Behavioral Health Partnership shall operate in accordance
42 with the financial requirements specified in this subsection. Prior to the
43 conversion of any grant funded services to a rate-based, fee-for-service
44 payment system, the Department of Social Services and the
45 Department of Children and Families shall submit documentation

46 verifying that the proposed rates seek to cover the reasonable cost of
47 providing services to the Behavioral Health Partnership Oversight
48 Council, established pursuant to section 5 of this act.

49 Sec. 3. (NEW) (*Effective July 1, 2005*) (a) The Commissioner of
50 Children and Families and the Commissioner of Social Services shall
51 each designate a director for the Behavioral Health Partnership. Each
52 director shall coordinate the responsibilities of his or her department,
53 within the statutory authority of each department, for the planning,
54 development, administration and evaluation of the activities specified
55 under subsection (a) of section 2 of this act to increase access to quality
56 behavioral health services.

57 (b) The departments shall direct the activities of the administrative
58 services organization, retained in accordance with section 17a-22f of
59 the general statutes, as amended by this act, under terms established in
60 a memorandum of understanding, in the development of a community
61 system of care to:

62 (1) Alleviate hospital emergency department overcrowding;

63 (2) Reduce unnecessary admissions and lengths of stay in hospitals
64 and residential treatment settings; and

65 (3) Increase availability of outpatient services.

66 Sec. 4. Section 17a-22f of the general statutes is repealed and the
67 following is substituted in lieu thereof (*Effective from passage*):

68 (a) The Commissioner of Social Services may, with regard to the
69 provision of behavioral health services provided pursuant to a state
70 plan under Title XIX or Title XXI of the Social Security Act: (1) Contract
71 with an administrative services organization to provide clinical
72 management, provider network development and other administrative
73 services; and (2) delegate responsibility to the Department of Children
74 and Families for the clinical management portion of [an] such
75 administrative contract, [pertaining to children under eighteen years of

76 age or individuals who are otherwise receiving behavioral health
77 services from said department.]

78 (b) For purposes of this section, the term "clinical management"
79 describes the process of evaluating and determining the
80 appropriateness of the utilization of behavioral health services,
81 providing assistance to clinicians or beneficiaries to ensure appropriate
82 use of resources and may include, but is not limited to, authorization,
83 concurrent and retrospective review, discharge review, quality
84 management, provider certification and provider performance
85 enhancement. The Commissioners of Social Services and Children and
86 Families shall jointly develop clinical management policies and
87 procedures. The Department of Social Services may implement policies
88 and procedures necessary to carry out the purposes of this section,
89 including any necessary changes to existing behavioral health policies
90 and procedures concerning utilization management, while in the
91 process of adopting such policies and procedures in regulation form,
92 provided the commissioner publishes notice of intention to adopt the
93 regulations in the Connecticut Law Journal within twenty days of
94 implementing such policies and procedures. Policies and procedures
95 implemented pursuant to this subsection shall be valid until the earlier
96 of (1) the time such regulations are effective, or (2) [December 1, 2003]
97 December 31, 2006.

98 Sec. 5. (NEW) (*Effective from passage*) (a) There is established a
99 Behavioral Health Partnership Oversight Council which shall advise
100 the Commissioners of Children and Families and Social Services on the
101 planning and implementation of the Behavioral Health Partnership.

102 (b) The council shall consist of the following members:

103 (1) The chairpersons and ranking members of the joint standing
104 committees of the General Assembly having cognizance of matters
105 relating to human services, public health, appropriations and budgets
106 of state agencies, or their designees;

107 (2) A member of the Community Mental Health Strategy Board,

108 established pursuant to section 17a-485b of the general statutes, as
109 selected by said board;

110 (3) Sixteen members appointed by the chairpersons of the advisory
111 council on Medicaid managed care, established pursuant to section
112 17b-28 of the general statutes;

113 (A) Two of whom are representatives of general or specialty
114 psychiatric hospitals;

115 (B) One of whom is an adult with a psychiatric disability;

116 (C) One of whom is an advocate for adults with psychiatric
117 disabilities;

118 (D) Two of whom are parents of children who have a behavioral
119 health disorder or have received child protection or juvenile justice
120 services from the Department of Children and Families;

121 (E) One of whom has expertise in health policy and evaluation;

122 (F) One of whom is an advocate for children with behavioral health
123 disorders;

124 (G) One of whom is a primary care provider serving HUSKY
125 children;

126 (H) One of whom is a child psychiatrist serving HUSKY children;

127 (I) One of whom is either an adult with a substance use disorder or
128 an advocate for adults with substance use disorders;

129 (J) One of whom is a representative of school-based health clinics;

130 (K) One of whom is a provider of community-based behavioral
131 health services for adults;

132 (L) One of whom is a provider of residential treatment for children;

133 (M) One of whom is a provider of community-based services for

134 children with behavioral health problems; and

135 (N) One of whom is a member of the advisory council on Medicaid
136 managed care;

137 (4) Four nonvoting ex-officio members, one each appointed by the
138 Commissioners of Social Services, Children and Families and Mental
139 Health and Addiction Services to represent his or her department and
140 one appointed by the Secretary of the Office of Policy and
141 Management to represent said department; and

142 (5) One representative from the administrative services organization
143 and from each Medicaid managed care organization, to be nonvoting
144 ex-officio members.

