

A photograph of four diverse children (two boys and two girls) holding hands and running on a green grassy field. The children are smiling and appear to be enjoying their time outdoors. The background is a soft-focus view of trees and foliage.

Transforming Children's Behavioral Health Policy and Planning Committee

DRAFT 2025 LEGISLATIVE RECOMMENDATIONS IN BRIEF



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DRAFT 2025 TCB RECOMMENDATIONS

Children's Medicaid Behavioral Health Reimbursement Rate Recommendations	<ol style="list-style-type: none">1. It is recommended that effective October 1st, 2025, the legislature and the Governor should adequately fund the Department of Social Services to implement an increase of Children's Medicaid behavioral health reimbursement rates based on access needs. The Children's Medicaid reimbursement rate increase should include:<ol style="list-style-type: none">a. Adjustment to meet peer-state benchmark rates for children's behavioral health where an applicable benchmark is available, and funding is needed to address access issues. Where a benchmark rate is not available, DSS should recommend a methodology for equitably distributing rate increases to address any access issues/needs.2. The Department of Social Services should conduct an additional Medicaid Rate Study that specifically evaluates children's behavioral health and compares codes to peer states. The report shall describe how Medicaid investments are reducing the number of codes remaining below the benchmark and evaluating access needs. This study should report the following to the TCB by October 1st, 2025:<ol style="list-style-type: none">i. The breakdown of children's behavioral health spend, and where clinic codes are located,ii. After each investment to children's behavioral health (FY '25, '26), The Department of Social Services should evaluate if CT is closer to peer	Fiscal Impact/ Children's Committee
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	<p>state benchmarks on code basis and total spending amount, and</p> <p>iii. Identify the proportion of the system that was not matched in the Phase 1 Medicaid Rate Study and provide the TCB a set of recommendations regarding how to approximate access needs for those codes.</p> <p>3. It is recommended that effective July 1, 2025, the Department of Children and Families should sustain 24/7 mobile crisis expansion initially funded through ARPA.</p> <p>4. The Department of Social Services should promote Medicaid and commercial billing for UCC services by refining the interim rates established for UCCs (as needed) and report on provider billing status under Medicaid to the TCB by Oct 1st, 2025.</p> <p>5. The Office of Health Strategy (OHS) should submit to the TCB a report on any updates made in commercial insurance plans to reflect UCCs in their plan coverage. The report should be submitted to the TCB by Oct 1st, 2026.</p>	
Workforce Stabilization Recommendations	<p>1. It is recommended that the Department of Social Services conduct a feasibility determination and fiscal analysis to estimate adding a billing code to help off-set initial costs for on-boarding and training clinical staff in evidence-based models, before they can bill for services (e.g. “observation and direction”). This should include:</p> <p>a. Potential Medicaid reimbursement for training and ramp-up, where extensive clinical training in an evidence-</p>	Children’s Committee

	<p>based model is needed before billing can occur.</p> <p>b. Feasibility assessment and fiscal analysis estimate should be submitted no later than October 1st, 2025.</p> <p>2. The Department of Social Services should include as part of the Certified Community Behavioral Health Clinics (CCBHCs) planning and designing grant the following:</p> <ul style="list-style-type: none"> a. the development of separately payable acuity-based care coordination service to improve outcomes of children, b. a value-based payment model that holds providers accountable and rewards them for improved outcomes, c. and navigation support . <p>3. It is recommended that the Department of Social Services and Intensive In Home Child and Adolescent Psychiatric Services (IICAPS) Model Development and Operations (MDO) at the Yale Child Study Center, review and design levels of the IICAPS model for consideration. This should be reported back to the TCB by October 1st, 2025.</p> <ul style="list-style-type: none"> a. Such model should consider the needs and time-demands placed on families and children, and the ability to deliver positive outcomes in a sustainable manner. <p>.</p> <p>4. It is recommended that TCB contract with IICAPS Model Development and Operations (MDO) at the Yale Child Study Center to</p> <ul style="list-style-type: none"> a. determine what additional federal funding and reimbursements may be available to IICAPS MDO and the 	
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	<p>IICAPS network as an evidence-based/promising practice treatment program, and</p> <p>b. conduct a randomized controlled trial (RCT) of IICAPS for purpose of qualifying IICAPS federally as an evidence-based treatment program. Interim recommendations to TCB by October 1st, 2025.</p>	
ASD Recommendation	<p>1. The TCB recommends an amendment to Sec. 38a-514b of the general statutes section 17a-215c (A) to strike through the age of insurance coverage of ABA from 21 to 26. effective October 1st, 2025.</p>	<i>Insurance</i>
Continuum of Crisis Services Study Recommendation	<p>1. It is recommended that TCB conduct a study to review utilization and anticipated demand of the children's BH crisis continuum, which includes 211/988, mobile crisis, Urgent Crisis Centers (UCCs), Sub-Acute Crisis Stabilization, and ED, in order to assess optimal capacity utilization and decisions for which services will be utilized.</p> <p>a. Studies should include current utilization of services, marketing efforts, outreach strategies and resource allocation.</p> <p>b. TCB should submit a report of recommendations by November 1st, 2025.</p>	Children's Committee
School-Based Health Center Study Recommendations	<p>1. It is recommended that all School Based Health Centers (SBHCs) report to DPH the following effective October 1st, 2025, annually thereafter:</p> <p>a. Establish a comprehensive reporting across all SBHCs to inform targeted investment.</p> <p>2. It is recommended that TCB contract with an outside entity to conduct a School based health center study for:</p>	Children's Committee

	<ul style="list-style-type: none"> a. improving transparency and accountability of Connecticut's SBHC services by implementing a standardized statewide data collection, reporting, and QI process for SBHCs across all services. b. a review of Medicaid and private insurance billing codes (e.g. ESS billing in schools) to ensure non-duplicative billing and opportunities to fully claim reimbursement for services provided. 	
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