



General Assembly

Amendment

January Session, 2015

LCO No. 7444



Offered by:
SEN. CRISCO, 17th Dist.

To: Senate Bill No. 1085

File No. 449

Cal. No. 274

**"AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR
MENTAL OR NERVOUS CONDITIONS."**

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

3 "Section 1. Section 38a-488a of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective January 1, 2016*):

5 (a) [Each individual health insurance policy providing coverage of
6 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
7 38a-469 delivered, issued for delivery, renewed, amended or continued
8 in this state shall provide benefits for the diagnosis and treatment of
9 mental or nervous conditions.] For the purposes of this section: [,
10 "mental or nervous conditions"] (1) "Mental or nervous conditions"
11 means mental disorders, as defined in the most recent edition of the
12 American Psychiatric Association's "Diagnostic and Statistical Manual
13 of Mental Disorders". "Mental or nervous conditions" does not include
14 [(1)] (A) intellectual disabilities, [(2)] (B) specific learning disorders,

15 [(3)] (C) motor disorders, [(4)] (D) communication disorders, [(5)] (E)
16 caffeine-related disorders, [(6)] (F) relational problems, and [(7)] (G)
17 other conditions that may be a focus of clinical attention, that are not
18 otherwise defined as mental disorders in the most recent edition of the
19 American Psychiatric Association's "Diagnostic and Statistical Manual
20 of Mental Disorders"; [, except that coverage for an insured under such
21 policy who has been diagnosed with autism spectrum disorder prior to
22 the release of the fifth edition of the American Psychiatric Association's
23 "Diagnostic and Statistical Manual of Mental Disorders" shall be
24 provided in accordance with subsection (b) of section 38a-488b.] (2)
25 "benefits payable" means the usual, customary and reasonable charges
26 for treatment deemed necessary under generally accepted medical
27 standards, except that in the case of a managed care plan, as defined in
28 section 38a-478, "benefits payable" means the payments agreed upon in
29 the contract between a managed care organization, as defined in
30 section 38a-478, and a provider, as defined in section 38a-478; (3) "acute
31 treatment services" means twenty-four-hour medically supervised
32 treatment for a substance use disorder, that is provided in a medically
33 managed or medically monitored inpatient facility; and (4) "clinical
34 stabilization services" means twenty-four-hour clinically managed
35 postdetoxification treatment, including, but not limited to, relapse
36 prevention, family outreach, aftercare planning and addiction
37 education and counseling.

38 (b) (1) Each individual health insurance policy providing coverage
39 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section
40 38a-469 delivered, issued for delivery, renewed, amended or continued
41 in this state shall provide benefits for the diagnosis and treatment of
42 mental or nervous conditions. Benefits payable include, but need not
43 be limited to:

44 (A) General inpatient hospitalization, including in state-operated
45 facilities, without prior authorization for up to fourteen days of
46 inpatient hospital treatment for acute treatment services and clinical
47 stabilization services;

48 (B) Medically necessary acute treatment services and medically
49 necessary clinical stabilization services without prior authorization for
50 up to fourteen days;

51 (C) General hospital outpatient services, including at state-operated
52 facilities;

53 (D) Psychiatric inpatient hospitalization, including in state-operated
54 facilities;

55 (E) Psychiatric outpatient hospital services, including at state-
56 operated facilities;

57 (F) Intensive outpatient services, including at state-operated
58 facilities;

59 (G) Partial hospitalization, including at state-operated facilities;

60 (H) Evidence-based maternal, infant and early childhood home
61 visitation services, as described in Section 2951 of the Patient
62 Protection and Affordable Care Act, P.L. 111-148, as amended from
63 time to time, that are designed to improve health outcomes for
64 pregnant women, postpartum mothers and newborns and children,
65 including, but not limited to, for maternal substance use disorders or
66 depression and relationship-focused interventions for children with
67 mental or nervous conditions or substance use disorders;

68 (I) Intensive, home-based services designed to address specific
69 mental or nervous conditions in a child while remediating problematic
70 parenting practices and addressing other family and educational
71 challenges that affect the child's and family's ability to function;

72 (J) Intensive, family-based and community-based treatment
73 programs that focus on addressing environmental systems that impact
74 chronic and violent juvenile offenders;

