



General Assembly

January Session, 2025

***Raised Bill No. 7109***

LCO No. 5571



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

***AN ACT CONCERNING MEDICAID COVERAGE FOR APPLIED  
BEHAVIOR ANALYSIS SERVICES AND IMPLEMENTING CERTAIN  
RECOMMENDATIONS OF THE TRANSFORMING CHILDREN'S  
BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE.***

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

1       Section 1. (NEW) (*Effective July 1, 2025*) (a) As used in this section and  
2       section 2 of this act, "applied behavior analysis" has the same meaning  
3       as provided in section 38a-488b of the general statutes, as amended by  
4       this act. The Commissioner of Social Services shall expand access to  
5       applied behavior analysis services by (1) within available  
6       appropriations, increasing Medicaid rates of payment for supervision,  
7       assessment and direct services by board-certified behavior analysts, (2)  
8       providing coverage under the HUSKY B health program, as defined in  
9       section 17b-290 of the general statutes, for applied behavior analysis  
10      services, including, but not limited to, for children with autism  
11      spectrum disorder, (3) providing Medicaid coverage for caregiver  
12      training utilizing applied behavior analysis, and (4) standardizing codes  
13      used to describe applied behavior analysis services for the purpose of  
14      Medicaid payment by utilizing codes used by commercial insurers and

15 Medicaid programs in other states.

16 (b) Not later than December 1, 2025, the commissioner shall submit a  
17 report, in accordance with the provisions of section 11-4a of the general  
18 statutes, to the joint standing committee of the General Assembly  
19 having cognizance of matters relating to human services. The  
20 commissioner's report shall include, but not be limited to, (1) progress  
21 made in expanding access to applied behavior analysis services  
22 pursuant to subsection (a) of this section, and (2) recommendations  
23 concerning any additional state appropriations needed to support  
24 access to applied behavior analysis.

25 Sec. 2. (*Effective from passage*) Not later than September 1, 2025, the  
26 Office of Early Childhood and the Department of Social Services, in  
27 consultation with the Autism Spectrum Disorder Advisory Council  
28 established pursuant to section 17a-215j of the general statutes, shall  
29 make recommendations to the joint standing committees of the General  
30 Assembly having cognizance of matters relating to human services and  
31 public health concerning a statutory, regulatory and Medicaid  
32 reimbursement framework for the delivery of applied behavior analysis  
33 services and related services to children by community-based service  
34 organizations. Recommendations shall address, but need not be limited  
35 to: (1) Any current legislative and regulatory framework that may be  
36 applicable to such services, (2) the need for comprehensive background  
37 checks for individuals in community-based service organizations who  
38 deliver such services to children, (3) the need for an oversight structure  
39 that can assure the safety and quality of services to a highly vulnerable  
40 population, and (4) a rate-setting structure to ensure adequate Medicaid  
41 reimbursement rates to ensure reasonably prompt access to such  
42 services for children and families.

43 Sec. 3. (*Effective July 1, 2025*) (a) As used in this section, "Certified  
44 Community Behavioral Health Clinics Planning Grant" means a grant  
45 program funded by the federal Substance Abuse and Mental Health  
46 Services Administration to support state-certified behavioral health

47 clinics.

48 (b) The Commissioner of Social Services, in consultation with the  
49 Commissioners of Mental Health and Addiction Services and Children  
50 and Families, shall include in the Certified Community Behavioral  
51 Health Clinics Planning Grant support for development of: (1)  
52 Reimbursement for acuity-based care coordination service to improve  
53 behavioral outcomes for children, (2) a value-based payment model that  
54 provides financial incentives to providers when outcomes improve for  
55 children in their care and holds them accountable for poor outcomes,  
56 and (3) a system to help providers and clients better navigate behavioral  
57 health care resources and requirements.

58 (c) Not later than September 1, 2025, the Commissioner of Social  
59 Services shall file a report, in accordance with the provisions of section  
60 11-4a of the general statutes, with the joint standing committees of the  
61 General Assembly having cognizance of matters relating to children,  
62 human services and public health on the status of the planning grant  
63 and any benefits of changes made to the grant pursuant to subsection  
64 (b) of this section.

65 Sec. 4. (NEW) (*Effective July 1, 2025*) (a) As used in this section,  
66 "Intensive In Home Child and Adolescent Psychiatric Services", or  
67 "IICAPS", means in-home psychiatric treatment administered by the  
68 Yale Child Study Center at the Yale School of Medicine for families with  
69 children or adolescents who have serious emotional disturbances, and  
70 are at risk for hospitalization.

