



Behavioral Health Partnership Oversight Council

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Co-Chairs: Rep. Mike Demicco, Terri DiPietro & Beresford Wilson

Summary

July 12, 2023, 2 PM via ZOOM

1. BHP OC Administration- Introductions and Welcome

2. Public Comment- 5 min.

Sheila Matthews Gallo of AbleChild.org asked questions. The members asked for it in writing and they will be covered in the September 2023 BHPOC meeting.

3. Action Item- None

4. Agency Reports- Budget Impact from the Legislative Session DSS-Fatmata Williams

2023 Legislative Session Legislative Report July 3, 2023

The following is a compilation of summaries and analysis of the bills passed during session that are of interest to the Department. The intent of this summary is to provide a general understanding of the actions taken by the legislature.

The Connecticut General Assembly convened the 2023 Legislative Session on January 4, 2023 and adjourned on June 7, 2023.

The House of Representatives Passed the state budget, [Public Act 23-204](#), on June 5, 2023. The Senate passed the bill on June 6, 2023.

1) Agency Bills that Passed

[SB 1109](#) AN ACT CONCERNING MEDICAID REIMBURSEMENT TO COMMUNITY LIVING ARRANGEMENTS, INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES, RESIDENTIAL CARE HOMES AND NURSING FACILITIES. This passed as part of the budget, §§ 273-274, 277 of [Public Act 23-204](#). (Effective July 1, 2023).

Generally caps FYs 24 rates at FY 23 levels for room and board at private residential facilities and similar facilities; allows DSS to provide fair rent increases at the department's discretion for FY 24 and subsequent fiscal years.

For ICF-IDs, establishes a methodology for inflationary adjustments, but prohibits inflationary increases, for FYs 24 to 26; generally requires rates for FYs 24 to 26 to be based on corresponding

cost reports; maintains per diem, per bed rates at \$501 for FYs 24 and 25, but eliminates the minimum rate for FY 26; allows DSS to provide discretionary fair rent increases and determine when to rebase rates based on change in ownership.

Requires DSS to determine FY 24 rates based on 2022 cost report filings; allows rate increases, within available appropriations, for FYs 24 and 25 for certain costs, but prohibits rate increases based on any inflation factor for FY 24; establishes a method for calculating inflationary rate increases in subsequent years; and requires DSS to determine when a change in ownership requires a rebasing of rates.

§§ 261-263, 278-281 & 443 – AUTISM SPECTRUM DISORDER - Makes OPM, rather than DSS, the lead agency to coordinate ASD services and transfers many of DSS's ASD-related duties to OPM; requires the ASDAC to report to OPM, not DSS. (*Effective July 1, 2023*).

§§ 283-285 — Expansion of HUSKY Health Benefits to Children Ineligible Due to Immigration Status – Extends HUSKY health benefits to children ages 15 and under, rather than ages 12 and under, who meet program income limits but are ineligible due to immigration status; requires DSS to study extending coverage to anyone ages 25 and younger under similar conditions; applies third party state subrogation rights to medical assistance provided under these provisions. (*Effective from passage*).

§ 288 — State-Contracted Providers for IDD Services - Authorizes state-contracted providers who received rate increases in FYs 22-23 for wage and benefit increases for employees providing services to people with IDD to use these funds in FY 23 for wage increases for certain intermediate care facility employees. (*Effective from passage*).

3) Bills that Passed Requiring DSS Action

Children's Committee

Public Act 23-101 ([Senate Bill 2](#)) - **AN ACT CONCERNING THE MENTAL, PHYSICAL AND EMOTIONAL WELLNESS OF CHILDREN.**

Section 9 requires the DSS commissioner to (1) provide Medicaid reimbursement for certain mental health evaluations and services at school-based health centers or public schools, to the extent federal law allows; (2) if necessary, amend the Medicaid state plan to do so; and (3) set the reimbursement at a level to ensure adequate providers for these evaluations and services. (*Effective July 1, 2023*).

Section 16 requires DSS, for FY 24, to hire temporary and part-time employees to collaborate with nonprofit organizations to identify and enroll eligible children in the HUSKY Health Program. (*Effective July 1, 2023*).

Section 22 expands the Autism Spectrum Disorder Advisory Council's duties to include (1) identifying strategies and methods of outreach and coordination of services for racial minority groups and (2) identifying and recommending updates to existing state

guidelines for early screening and intervention. (*Effective July 1, 2023*).

Public Act 23-137 (House Bill 5001) AN ACT CONCERNING RESOURCES AND SUPPORT SERVICES FOR PERSONS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY.

