
OLR Bill Analysis

sHB 7109

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

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BACKGROUND

SUMMARY

This bill makes various changes to expand access to behavioral health services, including applied behavior analysis, for children and increase protections for children receiving these services, as described in the section-by-section analysis below.

By law, “behavior analysis” and “applied behavior analysis” (ABA) means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, including the use of direct observation, measurement, and functional analysis of the relationship between the environment and behavior, to produce socially significant improvement in human behavior (CGS §§ 20-185i & 38a-488b).

EFFECTIVE DATE: Various, see below.

§ 1 — MEDICAID COVERAGE FOR APPLIED BEHAVIOR ANALYSIS

Requires DSS to increase Medicaid coverage and provider rates for ABA

The bill requires the Department of Social Services (DSS) commissioner to expand access to ABA, within available appropriations, by doing the following:

1. increasing Medicaid rates for board-certified behavior analysts providing supervision, assessment, and direct services;
2. covering ABA services, including for children with autism, under HUSKY B (i.e. the Children’s Health Insurance Program (CHIP)); and
3. providing Medicaid coverage for caregiver training using ABA.

Under the bill, the commissioner must standardize ABA services Medicaid reimbursement codes using the codes commercial insurers and other states' Medicaid programs use.

The bill requires the commissioner to report, by December 1, 2025, to the Human Services Committee on progress made in expanding access to ABA services and recommendations on any state appropriations needed to support ABA access.

EFFECTIVE DATE: July 1, 2025

§ 2 — CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PLANNING GRANT

Requires DSS to (1) use Certified Community Behavioral Health Clinics Planning Grant money for purposes related to care coordination, value-based payment models, and resource navigation; and (2) report by November 1, 2025, on grant expenditures

The bill requires the DSS commissioner, in consultation with the Children and Families (DCF) and Mental Health and Addiction Services commissioners, to use Certified Community Behavioral Health Clinics Planning Grant money to develop the following:

1. reimbursement for acuity-based care coordination service to improve children's behavioral health outcomes;
2. a value-based payment model that gives financial incentives to providers when outcomes improve for children in their care and holds them accountable for poor outcomes; and
3. a system to help providers and clients navigate behavioral health care resources and requirements.

The bill requires the DSS commissioner to report by November 1, 2025, to the Children, Human Services, and Public Health committees on grant expenditures and any related behavioral health outcomes improvements.

EFFECTIVE DATE: July 1, 2025

§ 3 — INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES

Requires DSS to review the Yale Child Study Center's IICAPS program and other evidence-based alternatives for children with serious emotional disturbances and report by October 1, 2025; authorizes the Transforming Children's Behavioral Health Policy and Planning Committee to contract with the Yale Child Study Center for reasons related to federal funding

The bill requires the DSS commissioner to consult with the Yale Child Study Center to review the center's intensive in-home child and adolescent psychiatric services (IICAPS) program, which provides services for families with children or adolescents who have serious emotional disturbances and are at risk for hospitalization, and other evidence-based alternatives that focus on delivering positive outcomes for children with behavioral health issues in a sustainable manner. In this review, the commissioner must consider the needs and time demands on children and families enrolled in the IICAPS program.

The bill requires the commissioner to report, by October 1, 2025, to the Transforming Children's Behavioral Health Policy and Planning Committee (see BACKGROUND) on the results of the review and recommendations on how the IICAPS model may be used to deliver Medicaid-funded behavioral health care in Connecticut.

The bill allows the Transforming Children's Behavioral Health Policy and Planning Committee to, within available appropriations, contract with the Yale Child Study Center to determine what federal funding or reimbursements may be available to further develop the IICAPS model and conduct a randomized trial of the center's model to determine if it may qualify federally as an evidence-based treatment program.

EFFECTIVE DATE: July 1, 2025

§§ 4 & 5 — AGE INCREASE FOR INSURANCE COVERAGE FOR AUTISM THERAPIES AND SERVICES

Raises the age, from under 21 to under 26, that applies to required coverage for behavioral therapy for people with autism spectrum disorder under private insurance plans

Under current law, insurance companies must cover behavioral therapy, including ABA, cognitive behavioral therapy, and other empirically supported effective treatments, provided by certain licensed professionals to children under age 21 who are diagnosed with autism spectrum disorder. The bill extends this requirement to people under

age 26.

EFFECTIVE DATE: January 1, 2026

§ 6 — URGENT CRISIS CENTERS

Requires OHS to review private health insurance coverage for children's treatment at urgent crisis centers and report by October 1, 2025, on results and recommendations

The bill requires the Office of Health Strategy commissioner, in consultation with the DCF and Insurance commissioners, to review private health insurance coverage and analyze claims data for children's treatment at urgent crisis centers. The commissioner must report, by October 1, 2025, on the results of the review and recommendations to improve affordable access to urgent crisis center services to the Transforming Children's Behavioral Health Policy and Planning Committee. An urgent crisis center is one that DCF certifies to treat children's urgent mental or behavioral health needs.

EFFECTIVE DATE: July 1, 2025

§ 7 — MANDATED REPORTERS

Expands mandated reporter requirements to people working in a professional capacity with children under the clinical supervision of a behavior analyst

Existing law designates people working in certain professions, including licensed behavior analysts, as mandated reporters, obligating them to report suspected child abuse or neglect. The bill adds people working in a professional capacity with children under the clinical supervision of a licensed behavior analyst to the list of designated mandated reporters in Connecticut.