71 (b) The Commissioner of Social Services shall consult with the Yale  
72 Child Study Center to review IICAPS and other evidence-based  
73 alternatives that focus on delivering positive outcomes for children with  
74 behavioral health issues in a sustainable manner while considering the  
75 needs and time demands on children and families enrolled in the  
76 center's IICAPS program. Not later than October 1, 2025, the  
77 commissioner shall report, in accordance with the provisions of section

78 11-4a of the general statutes, the results of the review to the  
79 Transforming Children's Behavioral Health Policy and Planning  
80 Committee established pursuant to section 2-137 of the general statutes.  
81 The report shall include recommendations concerning IICAPS models  
82 that may be used to deliver Medicaid-funded behavioral health care in  
83 the state.

84 (c) The Transforming Children's Behavioral Health Policy and  
85 Planning Committee, within available appropriations, may contract  
86 with the Yale Child Study Center to determine what additional federal  
87 funding and reimbursements may be available for IICAPS model  
88 development and to conduct a randomized trial of the Yale Child Study  
89 Center model to determine whether it may qualify federally as an  
90 evidence-based treatment program.

91 Sec. 5. Subdivision (4) of subsection (a) of section 38a-514b of the  
92 general statutes is repealed and the following is substituted in lieu  
93 thereof (*Effective January 1, 2026*):

94 (4) "Behavioral therapy" means any interactive behavioral therapies  
95 derived from evidence-based research and consistent with the services  
96 and interventions designated by the Commissioner of Social Services  
97 pursuant to subsection (e) of section 17a-215c, including, but not limited  
98 to, applied behavior analysis, cognitive behavioral therapy, or other  
99 therapies supported by empirical evidence of the effective treatment of  
100 individuals diagnosed with autism spectrum disorder, that are: (A)  
101 Provided to children [less than twenty-one] under twenty-six years of  
102 age; and (B) provided or supervised by (i) a licensed behavior analyst,  
103 (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes  
104 of this subdivision, behavioral therapy is "supervised by" such licensed  
105 behavior analyst, licensed physician or licensed psychologist when such  
106 supervision entails at least one hour of face-to-face supervision of the  
107 autism spectrum disorder services provider by such licensed behavior  
108 analyst, licensed physician or licensed psychologist for each ten hours  
109 of behavioral therapy provided by the supervised provider.

110 Sec. 6. Subdivision (4) of subsection (a) of section 38a-488b of the  
111 general statutes is repealed and the following is substituted in lieu  
112 thereof (*Effective January 1, 2026*):

113 (4) "Behavioral therapy" means any interactive behavioral therapies  
114 derived from evidence-based research and consistent with the services  
115 and interventions designated by the Commissioner of Social Services  
116 pursuant to subsection (e) of section 17a-215c, including, but not limited  
117 to, applied behavior analysis, cognitive behavioral therapy, or other  
118 therapies supported by empirical evidence of the effective treatment of  
119 individuals diagnosed with autism spectrum disorder, that are: (A)  
120 Provided to children [less than twenty-one] under twenty-six years of  
121 age; and (B) provided or supervised by (i) a licensed behavior analyst,  
122 (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes  
123 of this subdivision, behavioral therapy is "supervised by" such licensed  
124 behavior analyst, licensed physician or licensed psychologist when such  
125 supervision entails at least one hour of face-to-face supervision of the  
126 autism spectrum disorder services provider by such licensed behavior  
127 analyst, licensed physician or licensed psychologist for each ten hours  
128 of behavioral therapy provided by the supervised provider.

129 Sec. 7. (*Effective July 1, 2025*) (a) As used in this section, "urgent crisis  
130 center" has the same meaning as provided in section 19a-179f of the  
131 general statutes. The Commissioner of Health Strategy, in consultation  
132 with the Insurance Commissioner and the Commissioner of Children  
133 and Families, shall review private health insurance coverage for  
134 treatment of children at urgent crisis centers.

135 (b) Not later than October 1, 2025, the Commissioner of Health  
136 Strategy shall file a report, in accordance with the provisions of section  
137 11-4a of the general statutes, with the Transforming Children's  
138 Behavioral Health Policy and Planning Committee established pursuant  
139 to section 2-137 of the general statutes. The report shall include the  
140 commissioner's analysis of claims data concerning private health  
141 insurance coverage of urgent crisis center services and

142 recommendations to improve affordable access to such services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2025</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2025</i>	New section
Sec. 4	<i>July 1, 2025</i>	New section
Sec. 5	<i>January 1, 2026</i>	38a-514b(a)(4)
Sec. 6	<i>January 1, 2026</i>	38a-488b(a)(4)
Sec. 7	<i>July 1, 2025</i>	New section

***Statement of Purpose:***

To expand coverage under the state medical assistance program for applied behavior analysis services and implement certain recommendations of the Transforming Children's Behavioral Health Policy and Planning Committee.

***[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]***