75 (K) Evidence-based family-focused therapy that specializes in the

- 76 treatment of juvenile substance use disorders and delinquency;
- 77 (L) Short-term family therapy intervention and juvenile diversion
78 programs that target at-risk children to address adolescent behavior
79 problems, conduct disorders, substance use disorders and
80 delinquency;
- 81 (M) Other home-based therapeutic interventions for children;
- 82 (N) Chemical maintenance treatment, as defined in section 19a-495-
83 570 of the regulations of Connecticut state agencies;
- 84 (O) Nonhospital inpatient detoxification;
- 85 (P) Medically monitored detoxification;
- 86 (Q) Ambulatory detoxification;
- 87 (R) Inpatient services at psychiatric residential treatment facilities;
- 88 (S) Extended day treatment programs, as described in section 17a-
89 22;
- 90 (T) Rehabilitation services provided in residential treatment
91 facilities, general hospitals, psychiatric hospitals or psychiatric
92 facilities;
- 93 (U) Observation beds in acute hospital settings;
- 94 (V) Psychological and neuropsychological testing conducted by an
95 appropriately licensed health care provider;
- 96 (W) Trauma screening conducted by a licensed behavioral health
97 professional;
- 98 (X) Depression screening, including maternal depression screening,
99 conducted by a licensed behavioral health professional; and
- 100 (Y) Substance use screening conducted by a licensed behavioral

101 health professional.

102 (2) With respect to the benefits required under subparagraphs (A)
103 and (B) of subdivision (1) of this subsection, the facility at which such
104 hospitalization or treatment is provided shall, not later than forty-eight
105 hours after the insured's admission for such hospitalization or
106 treatment, notify the issuer of the policy of such admission and
107 provide an initial treatment plan to such issuer. Such issuer may
108 initiate utilization review for such hospitalization or treatment on or
109 after the seventh day after such hospitalization or treatment
110 commences but may not deny any care, service or treatment under
111 such treatment plan until after the fourteenth day of such
112 hospitalization or treatment.

113 [(b)] (c) No such policy shall establish any terms, conditions or
114 benefits that place a greater financial burden on an insured for access
115 to diagnosis or treatment of mental or nervous conditions than for
116 diagnosis or treatment of medical, surgical or other physical health
117 conditions, or prohibit an insured from obtaining or a health care
118 provider from being reimbursed for multiple screening services as part
119 of a single-day visit to a health care provider or a multicare institution,
120 as defined in section 19a-490.

121 [(c)] (d) In the case of benefits payable for the services of a licensed
122 physician, such benefits shall be payable for the same services when
123 such services are lawfully rendered by a psychologist licensed under
124 the provisions of chapter 383 or by such a licensed psychologist in a
125 licensed hospital or clinic.

126 [(d)] (e) In the case of benefits payable for the services of a licensed
127 physician or psychologist, such benefits shall be payable for the same
128 services when such services are rendered by:

129 (1) A clinical social worker who is licensed under the provisions of
130 chapter 383b and who has passed the clinical examination of the
131 American Association of State Social Work Boards and has completed

132 at least two thousand hours of post-master's social work experience in
133 a nonprofit agency qualifying as a tax-exempt organization under
134 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
135 corresponding internal revenue code of the United States, as from time
136 to time amended, in a municipal, state or federal agency or in an
137 institution licensed by the Department of Public Health under section
138 19a-490;

139 (2) A social worker who was certified as an independent social
140 worker under the provisions of chapter 383b prior to October 1, 1990;

141 (3) A licensed marital and family therapist who has completed at
142 least two thousand hours of post-master's marriage and family therapy
143 work experience in a nonprofit agency qualifying as a tax-exempt
144 organization under Section 501(c) of the Internal Revenue Code of 1986
145 or any subsequent corresponding internal revenue code of the United
146 States, as from time to time amended, in a municipal, state or federal
147 agency or in an institution licensed by the Department of Public Health
148 under section 19a-490;

149 (4) A marital and family therapist who was certified under the
150 provisions of chapter 383a prior to October 1, 1992;

151 (5) A licensed alcohol and drug counselor, as defined in section 20-
152 74s, or a certified alcohol and drug counselor, as defined in section 20-
153 74s; [or]

154 (6) A licensed professional counselor; or

155 (7) An advanced practice registered nurse licensed under chapter
156 378.