145 (c) All appointments to the council shall be made no later than July
146 1, 2005. Any vacancy shall be filled by the appointing authority.

147 (d) The chairpersons of the advisory council on Medicaid managed
148 care shall select the chairpersons of the Behavioral Health Partnership
149 Oversight Council from among the members of such oversight council.
150 Such chairpersons shall convene the first meeting of the council, which
151 shall be held not later than August 1, 2005. The council shall meet at
152 least monthly thereafter.

153 (e) The Joint Committee on Legislative Management shall provide
154 administrative support to the chairpersons and assistance in convening
155 the council's meetings.

156 (f) The council shall make specific recommendations on matters
157 related to the planning and implementation of the Behavioral Health
158 Partnership which shall include, but not be limited to: (1) Review of
159 any contract entered into by the Departments of Children and Families
160 and Social Services with an administrative services organization, to
161 assure that the administrative services organization's decisions are
162 based solely on clinical management criteria developed by the clinical
163 management committee established in section 6 of this act; (2) review

164 of behavioral health services pursuant to Title XIX and Title XXI of the
165 Social Security Act to assure that federal revenue is being maximized;
166 and (3) review of periodic reports on the program activities, finances
167 and outcomes, including reports from the director of the Behavioral
168 Health Partnership on achievement of service delivery system goals,
169 pursuant to section 3 of this act. The council may conduct or cause to
170 be conducted an external, independent evaluation of the Behavioral
171 Health Partnership.

172 (g) On or before March 1, 2006, and annually thereafter, the council
173 shall submit a report to the Governor and, in accordance with section
174 11-4a of the general statutes, to the joint standing committees of the
175 General Assembly having cognizance of matters relating to human
176 services, public health and appropriations and budgets of state
177 agencies, on the council's activities and progress.

178 Sec. 6. (NEW) (*Effective July 1, 2005*) There is established a clinical
179 management committee to develop clinical management guidelines to
180 be used for the Behavioral Health Partnership. The committee shall
181 consist of two members selected by the Commissioner of Children and
182 Families, two members selected by the Commissioner of Social
183 Services and two members selected by the Behavioral Health
184 Partnership Oversight Council, established pursuant to section 5 of
185 this act. Members of the committee shall have requisite expertise or
186 experience in behavioral health services.

187 Sec. 7. (NEW) (*Effective July 1, 2005*) The Departments of Children
188 and Families and Social Services shall develop consumer grievance
189 procedures and shall submit such procedures to the Behavioral Health
190 Partnership Oversight Council for review and comment. The
191 Departments of Children and Families and Social Services shall
192 establish time frames for appealing decisions made by the
193 administrative services organization, including an expedited review in
194 emergency situations. Any procedure for appeals shall require that an
195 appeal be heard not later than thirty days after such appeal is filed and
196 shall be decided not later than forty-five days after such appeal is filed.

197 Sec. 8. (NEW) (*Effective July 1, 2005*) On or before October 1, 2006,
198 and annually thereafter, the Commissioners of Children and Families
199 and Social Services shall conduct an evaluation of the Behavioral
200 Health Partnership and shall report, in accordance with section 11-4a
201 of the general statutes, to the joint standing committees of the General
202 Assembly having cognizance of matters relating to appropriations and
203 the budgets of state agencies, public health and human services on the
204 provision of behavioral health services under the Behavioral Health
205 Partnership, including information on the status of the administrative
206 services organization implementation, the status of the collaboration
207 among the Departments of Children and Families and Social Services,
208 the services provided, the number of persons served, program
209 outcomes and spending by child and adult populations.

210 Sec. 9. (NEW) (*Effective July 1, 2005*) Any savings derived from
211 implementation of the Behavioral Health Partnership shall be
212 reinvested into the Behavioral Health Partnership.

213 Sec. 10. (NEW) (*Effective July 1, 2005*) (a) The Departments of
214 Children and Families and Social Services may establish provider
215 specific inpatient, partial hospitalization, intensive outpatient and
216 other intensive service rates. Within available appropriations, the
217 initial rates shall not be less than each provider's blend of rates from
218 the HUSKY Plans in effect on June 1, 2005, unless the date of
219 implementation of the Behavioral Health Partnership is later than
220 January 1, 2006. If such implementation date is later than January 1,
221 2006, such initial rates, within available appropriations, shall not be
222 less than each provider's blend of rates in effect sixty days prior to the
223 implementation date of the Behavioral Health Partnership. Within
224 available appropriations, the departments may provide grant
225 payments, where necessary, to address provider financial impacts. The
226 departments may establish uniform outpatient rates allowing a
227 differential for child and adult services. In no event shall such rate
228 increases exceed rates paid through Medicare for such services. The
229 Behavioral Health Partnership Oversight Council shall review any
230 such rate methodology as provided for in subsection (b) of this section.

