



General Assembly

January Session, 2007

Committee Bill No. 5631

LCO No. 5874

* HB05631PH_APP032607 *

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING STATE SPENDING ON COMMUNITY MENTAL HEALTH SERVICES.

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

1 Section 1. Section 17a-485d of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective July 1, 2007*):

3 (a) The Department of Mental Health and Addiction Services, in
4 consultation with the Department of Social Services, shall conduct a
5 study concerning the implementation of adult rehabilitation services
6 under Medicaid. Not later than February 1, 2002, the departments shall
7 jointly submit a report of their findings and recommendations to the
8 Governor and to the joint standing committees of the General
9 Assembly having cognizance of matters relating to public health,
10 human services and appropriations and the budgets of state agencies,
11 in accordance with the provisions of section 11-4a. The report shall
12 include, but not be limited to, an implementation plan, a cost benefit
13 analysis and a description of the plan's impact on existing services.

14 (b) The Department of Mental Health and Addiction Services and
15 the Department of Social Services shall conduct a study concerning the

16 advisability of entering into an interagency agreement pursuant to
17 which the Department of Mental Health and Addiction Services would
18 provide clinical management of mental health services, including, but
19 not limited to, review and authorization of services, implementation of
20 quality assurance and improvement initiatives and provision of case
21 management services, for aged, blind or disabled adults enrolled in the
22 Medicaid program to the extent permitted under federal law. Not later
23 than February 1, 2002, the departments shall jointly submit a report of
24 their findings and recommendations to the Governor and to the joint
25 standing committees of the General Assembly having cognizance of
26 matters relating to public health, human services and appropriations
27 and the budgets of state agencies, in accordance with the provisions of
28 section 11-4a.

29 (c) The Commissioner of Social Services shall take such action as
30 may be necessary to amend the Medicaid state plan to provide for
31 coverage of optional adult rehabilitation services supplied by
32 providers of mental health services or substance abuse rehabilitation
33 services for adults with serious and persistent mental illness or who
34 have alcoholism or other substance abuse conditions, that are certified
35 by the Department of Mental Health and Addiction Services. [For the
36 fiscal years ending June 30, 2004, and June 30, 2005, up to three million
37 dollars in each such fiscal year of any moneys received by the state as
38 federal reimbursement for optional Medicaid adult rehabilitation
39 services shall be credited to the Community Mental Health Restoration
40 subaccount within the account established under section 17a-485 and
41 shall be available for use for the purposes of the subaccount.] The
42 Commissioner of Social Services shall adopt regulations, in accordance
43 with the provisions of chapter 54, to implement optional rehabilitation
44 services under the Medicaid program. The commissioner shall
45 implement policies and procedures to administer such services while
46 in the process of adopting such policies or procedures in regulation
47 form, provided notice of intention to adopt the regulations is printed
48 in the Connecticut Law Journal within forty-five days of
49 implementation, and any such policies or procedures shall be valid

50 until the time final regulations are effective. For the fiscal year ending
51 June 30, 2008, and for each fiscal year thereafter, the Commissioner of
52 Social Services shall reimburse providers of community mental health
53 services covered as optional rehabilitation services under the state
54 Medicaid plan utilizing a cost-based reimbursement methodology that
55 provides for an annual cost of living increase equal to the percentage
56 that reflects the increase, if any, in the National Consumer Price Index
57 for Urban Wage Earners and Clerical Workers for the previous twelve-
58 month period.

59 (d) Not later than February 1, 2006, the Commissioner of Mental
60 Health and Addiction Services, in consultation with the
61 Commissioners of Children and Families and Social Services shall
62 report, in accordance with the provisions of section 11-4a, to the joint
63 standing committees of the General Assembly having cognizance of
64 matters relating to public health, human services and appropriations
65 and the budgets of state agencies, on any moneys received by the state
66 as federal Medicaid reimbursement for providing coverage of optional
67 rehabilitation services for children and adults.

68 (e) The Commissioner of Mental Health and Addiction Services
69 shall have the authority to certify providers of mental health or
70 substance abuse rehabilitation services for adults with serious and
71 persistent mental illness or who have alcoholism or other substance
72 abuse conditions for the purpose of coverage of optional rehabilitation
73 services. The Commissioner of Mental Health and Addiction Services
74 shall adopt regulations, in accordance with the provisions of chapter
75 54, for purposes of certification of such providers. The commissioner
76 shall implement policies and procedures for purposes of such
77 certification while in the process of adopting such policies or
78 procedures in regulation form, provided notice of intention to adopt
79 the regulations is printed in the Connecticut Law Journal no later than
80 twenty days after implementation and any such policies and
81 procedures shall be valid until the time the regulations are effective.

82 Sec. 2. (NEW) (*Effective July 1, 2007*) (a) For the fiscal year ending

83 June 30, 2008, and for each fiscal year thereafter, the Department of
 84 Mental Health and Addiction Services shall expend for community
 85 mental health services an amount at least equal to the amount
 86 expended for such services for the fiscal year ending June 30, 2007,
 87 adjusted annually to reflect the increase, if any, in the National
 88 Consumer Price Index for Urban Wage Earners and Clerical Workers
 89 for the previous twelve-month period. Such increased funding shall be
 90 used to: (1) Provide services to persons with psychiatric disabilities or
 91 substance abuse disabilities, or both, who are not Medicaid eligible, (2)
 92 provide nonmedical and other services to persons with psychiatric
 93 disabilities or substance abuse disabilities, or both, that are not covered
 94 by Medicaid, (3) protect the capacity of providers from the costs
 95 associated with the transition to optional rehabilitation services under
 96 Medicaid, and (4) utilize any remaining funds to expand young adult
 97 services, supportive housing and intensive services in order to prevent
 98 the institutionalization of persons with psychiatric disabilities or
 99 substance abuse disabilities, or both.

100 (b) Not later than November 1, 2007, and annually on or before
 101 November first, the Commissioner of Mental Health and Addiction
 102 Services shall report, in accordance with section 11-4a of the general
 103 statutes, to the joint standing committees of the General Assembly
 104 having cognizance of matters relating to public health and social
 105 services and to the Community Mental Health Strategy Board
 106 regarding its plan for the use of such funds.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2007</i>	17a-485d
Sec. 2	<i>July 1, 2007</i>	New section

PH

Joint Favorable C/R

APP