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## **OLR Bill Analysis**

### **SB 315**

#### ***AN ACT IMPLEMENTING THE CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC MODEL IN THE MEDICAID PROGRAM.***

#### **SUMMARY**

This bill requires the Department of Social Services (DSS) commissioner, by October 1, 2024, to seek federal approval to join a Medicaid demonstration program supporting certified community behavioral health clinics (CCBHC), as authorized by federal law (see BACKGROUND).

The bill requires the DSS commissioner to develop a plan to apply for the program that includes (1) a system to certify CCBHCs, (2) reporting on clinics' effect on access to care and state costs, and (3) a prospective payment system. The plan's prospective payment system must include (1) incentives for clinics that exceed quality of care thresholds, (2) triannual rate adjustments in accordance with the Medicare Economic Index (an inflation measure for physicians, calculated by the federal Centers for Medicare and Medicaid Services), and (3) allowable rate modifications based on a clinic's scope of services. The bill requires the DSS commissioner to consult with the Department of Mental Health and Addiction Services commissioner when seeking federal approval and developing the plan.

The bill also requires the DSS commissioner to report on the plan by August 30, 2024, to the Human Services and Public Health committees. If the plan receives federal approval, DSS must report to the same committees by January 1 annually for the demonstration's duration on its effects on access to care and state behavioral health care costs.

EFFECTIVE DATE: Upon passage

#### **CCBHC SERVICES**

Under the bill, CCBHCs are clinics certified by the state that offer at least the following:

1. recovery-oriented person and family-centered substance abuse and mental health services within and outside of the clinic;
2. expanded service hours;
3. timely access for routine needs;
4. 24-hour access to crisis management services;
5. peer support and counseling services;
6. screening, assessment, diagnosis, and risk assessment;
7. outpatient primary care screening and monitoring of key health indicators and risks; and
8. partnerships with health and social service providers to give access to services.

## **BACKGROUND**

### ***Federal Authorization for CCBHCs***

The federal Protecting Access to Medicare Act of 2014 (P.L. 113-93), § 223, authorized a demonstration program for up to eight states to certify clinics as CCBHCs that provide a certain level of service and receive payment, including Medicaid reimbursement, through a prospective payment system. The Bipartisan Safer Communities Act (P.L. 117-15), § 11001, expanded eligibility for the demonstration program to up to 10 additional states every two years. Federal program criteria require CCBHCs to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age.

## **COMMITTEE ACTION**

Human Services Committee

Joint Favorable  
Yea 22 Nay 0 (03/19/2024)