



Senate

General Assembly

File No. 304

February Session, 2010

Substitute Senate Bill No. 402

Senate, April 6, 2010

The Committee on Public Health reported through SEN. HARRIS of the 5th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP.

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

1 Section 1. Section 17a-22h of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2010*):

3 (a) The Commissioners of Social Services, [and] Children and
4 Families, and Mental Health and Addiction Services shall develop and
5 implement an integrated behavioral health service system for HUSKY
6 Part A and HUSKY Part B members, children enrolled in the voluntary
7 services program operated by the Department of Children and
8 Families and may, at the discretion of the [Commissioners of Children
9 and Families and Social Services] commissioners, include: [other] (1)
10 Other children, adolescents and families served by the Department of
11 Children and Families; [, which] (2) recipients of medical services
12 under the state-administered general assistance program; (3) Medicaid
13 recipients in the aged, blind and disabled coverage groups; and (4)
14 Charter Oak Health Plan members. The integrated behavioral health
15 service system shall be known as the Behavioral Health Partnership.

16 The Behavioral Health Partnership shall seek to increase access to
17 quality behavioral health services [through: (1) Expansion of] by: (A)
18 Expanding individualized, family-centered [] and community-based
19 services; [(2) maximization of] (B) maximizing federal revenue to fund
20 behavioral health services; [(3) reduction in the] (C) reducing
21 unnecessary use of institutional and residential services for children
22 and adults; [(4) capture and investment of] (D) capturing and investing
23 enhanced federal revenue and savings derived from reduced
24 residential services and increased community-based services; [(5)
25 improved] (E) improving administrative oversight and efficiencies;
26 and [(6)] (F) monitoring [of] individual outcomes [] and provider
27 performance, taking into consideration the acuity of the patients
28 served by each provider, and overall program performance.

29 (b) The Behavioral Health Partnership shall operate in accordance
30 with the financial requirements specified in this subsection. Prior to the
31 conversion of any grant-funded services to a rate-based, fee-for-service
32 payment system, the Department of Social Services, [and] the
33 Department of Children and Families and the Department of Mental
34 Health and Addiction Services shall submit documentation verifying
35 that the proposed rates seek to cover the reasonable cost of providing
36 services to the Behavioral Health Partnership Oversight Council,
37 established pursuant to section 17a-22j, as amended by this act.

38 Sec. 2. Section 17a-22i of the general statutes is repealed and the
39 following is substituted in lieu thereof (*Effective October 1, 2010*):

40 (a) The [Commissioner] Commissioners of Children and Families,
41 [and the Commissioner of] Social Services and Mental Health and
42 Addiction Services shall each designate a director for the Behavioral
43 Health Partnership. Each director shall coordinate the responsibilities
44 of his or her department, within the statutory authority of each
45 department, for the planning, development, administration and
46 evaluation of the activities specified under subsection (a) of section
47 17a-22h, as amended by this act, to increase access to quality
48 behavioral health services.

49 (b) The departments shall direct the activities of [the] administrative
50 services [organization,] organizations retained in accordance with
51 section 17a-22f, as amended by this act, under terms established in [a
52 memorandum] memoranda of understanding, in the development of a
53 community system of care to:

54 (1) Alleviate hospital emergency department overcrowding;

55 (2) Reduce unnecessary admissions and lengths of stay in hospitals
56 and residential treatment settings; [and]

57 (3) Increase availability of outpatient services; and

58 (4) Promote a community-based, recovery-oriented system of care.

59 Sec. 3. Subsection (a) of section 17a-22f of the general statutes is
60 repealed and the following is substituted in lieu thereof (*Effective*
61 *October 1, 2010*):

62 (a) The Commissioner of Social Services may, with regard to the
63 provision of behavioral health services provided pursuant to a state
64 plan under Title XIX or Title XXI of the Social Security Act: (1) Contract
65 with [an] administrative services [organization] organizations to
66 provide clinical management, provider network development and
67 other administrative services; and (2) delegate responsibility to the
68 Department of Children and Families for the clinical management
69 portion of such administrative contract.