EFFECTIVE DATE: October 1, 2025

§ 8 — REPORTS OF ABUSE

Requires DCF to notify DPH of child abuse and neglect reports involving a behavior analyst, and requires DPH to investigate these reports as complaints; requires DPH to notify a behavior analyst's employer if it receives notice of a conviction of certain crimes (e.g., abuse or sexual assault)

Existing law requires DCF to investigate reports of child abuse or neglect, including sexual assault. The bill requires the DCF commissioner to notify the Department of Public Health (DPH) of the

investigation's results if the alleged perpetrator is a licensed behavior analyst. DCF must notify DPH within five business days after concluding an investigation. The commissioner must also give DPH any records relating to the investigation regardless of whether DCF created the records. Under the bill, the commissioner must provide this notice and records regardless of whether the child was a patient of a behavior analyst.

Upon receiving DCF's notification, the bill requires DPH to treat the notification as a complaint and investigate the behavior analyst. The bill allows the DPH commissioner to take any statutorily allowed disciplinary action, such as revoking or suspending the behavior analyst's license, requiring professional education, or assessing a civil penalty of up to \$10,000, she deems appropriate. If the DPH commissioner takes disciplinary action against the behavior analyst, or if the behavior analyst voluntarily surrenders his or her license or agrees not to renew or reinstate it, the bill requires the commissioner to notify the behavior analyst's employer if known and if the behavior analyst was employed as such at the time of the complaint.

Similarly, if a licensed behavior analyst is convicted of a crime involving child abuse, including sexual assault or neglect, the bill requires the state's attorney of the judicial district where the conviction occurred to notify the DPH commissioner in writing. Within 72 hours after receiving the notification, the bill requires the DPH commissioner to suspend the behavior analyst's license until proceedings are completed and, if the behavior analyst is employed as such at the time of the complaint and their employer is known, notify the analyst's employer of the suspension and proceedings.

EFFECTIVE DATE: October 1, 2025

§ 9 — REQUIRED INFORMATION PROVIDED TO ABA PATIENTS

Requires a behavior analyst's employer to give patients information on submitting complaints

The bill requires employers of licensed behavior analysts to give each behavior analyst's patient the analyst's license number and instructions

on how to report complaints regarding the behavior analyst's conduct to DPH. If the patient is under age 18, the bill requires the employer to give this information to the patient's parents or legal guardians.

EFFECTIVE DATE: October 1, 2025

§ 10 — ABA ADVISORY COMMITTEE

Establishes an advisory committee to make recommendations on a statutory and regulatory framework for providers to deliver ABA services to children; requires the advisory committee to report by November 1, 2025

The bill establishes a 27-member advisory committee to advise the Council on Medical Assistance Program Oversight (MAPOC; see BACKGROUND) on a statutory and regulatory framework for providers, including those enrolled in Medicaid, to deliver ABA services to children. Under the bill, the advisory committee must review the following:

1. current legislative and regulatory oversight of ABA services;
2. potential statutory and regulatory frameworks to oversee ABA services, including the need for any regulatory structure to include expertise in providing childcare and ABA services to children with autism;
3. whether employees of an entity providing childcare or ABA services to children should be mandated reporters of suspected child abuse or neglect;
4. whether employees of ABA services providers should submit to comprehensive background checks; and
5. a rate-setting structure to ensure Medicaid reimbursement rates adequate to provide prompt access to ABA services for children and families.

The bill requires the advisory committee to report on its review and recommendations to MAPOC, the governor, and the Children, Human Services, and Public Health committees by November 1, 2025. The committee terminates on this date or on the date it submits its report,

whichever is later.

EFFECTIVE DATE: Upon passage

Members

Under the bill, advisory committee members include the chairpersons and ranking members of the Children, Human Services, and Public Health committees or their designees. Members also include the following eight state officials or their designees: the early childhood, DPH, DSS, DCF, developmental services, and education commissioners; Child Advocate; and Office of Policy and Management secretary. The Autism Spectrum Disorder Advisory Council chairpersons must select a representative to serve as an advisory committee member. An additional six members are appointed as follows:

1. one member appointed by the House chairperson of the Public Health Committee who must represent an entity providing ABA services to children,
2. one member appointed by the Senate chairperson of the Public Health Committee who must be a parent of a child with autism,
3. one member appointed by the Senate chairperson of the Human Services Committee who must represent an advocacy organization for children with autism,
4. one member appointed by the House chairperson of the Human Services Committee who must be a parent of a child with autism,
5. one member appointed by the House chairperson of the Committee on Children who must be a board-certified behavior analyst providing services to children, and
6. one member appointed by the Senate chairperson of the Committee on Children who must be a psychiatrist with expertise in delivering services to children with autism.

The bill requires appointing authorities to make their initial appointments within 30 days after the bill's passage and fill any

vacancies. Appointed members may be legislators.

Leadership and Meetings

Under the bill, the advisory committee must hold its first meeting with 60 days after the bill's passage and choose a chairperson from among its members.

The bill requires the Joint Committee on Legislative Management to provide administrative support to the committee and its chairperson.

BACKGROUND

Transforming Children's Behavioral Health Policy and Planning Committee

Established by the legislature in 2023, this committee evaluates the availability and efficacy of prevention, early intervention, and behavioral health treatment services and options for children up to age 18. By law, the committee must make recommendations to the General Assembly and executive agencies regarding the children's behavioral health system's policies and administration.

Council on Medical Assistance Program Oversight (MAPOC)

The law charges this council with monitoring and advising DSS on various aspects of the Medicaid program (CGS § 17b-28). MAPOC includes legislators, consumers, advocates, health care providers, administrative service organization representatives, and state agency personnel. It generally meets monthly and has subcommittees that meet separately.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 22 Nay 0 (03/18/2025)