157 [(e) For purposes of this section, the term "covered expenses" means
158 the usual, customary and reasonable charges for treatment deemed
159 necessary under generally accepted medical standards, except that in
160 the case of a managed care plan, as defined in section 38a-478,
161 "covered expenses" means the payments agreed upon in the contract

162 between a managed care organization, as defined in section 38a-478,
163 and a provider, as defined in section 38a-478.]

164 (f) (1) In the case of benefits payable for the services of a licensed
165 physician, such benefits shall be payable for (A) services rendered in a
166 child guidance clinic or residential treatment facility by a person with a
167 master's degree in social work or by a person with a master's degree in
168 marriage and family therapy under the supervision of a psychiatrist,
169 physician, licensed marital and family therapist, or licensed clinical
170 social worker who is eligible for reimbursement under subdivisions (1)
171 to (4), inclusive, of subsection [(d)] (e) of this section; (B) services
172 rendered in a residential treatment facility by a licensed or certified
173 alcohol and drug counselor who is eligible for reimbursement under
174 subdivision (5) of subsection [(d)] (e) of this section; or (C) services
175 rendered in a residential treatment facility by a licensed professional
176 counselor who is eligible for reimbursement under subdivision (6) of
177 subsection [(d)] (e) of this section.

178 (2) In the case of benefits payable for the services of a licensed
179 psychologist under subsection [(d)] (e) of this section, such benefits
180 shall be payable for (A) services rendered in a child guidance clinic or
181 residential treatment facility by a person with a master's degree in
182 social work or by a person with a master's degree in marriage and
183 family therapy under the supervision of such licensed psychologist,
184 licensed marital and family therapist, or licensed clinical social worker
185 who is eligible for reimbursement under subdivisions (1) to (4),
186 inclusive, of subsection [(d)] (e) of this section; (B) services rendered in
187 a residential treatment facility by a licensed or certified alcohol and
188 drug counselor who is eligible for reimbursement under subdivision
189 (5) of subsection [(d)] (e) of this section; or (C) services rendered in a
190 residential treatment facility by a licensed professional counselor who
191 is eligible for reimbursement under subdivision (6) of subsection [(d)]
192 (e) of this section.

193 (g) In the case of benefits payable for the service of a licensed
194 physician practicing as a psychiatrist or a licensed psychologist, under

195 subsection [(d)] (e) of this section, such benefits shall be payable for
196 outpatient services rendered (1) in a nonprofit community mental
197 health center, as defined by the Department of Mental Health and
198 Addiction Services, in a nonprofit licensed adult psychiatric clinic
199 operated by an accredited hospital or in a residential treatment facility;
200 (2) under the supervision of a licensed physician practicing as a
201 psychiatrist, a licensed psychologist, a licensed marital and family
202 therapist, a licensed clinical social worker, a licensed or certified
203 alcohol and drug counselor or a licensed professional counselor who is
204 eligible for reimbursement under subdivisions (1) to (6), inclusive, of
205 subsection [(d)] (e) of this section; and (3) within the scope of the
206 license issued to the center or clinic by the Department of Public
207 Health or to the residential treatment facility by the Department of
208 Children and Families.

209 (h) Except in the case of emergency services or in the case of services
210 for which an individual has been referred by a physician affiliated
211 with a health care center, nothing in this section shall be construed to
212 require a health care center to provide benefits under this section
213 through facilities that are not affiliated with the health care center.

214 (i) In the case of any person admitted to a state institution or facility
215 administered by the Department of Mental Health and Addiction
216 Services, Department of Public Health, Department of Children and
217 Families or the Department of Developmental Services, the state shall
218 have a lien upon the proceeds of any coverage available to such person
219 or a legally liable relative of such person under the terms of this
220 section, to the extent of the per capita cost of such person's care. Except
221 in the case of emergency services, the provisions of this subsection
222 shall not apply to coverage provided under a managed care plan, as
223 defined in section 38a-478.

