

Behavioral Health Partnership Oversight Council

State Agency Legislative Update

June 11, 2014

Department of Social Services

2014 Legislative Update

Section 194 of PA 14-217

- On or after July 1, 2013, Medicaid rates paid to acute care and children's hospitals shall be based on diagnosis-related groups established and periodically rebased by the Commissioner of Social Services, provided the Department of Social Services completes a fiscal analysis of the impact of such rate payment system on each hospital.
- Upon the conversion to a hospital payment methodology based on diagnosis-related groups, the commissioner shall evaluate payments for all hospital services, including, but not limited to, a review of pediatric psychiatric inpatient units within hospitals.

2014 Legislative Update

Section 220 of P.A. 14-217 (not yet signed, effective July 1, 2014)(the human services implementer): requires DSS amend the Medicaid state plan to include services provided by the following licensed behavioral health clinicians in independent practice to Medicaid recipients who are twenty-one years of age or older:

- licensed psychologists
- licensed clinical social workers
- licensed alcohol and drug counselors
- licensed professional counselors
- licensed marital and family therapists

2014 Legislative Update

- **Section 136 of P.A. 14-217 (not yet signed, effective from passage)**(the human services implementer): requires DSS to submit a State Plan Amendment to increase, within available appropriations, the rates paid to Private Residential Treatment Facilities (PRTFs)

2014 Legislative Update

- P.A. 14-62 (not yet signed, effective July 1, 2016) –
 - establishes contract requirements for the medical and behavioral health Medicaid ASOs to reduce inappropriate use of the ED, including:
 - provision of Intensive Care Management
 - identification of high utilizers of the ED
 - identification of hospital EDs with high numbers of Medicaid clients with 10 or more annual ED visits
 - creation of regional intensive case management teams to work with ED doctors
 - required outreach to beneficiaries to connect them with providers

2014 Legislative Update

P.A. 14-62 (Continued)

- requires the medical and behavioral health ASOs to conduct assessments of primary care and behavioral health providers and specialists to determine ease of access (wait times, whether panels are accepting new Medicaid patients) and to perform outreach to Medicaid beneficiaries (especially those who frequently use the ED) to inform them of the advantages of using primary care and to connect them with providers

2014 Legislative Update

P.A. 14-62 (Continued)

- requires the medical ASO to report annually to DSS MAPOC on the following:
 - a breakdown of the number of unduplicated clients who visited an emergency department
 - for frequent users of emergency departments:
 - the number of visits categorized into specific ranges as determined by the Department of Social Services
 - the time and day of the visit
 - the reason for the visit, iv) whether hospital records indicate such user has a primary care provider, v) whether such user had an appointment with a community provider after the date of the hospital emergency department visit, and vi) the cost of the visit to the hospital and to the state Medicaid program

2014 Legislative Update

- **P.A. 14-62 (Continued)**

- requires DSS to use the report to monitor the performance of an administrative services organization, including, but not be limited to, whether the ASO helps to arrange visits by frequent users of emergency departments to primary care providers after treatment at an emergency department
- requires DSS and DMHAS, in consultation with OPM, to ensure that all expenditures for targeted case management that are eligible for Medicaid reimbursement are submitted to the Centers for Medicare and Medicaid Services

2014 Legislative Update

- P.A. 14-162 (not yet signed, effective July 1, 2014):
modifies aspects of the Medicaid provider audit process as follows:
 - limits the circumstances in which DSS may extrapolate audited claims
 - permits an audited provider or facility to present evidence to the commissioner or an auditor to refute the findings of an audit
 - requires DSS and DSS-contracted auditors to have on staff or consult with, as needed, health care providers experienced in relevant treatment, billing, and coding procedures

2014 Legislative Update

P.A. 14-162 (Continued)

- requires DSS to establish and publish on the department website audit protocols to help providers and facilities comply with state and federal Medicaid laws and regulations
- requires DSS to provide free training to providers and facilities to help them avoid clerical errors
- requires DSS to report on the revised audit protocols and procedures

2014 Legislative Update

- PA 14-211

AN ACT CONCERNING THE PROVISION OF BEHAVIORAL HEALTH AND SUBSTANCE USE TREATMENT SERVICES BY MULTI-CARE INSTITUTIONS

- Adds behavioral health clinics to the multi-site facility definition
- A multi-site facility can provide services at satellite sites or another site outside of the facility
- When signed, DSS will seek guidance from CMS as to whether this is permissible under Medicaid based on the federal definition of clinic based services

Budget Updates/Activities

- Medicaid is expected to save \$1 million dollars in behavioral health services in FY '15
 - DSS is reviewing transportation costs associated with trips that exceed 15 miles one way for a potential cost saving measure
- Rate increase for PRTFs effective July 1, 2014
- Ongoing work with CMS on the Upper Payment Limit (UPL) Demonstration for outpatient services with the goal of increasing outpatient rates

Department of Mental Health and Addiction Services

Mental Health and Substance Use Grant Accounts

\$15M was added back to the budget to reflect the slower pace in which individuals served by DMHAS provider system are moving into Medicaid

- \$10M from the tobacco settlement fund in DMHAS budget
- \$5M for rate increases in DSS budget

Housing Related

- Housing assistance Fund:
\$1M was provided to reflect rental assistance needs for individuals in DMHAS system waiting for other housing options
- \$2M for housing programs in New Haven, New Britain and Bridgeport which lost federal funding

Governor's Mental Health Initiative

\$3.1M for:

- Additional supportive housing slots
- Specialized residential placements
- Anti-stigma campaign

Additional DMHAS Initiatives

- \$200,000 to DMHC for enhanced BH services to the Latino population
- Service dollars for Victory Gardens

PA 14-61

AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE

- This act authorizes anyone to administer an opioid antagonist (such as Narcan) to a person he or she believes, in good faith, is experiencing an opioid-related drug overdose
- Effective October 1, 2014

PA 14-115

AN ACT CONNECTING THE PUBLIC TO BEHAVIORAL HEALTH CARE SERVICES

Requires the Office of the Healthcare Advocate, by January 1, 2015, to establish an information and referral service to help residents and providers receive:

- Behavioral health care information
- Timely referrals and access to behavioral health care providers

PA 14-115

AN ACT CONNECTING THE PUBLIC TO BEHAVIORAL HEALTH CARE SERVICES

- Requires the Office of the Healthcare Advocate , by February 1, 2016, and annually thereafter, to report to the Children's, Human Services, Insurance and Real Estate, and Public Health committees
- The report must identify gaps in services and the resources needed to improve behavioral health care options for state residents
- Effective July 1, 2014

Questions