



Substitute Senate Bill No. 402

Public Act No. 10-119

AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP.

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

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 Section 17a-22h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioners of Social Services, [and] Children and Families, and Mental Health and Addiction Services shall develop and implement an integrated behavioral health service system for HUSKY [Part A and HUSKY Part B] Plan Parts A and B members, children enrolled in the voluntary services program operated by the Department of Children and Families and may, at the discretion of the [Commissioners of Children and Families and Social Services] commissioners, include: [other] (1) Other children, adolescents and families served by the Department of Children and Families; [, which] (2) Medicaid recipients who are not enrolled in HUSKY Plan Part A; and (3) Charter Oak Health Plan members. The integrated behavioral health service system shall be known as the Behavioral Health Partnership. The Behavioral Health Partnership shall seek to increase access to quality behavioral health services [through: (1) Expansion of] by: (A) Expanding individualized, family-centered [,] and community-based services; [(2) maximization of] (B) maximizing federal revenue to

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fund behavioral health services; [(3) reduction in the] (C) reducing unnecessary use of institutional and residential services for children and adults; [(4) capture and investment of] (D) capturing and investing enhanced federal revenue and savings derived from reduced residential services and increased community-based services for HUSKY Plan Parts A and B recipients; [(5) improved] (E) improving administrative oversight and efficiencies; and [(6)] (F) monitoring [of] individual outcomes [,] and provider performance, taking into consideration the acuity of the patients served by each provider, and overall program performance.

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

Sec. 2. Section 17a-22i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

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

- (1) Alleviate hospital emergency department overcrowding;
- (2) Reduce unnecessary admissions and lengths of stay in hospitals and residential treatment settings; [and]
- (3) Increase availability of outpatient services; and
- (4) Promote a community-based, recovery-oriented system of care.

Sec. 3. Section 17a-22f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Social Services may, with regard to the provision of behavioral health services provided pursuant to a state plan under Title XIX or Title XXI of the Social Security Act, or under the Charter Oak Health Plan: (1) Contract with [an] one or more administrative services [organization] organizations to provide clinical management, provider network development and other administrative services; [and] (2) delegate responsibility to the Department of Children and Families for the clinical management portion of such administrative contract or contracts that pertain to HUSKY Plan Parts A and B, and other children, adolescents and families served by the Department of Children and Families; and (3) delegate responsibility to the Department of Mental Health and Addiction Services for the clinical management portion of such administrative contract or contracts that pertain to Medicaid recipients who are not enrolled in HUSKY Plan Part A and recipients enrolled in the Charter Oak Health Plan.

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

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

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

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

(1) Four appointed by the speaker of the House of Representatives;

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two of whom are representatives of general or specialty psychiatric hospitals; one of whom is an adult with a psychiatric disability; and one of whom is an advocate for adults with psychiatric disabilities;

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

(3) Two appointed by the majority leader of the House of Representatives; one of whom is a primary care provider serving [children pursuant to the HUSKY Plan] adults or children in the Medicaid program; and one of whom is a child psychiatrist serving children pursuant to the HUSKY Plan;

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

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

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

(7) Four appointed by the Governor; two of whom are representatives of general or specialty psychiatric hospitals and two of whom are parents of children who have a behavioral health disorder

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or have received child protection or juvenile justice services from the Department of Children and Families;

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

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

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

(9) Four appointed by the chairpersons of the Behavioral Health Partnership Oversight Council; one of whom is a representative of a home health care agency providing behavioral health services; one of whom is a provider of substance use disorder treatment services; one of whom is an adult in recovery from a psychiatric disability; and one of whom is a parent or family member of an adult with a serious behavioral health disorder;

[(11) Seven] (10) Eight nonvoting ex-officio members, one each appointed by the Commissioners of Social Services, Children and Families, Mental Health and Addiction Services, Developmental Services and Education to represent his or her department and one appointed by the State Comptroller, the Secretary of the Office of Policy and Management and the Office of Health Care Access to represent said offices; and

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

[(13)] (11) One representative from [the] each administrative services organization and from each Medicaid managed care

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organization, to be nonvoting ex-officio members.

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

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

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

(f) The council shall make specific recommendations on matters related to the planning and implementation of the Behavioral Health Partnership which shall include, but not be limited to: (1) Review of any [contract] contracts entered into by the Departments of Children and Families, [and] Social Services and Mental Health and Addiction Services with [an] any administrative services [organization] organizations, to assure that the administrative services organization's decisions are based solely on clinical management criteria developed by the clinical management committee established in section 17a-22k, as amended by this act; (2) review of behavioral health services pursuant to Title XIX and Title XXI of the Social Security Act to assure that federal revenue is being maximized; (3) review of behavioral health services under the Charter Oak Health Plan; and [(3)] (4) review of periodic reports on the program activities, finances and outcomes, including reports from the director of the Behavioral Health Partnership on achievement of service delivery system goals, pursuant

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to section 17a-22i, as amended by this act. The council may conduct or cause to be conducted an external, independent evaluation of the Behavioral Health Partnership.

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

Sec. 5. Section 17a-22k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

There is established a clinical management committee to develop clinical management guidelines to be used for the Behavioral Health Partnership. The committee shall consist of two members selected by the Commissioner of Children and Families, two members selected by the Commissioner of Social Services, ~~[one member]~~ two members selected by the Commissioner of Mental Health and Addiction Services and two members selected by the Behavioral Health Partnership Oversight Council, established pursuant to section 17a-22j, as amended by this act. Members of the committee shall have requisite expertise or experience in behavioral health services.