231 Notwithstanding the provisions of sections 17b-239 and 17b-241 of the
232 general statutes, rates for behavioral health services shall be
233 established in accordance with this section.

234 (b) All proposals for initial rates, reductions to existing rates and
235 changes in rate methodology within the Behavioral Health Partnership
236 shall be submitted to the Behavioral Health Partnership Oversight
237 Council for review. If the council does not recommend acceptance, it
238 may forward its recommendation to the joint standing committees of
239 the General Assembly having cognizance of matters relating to public
240 health, human services and appropriations and budgets of state
241 agencies. The committees shall hold a joint public hearing on the
242 subject of the proposed rates, to receive the partnership's rationale for
243 making such a rate change. Not later than ninety days after submission
244 by the departments, the committees of cognizance shall make
245 recommendations to the departments regarding the proposed rates.
246 The departments shall make every effort to incorporate
247 recommendations of both the council and the committees of
248 cognizance when setting rates.

249 Sec. 11. (NEW) (*Effective from passage*) (a) The Departments of
250 Children and Families and Social Services shall enter a joint contract
251 with an administrative services organization to perform eligibility
252 verification, utilization management, intensive care management,
253 quality management, coordination of medical and behavioral health
254 services, provider network development and management, recipient
255 and provider services and reporting. The contract shall provide for the
256 organization to commence such activities on or after October 1, 2005.

257 (b) Claims under the Behavioral Health Partnership shall be paid by
258 the Department of Social Services' Medicaid management information
259 systems vendor, except that the Department of Children and Families
260 may, at its discretion, continue to use existing claims payment systems.

261 (c) The administrative services organization shall authorize services,
262 based solely on guidelines established by the clinical management

263 committee, established pursuant to section 6 of this act. The
264 administrative services organization may make exceptions to the
265 guidelines when requested by a member, or the member's legal
266 guardian or service provider, and determined by the administrative
267 services organization to be in the best interest of the member.
268 Decisions regarding the interpretation of such guidelines shall be
269 made by the Departments of Children and Families and Social
270 Services. No administrative services organization shall have any
271 financial incentive to approve, deny or reduce services. The
272 administrative services organization shall ensure that service providers
273 and persons seeking services have timely access to program
274 information and timely responses to inquiries, including inquiries
275 concerning the clinical guidelines for services.

276 (d) The administrative services organization shall provide or
277 arrange for on-site assistance to facilitate the appropriate placement, as
278 soon as practicable, of children with behavioral health diagnoses who
279 the administrative services organization knows to have been in an
280 emergency department for over forty-eight hours. The administrative
281 services organization shall provide or arrange for on-site assistance to
282 arrange for the discharge or appropriate placement, as soon as
283 practicable, for children the administrative services organization
284 knows to have remained in an inpatient hospital unit for more than
285 five days longer than is medically necessary, as agreed by the
286 administrative services organization and the hospital.

287 (e) The Departments of Children and Families and Social Services
288 shall develop, in consultation with the Behavioral Health Partnership,
289 a comprehensive plan for monitoring the performance of the
290 administrative services organization which shall include data on
291 service authorizations, individual outcomes, appeals, outreach and
292 accessibility, comments from program participants compiled from
293 written surveys and face-to-face interviews.

294 (f) The Behavioral Health Partnership shall establish policies to
295 coordinate benefits received under the partnership with those received

296 through Medicaid managed care organizations for persons covered by
 297 both a Medicaid managed care organization and the Behavioral Health
 298 Partnership. Such policies shall specify a coordinated delivery of both
 299 physical and behavioral health care. The policies shall be submitted to
 300 the Behavioral Health Partnership Oversight Council for review and
 301 comment.

302 Sec. 12. (NEW) (*Effective July 1, 2005*) The Commissioner of Children
 303 and Families shall have the authority to certify providers of behavioral
 304 health Medicaid early periodic screening, detection and treatment and
 305 rehabilitation services for HUSKY Plan Part A for the purpose of
 306 coverage of Medicaid early periodic screening, detection and treatment
 307 or optional rehabilitation services. The Commissioner of Children and
 308 Families may adopt regulations, in accordance with the provisions of
 309 chapter 54 of the general statutes, for purposes of certification of such
 310 providers. The commissioner may implement policies and procedures
 311 for purposes of such certification while in the process of adopting such
 312 policies or procedures in regulation form, provided notice of intention
 313 to adopt the regulations is printed in the Connecticut Law Journal not
 314 later than twenty days after implementation and any such policies and
 315 procedures shall be valid until the time the regulations are effective.

316 Sec. 13. Section 17a-22e of the general statutes is repealed. (*Effective*
 317 *July 1, 2005*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2005</i>	New section
Sec. 3	<i>July 1, 2005</i>	New section
Sec. 4	<i>from passage</i>	17a-22f
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>July 1, 2005</i>	New section
Sec. 7	<i>July 1, 2005</i>	New section
Sec. 8	<i>July 1, 2005</i>	New section
Sec. 9	<i>July 1, 2005</i>	New section
Sec. 10	<i>July 1, 2005</i>	New section

Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>July 1, 2005</i>	New section
Sec. 13	<i>July 1, 2005</i>	Repealer section