70 Sec. 4. Section 17a-22j of the general statutes is repealed and the
71 following is substituted in lieu thereof (*Effective October 1, 2010*):

72 (a) There is established a Behavioral Health Partnership Oversight
73 Council which shall advise the Commissioners of Children and
74 Families, [and] Social Services and Mental Health and Addiction
75 Services on the planning and implementation of the Behavioral Health
76 Partnership.

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

78 (1) Four appointed by the speaker of the House of Representatives;
79 two of whom are representatives of general or specialty psychiatric
80 hospitals; one of whom is an adult with a psychiatric disability; and
81 one of whom is an advocate for adults with psychiatric disabilities;

82 (2) Four appointed by the president pro tempore of the Senate, two
83 of whom are parents of children who have a behavioral health
84 disorder or have received child protection or juvenile justice services
85 from the Department of Children and Families; one of whom has
86 expertise in health policy and evaluation; and one of whom is an
87 advocate for children with behavioral health disorders;

88 (3) Two appointed by the majority leader of the House of
89 Representatives; one of whom is a primary care provider serving
90 children pursuant to the HUSKY Plan; and one of whom is a child
91 psychiatrist serving children pursuant to the HUSKY Plan;

92 (4) Two appointed by the majority leader of the Senate; one of
93 whom is either an adult with a substance use disorder or an advocate
94 for adults with substance use disorders; and one of whom is a
95 representative of school-based health clinics;

96 (5) Two appointed by the minority leader of the House of
97 Representatives; one of whom is a provider of community-based
98 behavioral health services for adults; and one of whom is a provider of
99 residential treatment for children;

100 (6) Two appointed by the minority leader of the Senate; one of
101 whom is a provider of community-based services for children with
102 behavioral health problems; and one of whom is a member of the
103 advisory council on Medicaid managed care;

104 (7) Four appointed by the Governor; two of whom are
105 representatives of general or specialty psychiatric hospitals and two of
106 whom are parents of children who have a behavioral health disorder
107 or have received child protection or juvenile justice services from the
108 Department of Children and Families;

109 (8) The chairpersons and ranking members of the joint standing
110 committees of the General Assembly having cognizance of matters
111 relating to human services, public health, appropriations and the
112 budgets of state agencies, or their designees;

113 [(9) A member of the Community Mental Health Strategy Board,
114 established pursuant to section 17a-485b, as selected by said board;

115 (10) The Commissioner of Mental Health and Addiction Services, or
116 said commissioner's designee;]

117 [(11) Seven] (9) Eight nonvoting ex-officio members, one each
118 appointed by the Commissioners of Social Services, Children and
119 Families, Mental Health and Addiction Services, Developmental
120 Services and Education to represent his or her department and one
121 appointed by the State Comptroller, the Secretary of the Office of
122 Policy and Management and the Office of Health Care Access to
123 represent said offices;

124 [(12)] (10) One or more consumers appointed by the chairpersons of
125 the council, to be nonvoting ex-officio members; and

126 [(13)] (11) One representative from [the] each administrative
127 services organization and from each Medicaid managed care
128 organization, to be nonvoting ex-officio members.

129 (c) All appointments to the council shall be made no later than July
130 1, 2005, except that the chairpersons of the council may appoint
131 additional consumers to the council as nonvoting ex-officio members.
132 Any vacancy shall be filled by the appointing authority.

133 (d) The chairpersons of the advisory council on Medicaid managed
134 care shall select the chairpersons of the Behavioral Health Partnership
135 Oversight Council from among the members of such oversight council.
136 Such chairpersons shall convene the first meeting of the council, which
137 shall be held not later than August 1, 2005. The council shall meet [at
138 least monthly] not less than six times a year thereafter.