224 Sec. 2. Section 38a-514 of the general statutes is repealed and the
225 following is substituted in lieu thereof (*Effective January 1, 2016*):

226 (a) [Except as provided in subsection (j) of this section, each group

227 health insurance policy, providing coverage of the type specified in
228 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,
229 issued for delivery, renewed, amended or continued in this state shall
230 provide benefits for the diagnosis and treatment of mental or nervous
231 conditions.] For the purposes of this section: [, "mental or nervous
232 conditions"] (1) "Mental or nervous conditions" means mental
233 disorders, as defined in the most recent edition of the American
234 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
235 Disorders". "Mental or nervous conditions" does not include [(1)] (A)
236 intellectual disabilities, [(2)] (B) specific learning disorders, [(3)] (C)
237 motor disorders, [(4)] (D) communication disorders, [(5)] (E) caffeine-
238 related disorders, [(6)] (F) relational problems, and [(7)] (G) other
239 conditions that may be a focus of clinical attention, that are not
240 otherwise defined as mental disorders in the most recent edition of the
241 American Psychiatric Association's "Diagnostic and Statistical Manual
242 of Mental Disorders"; [, except that coverage for an insured under such
243 policy who has been diagnosed with autism spectrum disorder prior to
244 the release of the fifth edition of the American Psychiatric Association's
245 "Diagnostic and Statistical Manual of Mental Disorders" shall be
246 provided in accordance with subsection (i) of section 38a-514b.] (2)
247 "benefits payable" means the usual, customary and reasonable charges
248 for treatment deemed necessary under generally accepted medical
249 standards, except that in the case of a managed care plan, as defined in
250 section 38a-478, "benefits payable" means the payments agreed upon in
251 the contract between a managed care organization, as defined in
252 section 38a-478, and a provider, as defined in section 38a-478; (3) "acute
253 treatment services" means twenty-four-hour medically supervised
254 treatment for a substance use disorder, that is provided in a medically
255 managed or medically monitored inpatient facility; and (4) "clinical
256 stabilization services" means twenty-four-hour clinically managed
257 postdetoxification treatment, including, but not limited to, relapse
258 prevention, family outreach, aftercare planning and addiction
259 education and counseling.

260 (b) (1) Except as provided in subsection (j) of this section, each

261 group health insurance policy, providing coverage of the type
262 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469,
263 delivered, issued for delivery, renewed, amended or continued in this
264 state shall provide benefits for the diagnosis and treatment of mental
265 or nervous conditions. Benefits payable include, but need not be
266 limited to:

267 (A) General inpatient hospitalization, including in state-operated
268 facilities, without prior authorization for up to fourteen days of
269 inpatient hospital treatment for acute treatment services and clinical
270 stabilization services;

271 (B) Medically necessary acute treatment services and medically
272 necessary clinical stabilization services without prior authorization for
273 up to fourteen days;

274 (C) General hospital outpatient services, including at state-operated
275 facilities;

276 (D) Psychiatric inpatient hospitalization, including in state-operated
277 facilities;

278 (E) Psychiatric outpatient hospital services, including at state-
279 operated facilities;

280 (F) Intensive outpatient services, including at state-operated
281 facilities;

282 (G) Partial hospitalization, including at state-operated facilities;

283 (H) Evidence-based maternal, infant and early childhood home
284 visitation services, as described in Section 2951 of the Patient
285 Protection and Affordable Care Act, P.L. 111-148, as amended from
286 time to time, that are designed to improve health outcomes for
287 pregnant women, postpartum mothers and newborns and children,
288 including, but not limited to, for maternal substance use disorders or
289 depression and relationship-focused interventions for children with

- 290 mental or nervous conditions or substance use disorders;
- 291 (I) Intensive, home-based services designed to address specific
292 mental or nervous conditions in a child while remediating problematic
293 parenting practices and addressing other family and educational
294 challenges that affect the child's and family's ability to function;
- 295 (J) Intensive, family-based and community-based treatment
296 programs that focus on addressing environmental systems that impact
297 chronic and violent juvenile offenders;
- 298 (K) Evidence-based family-focused therapy that specializes in the
299 treatment of juvenile substance use disorders and delinquency;
- 300 (L) Short-term family therapy intervention and juvenile diversion
301 programs that target at-risk children to address adolescent behavior
302 problems, conduct disorders, substance use disorders and
303 delinquency;
- 304 (M) Other home-based therapeutic interventions for children;
- 305 (N) Chemical maintenance treatment, as defined in section 19a-495-
306 570 of the regulations of Connecticut state agencies;
- 307 (O) Nonhospital inpatient detoxification;
- 308 (P) Medically monitored detoxification;
- 309 (Q) Ambulatory detoxification;
- 310 (R) Inpatient services at psychiatric residential treatment facilities;
- 311 (S) Extended day treatment programs, as described in section 17a-
312 22;
- 313 (T) Rehabilitation services provided in residential treatment
314 facilities, general hospitals, psychiatric hospitals or psychiatric
315 facilities;