Sec. 6. Section 17a-22l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Departments of Children and Families, ~~[and]~~ Social Services and Mental Health and Addiction Services shall develop consumer and provider appeal procedures and shall submit such procedures to the Behavioral Health Partnership Oversight Council for review and comment. Such procedures shall include, but not be limited to, procedures for a consumer or any provider acting on behalf of a

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consumer to appeal a denial or determination. The Departments of Children and Families, [and] Social Services and Mental Health and Addiction Services shall establish time frames for appealing decisions made by [the] an administrative services organization, including an expedited review in emergency situations. Any procedure for appeals shall require that an appeal be heard not later than thirty days after such appeal is filed and shall be decided not later than forty-five days after such appeal is filed.

Sec. 7. Section 17a-22m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[On or before October 1, 2006, and annually thereafter, the] The Commissioners of Children and Families, [and] Social Services and Mental Health and Addiction Services shall conduct an annual evaluation of the Behavioral Health Partnership and shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, public health and human services on the provision of behavioral health services under the Behavioral Health Partnership, including information on the status of [the] any administrative services organization implementation, the status of the collaboration among the Departments of Children and Families, [and] Social Services and Mental Health and Addiction Services, the services provided, the number of persons served, program outcomes and spending by child and adult populations.

Sec. 8. Section 17a-22n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The [Department] Departments of Children and Families and Mental Health and Addiction Services shall monitor the implementation of the Behavioral Health Partnership and shall report annually to the joint standing committees of the General Assembly

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having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies as to [any] estimated cost savings, if any, resulting from implementation of the Behavioral Health Partnership.

Sec. 9. Section 17a-22o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[(a) The Departments of Children and Families and Social Services may establish provider specific inpatient, partial hospitalization, intensive outpatient and other intensive service rates. Within available appropriations, the initial rates shall not be less than each provider's blend of rates from the HUSKY Plans in effect on July 1, 2005, unless the date of implementation of the Behavioral Health Partnership is later than January 1, 2006. If such implementation date is later than January 1, 2006, such initial rates, within available appropriations, shall not be less than each provider's blend of rates in effect sixty days prior to the implementation date of the Behavioral Health Partnership. Within available appropriations, the departments may provide grant payments, where necessary, to address provider financial impacts. The departments may establish uniform outpatient rates allowing a differential for child and adult services. In no event shall such rate increases exceed rates paid through Medicare for such services. The Behavioral Health Partnership Oversight Council shall review any such rate methodology as provided for in subsection (b) of this section. Notwithstanding the provisions of sections 17b-239 and 17b-241, rates for behavioral health services shall be established in accordance with this section.]

[(b) All] The Departments of Children and Families, Social Services and Mental Health and Addiction Services shall submit all proposals for initial rates, reductions to existing rates and changes in rate methodology within the Behavioral Health Partnership [shall be submitted] to the Behavioral Health Partnership Oversight Council for

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review. If the council does not recommend acceptance, it may forward its recommendation to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and appropriations and the budgets of state agencies. [The] In the event the council forwards its recommendation to said joint standing committees: (1) The committees shall hold a joint public hearing on the subject of the proposed rates, to receive the partnership's rationale for making such a rate change; [. Not] and (2) not later than ninety days after the date of submission of rates by the departments to the council, the committees of cognizance shall make recommendations to the departments regarding the proposed rates. The departments shall make every effort to incorporate recommendations of both the council and the committees of cognizance when setting rates.

Sec. 10. Section 17a-22p of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Departments of Children and Families, [and] Social Services and Mental Health and Addiction Services shall enter [a joint contract] into one or more joint contracts or agreements with an administrative services organization or organizations to perform eligibility verification, utilization management, intensive care management, quality management, coordination of medical and behavioral health services, provider network development and management, recipient and provider services and reporting. [The contract shall provide for the organization to commence such activities on or after October 1, 2005.]

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

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

(d) The administrative services organization for HUSKY Plan Parts A and B shall provide or arrange for on-site assistance to facilitate the appropriate placement, as soon as practicable, of children with behavioral health diagnoses who the administrative services organization knows to have been in an emergency department for over forty-eight hours. The administrative services organization shall provide or arrange for on-site assistance to arrange for the discharge or appropriate placement, as soon as practicable, for children who the administrative services organization knows to have remained in an inpatient hospital unit for more than five days longer than is medically necessary, as agreed by the administrative services organization and the hospital.

(e) The Departments of Children and Families, [and] Social Services and Mental Health and Addiction Services shall develop, in

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consultation with the Behavioral Health Partnership, a comprehensive plan for monitoring the performance of [the] administrative services [organization] organizations which shall include data on service authorizations, individual outcomes, appeals, outreach and accessibility, comments from program participants compiled from written surveys and face-to-face interviews.

(f) The Behavioral Health Partnership shall establish policies to coordinate benefits received under the partnership with those received through [Medicaid] managed care organizations or any other entity that contracts with the Department of Social Services for the management of medical benefits for persons covered by [both a] Medicaid or the Charter Oak Health Plan. [managed care organization and the Behavioral Health Partnership.] Such policies shall specify a coordinated delivery of both physical and behavioral health care. The policies shall be submitted to the Behavioral Health Partnership Oversight Council for review and comment.

Approved June 7, 2010