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

142 (f) The council shall make specific recommendations on matters
143 related to the planning and implementation of the Behavioral Health
144 Partnership which shall include, but not be limited to: (1) Review of
145 any [contract] contracts entered into by the Departments of Children
146 and Families, [and] Social Services and Mental Health and Addiction
147 Services with [an] any administrative services [organization]
148 organizations, to assure that the administrative services organization's
149 decisions are based solely on clinical management criteria developed
150 by the clinical management committee established in section 17a-22k,
151 as amended by this act; (2) review of behavioral health services
152 pursuant to Title XIX and Title XXI of the Social Security Act to assure
153 that federal revenue is being maximized; (3) review of behavioral
154 health services under the Charter Oak Health Plan; and [(3)] (4) review
155 of periodic reports on the program activities, finances and outcomes,
156 including reports from the director of the Behavioral Health
157 Partnership on achievement of service delivery system goals, pursuant
158 to section 17a-22i, as amended by this act. The council may conduct or
159 cause to be conducted an external, independent evaluation of the
160 Behavioral Health Partnership.

161 [(g) On or before March 1, 2006, and annually thereafter, the council
162 shall submit a report to the Governor and, in accordance with section
163 11-4a, to the joint standing committees of the General Assembly having
164 cognizance of matters relating to human services, public health and
165 appropriations and the budgets of state agencies, on the council's
166 activities and progress.]

167 Sec. 5. Section 17a-22k of the general statutes is repealed and the
168 following is substituted in lieu thereof (*Effective October 1, 2010*):

169 There is established a clinical management committee to develop
170 clinical management guidelines to be used for the Behavioral Health
171 Partnership. The committee shall consist of two members selected by

172 the Commissioner of Children and Families, two members selected by
173 the Commissioner of Social Services, ~~[one member]~~ two members
174 selected by the Commissioner of Mental Health and Addiction
175 Services and two members selected by the Behavioral Health
176 Partnership Oversight Council, established pursuant to section 17a-22j,
177 as amended by this act. Members of the committee shall have requisite
178 expertise or experience in behavioral health services.

179 Sec. 6. Section 17a-22l of the general statutes is repealed and the
180 following is substituted in lieu thereof (*Effective October 1, 2010*):

181 The Departments of Children and Families, ~~[and]~~ Social Services
182 and Mental Health and Addiction Services shall develop consumer
183 and provider appeal procedures and shall submit such procedures to
184 the Behavioral Health Partnership Oversight Council for review and
185 comment. Such procedures shall include, but not be limited to,
186 procedures for a consumer or any provider acting on behalf of a
187 consumer to appeal a denial or determination. The Departments of
188 Children and Families, ~~[and]~~ Social Services and Mental Health and
189 Addiction Services shall establish time frames for appealing decisions
190 made by ~~[the]~~ an administrative services organization, including an
191 expedited review in emergency situations. Any procedure for appeals
192 shall require that an appeal be heard not later than thirty days after
193 such appeal is filed and shall be decided not later than forty-five days
194 after such appeal is filed.

195 Sec. 7. Section 17a-22m of the general statutes is repealed and the
196 following is substituted in lieu thereof (*Effective October 1, 2010*):

197 ~~[On or before October 1, 2006, and annually thereafter, the]~~ The
198 Commissioners of Children and Families, ~~[and]~~ Social Services and
199 Mental Health and Addiction Services shall conduct an annual
200 evaluation of the Behavioral Health Partnership and shall report, in
201 accordance with section 11-4a, to the joint standing committees of the
202 General Assembly having cognizance of matters relating to
203 appropriations and the budgets of state agencies, public health and
204 human services on the provision of behavioral health services under

205 the Behavioral Health Partnership, including information on the status
206 of [the] any administrative services organization implementation, the
207 status of the collaboration among the Departments of Children and
208 Families, [and] Social Services and Mental Health and Addiction
209 Services, the services provided, the number of persons served,
210 program outcomes and spending by child and adult populations.