- 316 (U) Observation beds in acute hospital settings;
- 317 (V) Psychological and neuropsychological testing conducted by an
318 appropriately licensed health care provider;
- 319 (W) Trauma screening conducted by a licensed behavioral health
320 professional;
- 321 (X) Depression screening, including maternal depression screening,
322 conducted by a licensed behavioral health professional; and
- 323 (Y) Substance use screening conducted by a licensed behavioral
324 health professional.
- 325 (2) With respect to the benefits required under subparagraphs (A)
326 and (B) of subdivision (1) of this subsection, the facility at which such
327 hospitalization or treatment is provided shall, not later than forty-eight
328 hours after the insured's admission for such hospitalization or
329 treatment, notify the issuer of the policy of such admission and
330 provide an initial treatment plan to such issuer. Such issuer may
331 initiate utilization review for such hospitalization or treatment on or
332 after the seventh day after such hospitalization or treatment
333 commences but may not deny any care, service or treatment under
334 such treatment plan until after the fourteenth day of such
335 hospitalization or treatment.
- 336 [(b)] (c) No such group policy shall establish any terms, conditions
337 or benefits that place a greater financial burden on an insured for
338 access to diagnosis or treatment of mental or nervous conditions than
339 for diagnosis or treatment of medical, surgical or other physical health
340 conditions, or prohibit an insured from obtaining or a health care
341 provider from being reimbursed for multiple screening services as part
342 of a single-day visit to a health care provider or a multicare institution,
343 as defined in section 19a-490.
- 344 [(c)] (d) In the case of benefits payable for the services of a licensed
345 physician, such benefits shall be payable for the same services when

346 such services are lawfully rendered by a psychologist licensed under
347 the provisions of chapter 383 or by such a licensed psychologist in a
348 licensed hospital or clinic.

349 [(d)] (e) In the case of benefits payable for the services of a licensed
350 physician or psychologist, such benefits shall be payable for the same
351 services when such services are rendered by:

352 (1) A clinical social worker who is licensed under the provisions of
353 chapter 383b and who has passed the clinical examination of the
354 American Association of State Social Work Boards and has completed
355 at least two thousand hours of post-master's social work experience in
356 a nonprofit agency qualifying as a tax-exempt organization under
357 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
358 corresponding internal revenue code of the United States, as from time
359 to time amended, in a municipal, state or federal agency or in an
360 institution licensed by the Department of Public Health under section
361 19a-490;

362 (2) A social worker who was certified as an independent social
363 worker under the provisions of chapter 383b prior to October 1, 1990;

364 (3) A licensed marital and family therapist who has completed at
365 least two thousand hours of post-master's marriage and family therapy
366 work experience in a nonprofit agency qualifying as a tax-exempt
367 organization under Section 501(c) of the Internal Revenue Code of 1986
368 or any subsequent corresponding internal revenue code of the United
369 States, as from time to time amended, in a municipal, state or federal
370 agency or in an institution licensed by the Department of Public Health
371 under section 19a-490;

372 (4) A marital and family therapist who was certified under the
373 provisions of chapter 383a prior to October 1, 1992;

374 (5) A licensed alcohol and drug counselor, as defined in section 20-
375 74s, or a certified alcohol and drug counselor, as defined in section 20-
376 74s; [or]

377 (6) A licensed professional counselor; or

378 (7) An advanced practice registered nurse licensed under chapter
379 378.

380 [(e) For purposes of this section, the term "covered expenses" means
381 the usual, customary and reasonable charges for treatment deemed
382 necessary under generally accepted medical standards, except that in
383 the case of a managed care plan, as defined in section 38a-478,
384 "covered expenses" means the payments agreed upon in the contract
385 between a managed care organization, as defined in section 38a-478,
386 and a provider, as defined in section 38a-478.]

387 (f) (1) In the case of benefits payable for the services of a licensed
388 physician, such benefits shall be payable for (A) services rendered in a
389 child guidance clinic or residential treatment facility by a person with a
390 master's degree in social work or by a person with a master's degree in
391 marriage and family therapy under the supervision of a psychiatrist,
392 physician, licensed marital and family therapist or licensed clinical
393 social worker who is eligible for reimbursement under subdivisions (1)
394 to (4), inclusive, of subsection [(d)] (e) of this section; (B) services
395 rendered in a residential treatment facility by a licensed or certified
396 alcohol and drug counselor who is eligible for reimbursement under
397 subdivision (5) of subsection [(d)] (e) of this section; or (C) services
398 rendered in a residential treatment facility by a licensed professional
399 counselor who is eligible for reimbursement under subdivision (6) of
400 subsection [(d)] (e) of this section.