211 Sec. 8. Section 17a-22n of the general statutes is repealed and the
212 following is substituted in lieu thereof (*Effective October 1, 2010*):

213 The [Department] Departments of Children and Families and
214 Mental Health and Addiction Services shall monitor the
215 implementation of the Behavioral Health Partnership and shall report
216 annually to the joint standing committees of the General Assembly
217 having cognizance of matters relating to human services, public health
218 and appropriations and the budgets of state agencies as to any
219 estimated cost savings, if any, resulting from implementation of the
220 Behavioral Health Partnership.

221 Sec. 9. Section 17a-22o of the general statutes is repealed and the
222 following is substituted in lieu thereof (*Effective October 1, 2010*):

223 [(a) The Departments of Children and Families and Social Services
224 may establish provider specific inpatient, partial hospitalization,
225 intensive outpatient and other intensive service rates. Within available
226 appropriations, the initial rates shall not be less than each provider's
227 blend of rates from the HUSKY Plans in effect on July 1, 2005, unless
228 the date of implementation of the Behavioral Health Partnership is
229 later than January 1, 2006. If such implementation date is later then
230 January 1, 2006, such initial rates, within available appropriations,
231 shall not be less than each provider's blend of rates in effect sixty days
232 prior to the implementation date of the Behavioral Health Partnership.
233 Within available appropriations, the departments may provide grant
234 payments, where necessary, to address provider financial impacts. The
235 departments may establish uniform outpatient rates allowing a
236 differential for child and adult services. In no event shall such rate
237 increases exceed rates paid through Medicare for such services. The

238 Behavioral Health Partnership Oversight Council shall review any
239 such rate methodology as provided for in subsection (b) of this section.
240 Notwithstanding the provisions of sections 17b-239 and 17b-241, rates
241 for behavioral health services shall be established in accordance with
242 this section.]

243 [(b) All] The Departments of Children and Families, Social Services
244 and Mental Health and Addiction Services shall submit all proposals
245 for initial rates, reductions to existing rates and changes in rate
246 methodology within the Behavioral Health Partnership [shall be
247 submitted] to the Behavioral Health Partnership Oversight Council for
248 review. If the council does not recommend acceptance, it may forward
249 its recommendation to the joint standing committees of the General
250 Assembly having cognizance of matters relating to public health,
251 human services and appropriations and the budgets of state agencies.
252 [The] In the event the council forwards its recommendation to said
253 joint standing committees: (1) The committees shall hold a joint public
254 hearing on the subject of the proposed rates, to receive the
255 partnership's rationale for making such a rate change; [. Not] and (2)
256 not later than ninety days after the date of submission of rates by the
257 departments to the council, the committees of cognizance shall make
258 recommendations to the departments regarding the proposed rates.
259 The departments shall make every effort to incorporate
260 recommendations of both the council and the committees of
261 cognizance when setting rates.

262 Sec. 10. Section 17a-22p of the general statutes is repealed and the
263 following is substituted in lieu thereof (*Effective October 1, 2010*):

264 (a) The Departments of Children and Families, [and] Social Services
265 and Mental Health and Addiction Services shall enter [a joint contract]
266 into contracts or agreements with [an] administrative services
267 [organization] organizations to perform eligibility verification,
268 utilization management, intensive care management, quality
269 management, coordination of medical and behavioral health services,
270 provider network development and management, recipient and

271 provider services and reporting. [The contract shall provide for the
272 organization to commence such activities on or after October 1, 2005.]

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

277 (c) [The administrative] Administrative services [organization]
278 organizations shall authorize services, based solely on guidelines
279 established by the clinical management committee, established
280 pursuant to section 17a-22k, as amended by this act. [The
281 administrative] Administrative services [organization] organizations
282 may make exceptions to the guidelines when requested by a member,
283 or the member's legal guardian or service provider, and determined by
284 the administrative services organization to be in the best interest of the
285 member. Decisions regarding the interpretation of such guidelines
286 shall be made by the Departments of Children and Families, [and]
287 Social Services and Mental Health and Addiction Services. No
288 administrative services organization shall have any financial incentive
289 to approve, deny or reduce services. [The administrative]
290 Administrative services [organization] organizations shall ensure that
291 service providers and persons seeking services have timely access to
292 program information and timely responses to inquiries, including
293 inquiries concerning the clinical guidelines for services.

294 (d) [The administrative] Administrative services [organization]
295 organizations shall provide or arrange for on-site assistance to
296 facilitate the appropriate placement, as soon as practicable, of children
297 with behavioral health diagnoses who the administrative services
298 [organization knows] organizations know to have been in an
299 emergency department for over forty-eight hours. [The administrative]
300 Administrative services [organization] organizations shall provide or
301 arrange for on-site assistance to arrange for the discharge or
302 appropriate placement, as soon as practicable, for children who the
303 administrative services [organization knows to] organizations know

304 have remained in an inpatient hospital unit for more than five days
305 longer than is medically necessary, as agreed by the administrative
306 services organization and the hospital.

307 (e) The Departments of Children and Families, [and] Social Services
308 and Mental Health and Addiction Services shall develop, in
309 consultation with the Behavioral Health Partnership, a comprehensive
310 plan for monitoring the performance of [the] administrative services
311 [organization] organizations which shall include data on service
312 authorizations, individual outcomes, appeals, outreach and
313 accessibility, comments from program participants compiled from
314 written surveys and face-to-face interviews.

315 (f) The Behavioral Health Partnership shall establish policies to
316 coordinate benefits received under the partnership with those received
317 through Medicaid or Charter Oak Health Plan managed care
318 organizations for persons covered by both a Medicaid or Charter Oak
319 Health Plan managed care organization and the Behavioral Health
320 Partnership. Such policies shall specify a coordinated delivery of both
321 physical and behavioral health care. The policies shall be submitted to
322 the Behavioral Health Partnership Oversight Council for review and
323 comment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2010	17a-22h
Sec. 2	October 1, 2010	17a-22i
Sec. 3	October 1, 2010	17a-22f(a)
Sec. 4	October 1, 2010	17a-22j
Sec. 5	October 1, 2010	17a-22k
Sec. 6	October 1, 2010	17a-22l
Sec. 7	October 1, 2010	17a-22m
Sec. 8	October 1, 2010	17a-22n
Sec. 9	October 1, 2010	17a-22o
Sec. 10	October 1, 2010	17a-22p

Statement of Legislative Commissioners:

In section 9, the first sentence of the former subsection (b) was rewritten for clarity and consistency with other provisions of the section.

PH *Joint Favorable Subst.-LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: See Below

Municipal Impact: None

Explanation

The bill adds the Department of Mental Health and Addiction Services (DMHAS) to the Behavioral Health Partnership, and allows the partnership to expand coverage to include the Medicaid fee-for-service, State Administered General Assistance (SAGA), and Charter Oak Health Plan populations. The impact of the bill is dependent on the extent to which the partnership expands coverage, the terms of the Administrative Services Organization contract(s), the number of Medicaid fee-for-service recipients, and the percent using behavioral health services, which are unknown at this time. In FY 09, the partnership incurred program and administrative expenditures of \$170.9 million.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Source: Department of Social Services Comprehensive Financial Status Report, Revised June 2009

OLR Bill Analysis**sSB 402*****AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP.*****SUMMARY:**

This bill makes a number of changes, primarily technical, to add the Department of Mental Health and Addiction Services (DHMAS) to the Connecticut Behavioral Health Partnership. The partnership is an integrated behavioral health system currently operated by the departments of Children and Families (DCF) and Social Services (DSS).