401 (2) In the case of benefits payable for the services of a licensed
402 psychologist under subsection [(d)] (e) of this section, such benefits
403 shall be payable for (A) services rendered in a child guidance clinic or
404 residential treatment facility by a person with a master's degree in
405 social work or by a person with a master's degree in marriage and
406 family therapy under the supervision of such licensed psychologist,
407 licensed marital and family therapist or licensed clinical social worker
408 who is eligible for reimbursement under subdivisions (1) to (4),

409 inclusive, of subsection [(d)] (e) of this section; (B) services rendered in
410 a residential treatment facility by a licensed or certified alcohol and
411 drug counselor who is eligible for reimbursement under subdivision
412 (5) of subsection [(d)] (e) of this section; or (C) services rendered in a
413 residential treatment facility by a licensed professional counselor who
414 is eligible for reimbursement under subdivision (6) of subsection [(d)]
415 (e) of this section.

416 (g) In the case of benefits payable for the service of a licensed
417 physician practicing as a psychiatrist or a licensed psychologist, under
418 subsection [(d)] (e) of this section, such benefits shall be payable for
419 outpatient services rendered (1) in a nonprofit community mental
420 health center, as defined by the Department of Mental Health and
421 Addiction Services, in a nonprofit licensed adult psychiatric clinic
422 operated by an accredited hospital or in a residential treatment facility;
423 (2) under the supervision of a licensed physician practicing as a
424 psychiatrist, a licensed psychologist, a licensed marital and family
425 therapist, a licensed clinical social worker, a licensed or certified
426 alcohol and drug counselor, or a licensed professional counselor who
427 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of
428 subsection [(d)] (e) of this section; and (3) within the scope of the
429 license issued to the center or clinic by the Department of Public
430 Health or to the residential treatment facility by the Department of
431 Children and Families.

432 (h) Except in the case of emergency services or in the case of services
433 for which an individual has been referred by a physician affiliated
434 with a health care center, nothing in this section shall be construed to
435 require a health care center to provide benefits under this section
436 through facilities that are not affiliated with the health care center.

437 (i) In the case of any person admitted to a state institution or facility
438 administered by the Department of Mental Health and Addiction
439 Services, Department of Public Health, Department of Children and
440 Families or the Department of Developmental Services, the state shall
441 have a lien upon the proceeds of any coverage available to such person

442 or a legally liable relative of such person under the terms of this
 443 section, to the extent of the per capita cost of such person's care. Except
 444 in the case of emergency services the provisions of this subsection shall
 445 not apply to coverage provided under a managed care plan, as defined
 446 in section 38a-478.

447 (j) A group health insurance policy may exclude the benefits
 448 required by this section if such benefits are included in a separate
 449 policy issued to the same group by an insurance company, health care
 450 center, hospital service corporation, medical service corporation or
 451 fraternal benefit society. Such separate policy, which shall include the
 452 benefits required by this section and the benefits required by section
 453 38a-533, shall not be required to include any other benefits mandated
 454 by this title.

455 (k) In the case of benefits based upon confinement in a residential
 456 treatment facility, such benefits shall be payable in situations in which
 457 the insured has a serious mental or nervous condition that
 458 substantially impairs the insured's thoughts, perception of reality,
 459 emotional process or judgment or grossly impairs the behavior of the
 460 insured, and, upon an assessment of the insured by a physician,
 461 psychiatrist, psychologist or clinical social worker, cannot
 462 appropriately, safely or effectively be treated in an acute care, partial
 463 hospitalization, intensive outpatient or outpatient setting.

464 (l) The services rendered for which benefits are to be paid for
 465 confinement in a residential treatment facility shall be based on an
 466 individual treatment plan. For purposes of this section, the term
 467 "individual treatment plan" means a treatment plan prescribed by a
 468 physician with specific attainable goals and objectives appropriate to
 469 both the patient and the treatment modality of the program."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2016	38a-488a

Sec. 2	January 1, 2016	38a-514
--------	-----------------	---------