By adding DHMAS to the partnership, the bill requires the department to assume all partnership responsibilities such as (1) designating a partnership director to coordinate its agency responsibilities, (2) completing annual evaluation and reporting requirements, (3) developing consumer appeal procedures, and (4) monitoring administrative services organizations with whom it contracts to provide behavioral health services.

It also allows the partnership, at the departments' discretion, to expand coverage to include (1) State-Administered General Assistance (SAGA) Medical Assistance program recipients; (2) aged, blind, and disabled Medicaid recipients; and (3) Charter Oak Health Plan members. Currently, the partnership serves only (1) children and families receiving services under the HUSKY program; (2) children enrolled in DCF's voluntary services program; and (3) at the DCF and DSS commissioners' discretion, other children and families DCF serves. It also adds to the partnership's charge the reduction of the unnecessary use of institutional and residential services for adults, not just children.

Finally, the bill makes changes to the partnership's (1)

responsibilities, (2) rate setting, (3) clinical management committee, (4) coordinated benefit policies, and (5) oversight council.

It also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2010

BEHAVIORAL HEALTH PARTNERSHIP

Agency Direction

The bill requires the departments to jointly direct the administrative services organizations (ASOs) they select to develop a community system of care to promote a community-based, recovery oriented system of care. By law, the departments must also direct these ASOs to (1) alleviate hospital emergency room overcrowding, (2) reduce unnecessary admissions and lengths of stay in hospitals and residential treatment facilities, and (3) increase the availability of outpatient services.

Rate Setting

The bill removes obsolete language regarding the setting of partnership provider rates. It continues to require the departments to submit initial rates, rate reductions, and changes in the methodology they use to establish rates to the oversight council for its review.

Under current law, unchanged by the bill, if the council does not accept the rates or methodology changes, it can send its recommendations to the Appropriations, Human Services, and Public Health committees. These committees must hold a public hearing on the subject of the proposed rates (but not the rate setting methodology) to learn the partnership's reasons for the changes. They must make recommendations to the departments within 90 days after the proposed changes are submitted to the council. The departments must make every effort to incorporate the council's and the committees' recommendations when setting rates.

Clinical Management Committee

The bill increases, from one to two, the members appointed by the

DHMAS commissioner to the partnership's clinical management committee. The DCF and DSS commissioners and the oversight council continue to select two members each. All members must be experts or experienced in behavioral health services.

Coordinated Benefit Policies

Current law requires the partnership to establish policies to coordinate benefits for people covered by both the partnership and Medicaid managed care organizations. The bill expands these policies to include people also covered by Charter Oak Health Plan managed care organizations. It continues to require the oversight council to review these policies.

BEHAVIORAL HEALTH PARTNERSHIP OVERSIGHT COUNCIL

Membership

The Behavioral Health Partnership Oversight Council advises the departments on the partnership's planning and administration. The bill removes from the council's voting membership the DHMAS commissioner or her designee and a member of the Community Mental Health Strategy Board. It also adds to the council's nonvoting, ex-officio membership, a developmental services commissioner appointee.

The bill potentially increases the council's nonvoting ex-officio membership by recognizing that more than one ASO may participate in the partnership and allowing each ASO to appoint a council representative.

The bill reduces the frequency of council meetings from monthly to at least six times annually.

Responsibilities

The bill adds to the council's responsibilities the requirement that it review and make recommendations on Charter Oak Health Plan behavioral health services.

Current law also requires the council to review and make

recommendations on (1) contracts between the departments and ASOs to assure ASO decisions are based solely on clinical management criteria developed by the partnership's clinical management committee, (2) behavioral health services provided under HUSKY A and HUSKY B to assure the maximization of federal revenues, and (3) periodic reports on program activities, finances, and outcomes, including reports from the partnership director on achieving the system's goals.

Reporting Requirement

The bill removes the requirement that the council annually report on its activities and progress to the governor and the Appropriations, Human Services, and Public Health committees.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 30 Nay 0 (03/19/2010)