Section 4 requires the OPM secretary, in consultation with the ADS, DDS, SDE, DPH, and DSS commissioners; the Council on Developmental Disabilities; and the Autism Spectrum Disorder Advisory Council to (1) develop and recommend new statutory definitions for IDD and identify related programs for people with these disabilities that may need to be changed or redesignated in accordance with any new definitions, (2) evaluate whether IQ should be a factor in these definitions, and (3) evaluate the level-of-need assessment tool used by state agencies that serve people with IDD. OPM must report by January 1, 2025. (*Effective from passage*).

Section 5 requires the DSS commissioner, within available appropriations, to expand the Medicaid waiver program for people with ASD to reduce the number of people on the program's waiting list. (*Effective July 1, 2023*).

Section 13 requires OPM, in consultation with DAS, ADS, DCF, DDS, DMHAS, DOC, DSS, SDE, and the Office of Early Childhood, to create a plan to develop a secure online portal to share basic critical information across agencies to ensure efficient and safe services delivery and report by July 1, 2024. (*Effective July 1, 2023*).

Section 18 requires DSS to establish a two-year pilot program with a hospital to provide nonresidential outpatient day services for people with ASD. (*Effective July 1, 2023*).

Section 25 requires the DMV, in consultation with DDS, ADS, DMHAS, & DSS to create, and revise as needed, a video presentation that instructs and gives best practices on ways to appropriately interact with people with disabilities who may be receiving services from the departments and report by January 1, 2024. (*Effective October 1, 2023*).

Section 29 requires SERC to collaborate with sister agencies, including DSS, to develop and maintain an online listing of the transition resources, services, and programs that certain state agencies provide. (*Effective January 1, 2024*).

Sections 56-59 authorizes a personal income tax deduction up to \$5,000 for individuals or \$10,000 for joint filers for contributions made to ABLE accounts; establishes a credit against the corporation business and personal income taxes for contributions employers make into employees' ABLE accounts, capped at \$2,500 per employee per year; exempts ABLE accounts from claims by the state against the estates of Medicaid beneficiaries; and requires an ABLE program director of outreach be designate. (*Effective October 1, 2023*).

Section 60 requires DSS to apply for federal approval to compensate family caregivers under DDS administered Medicaid waivers. (*Effective from passage*).

Section 64 increases the age up to which a court may issue support orders for adult children with

certain disabilities, from up to 21 to up to 26. *(Effective October 1, 2023).*

Section 29 requires DMHAS, DCF, and DSS to evaluate substance use disorder programs for people who are child caregivers and related treatment barriers. The bill requires the commissioners, by January 1, 2024, to jointly report to the Children's, Human Services, and Public Health committees on the plan and legislative recommendations needed to implement the programs. *(Effective from passage).*

Section 30 requires DMHAS and DSS to collaborate with the Office of Early Childhood and create a plan to allow parents in substance use disorder treatment to qualify for child care supports and subsidies. The DMHAS and DSS commissioners must jointly report on the plan to the Human Services and Public Health committees by January 1, 2024. *(Effective from passage).*

Section 32 requires the DCF, DMHAS, and DSS commissioners to jointly report on access for parents involved with DCF, when applicable, to appropriate substance use disorder treatment in the state, to (1) prevent children's removal from their parents, when possible, and (2) support reunification when removal is necessary. The report must consider in-home parenting and childcare services to help with safety planning during initial stages of treatment and recovery. The commissioners must report to the Children's, Human Services, and Public Health committees by January 1, 2024. *(Effective from passage).*

Section 33 requires the DCF, DMHAS, and DSS commissioners to jointly report on existing substance use disorder treatment services for pregnant and parenting people, their use, and any areas where more services are necessary. The commissioners must report to the Public Health Committee by January 1, 2024. *(Effective from passage).*

DMHAS- Robert Haswell

Connecticut's FY 2024- FY 2025 Biennium budget contains the following funding for the Department of Mental Health and Addiction Services:

- \$1,200,000 to support implementation of Connecticut's 1115 SUD Demonstration.
- \$500,000 to support new caseload growth in each year of the biennium in the [Young Adult Services Division](#)
- \$2,800,000 to support new caseload growth in the [Discharge and Diversion Division](#)
- \$484,000 to support new caseload growth in each year of the biennium in the [Home and Community Based Waiver](#)
- \$2,200,000 in FY24 and an additional \$869,0000 in FY25 to meet requirements for Connecticut's [988 Suicide & Crisis Lifeline](#) call center.
- \$1 million in new funding for [Regional Behavioral Health Action Organizations RBHAOs](#)

Funding related to the American Recovery Plan Act (ARPA) was continued through FY25 for the

following initiatives:

- \$1,600,000 to enhance [Mobile Crisis Services Case Management](#)
- \$1,900,000 to enhance respite services for the [Forensic Services Division](#)
- \$3,000,000 to expand availability of Mobile Crisis Services at private nonprofit providers.
- \$1,125,000 for supportive services on new housing vouchers.

DCF-Dr. Stephney Springer

- All quarterly payments for the first quarter SFY '24 have been released.
- We are implementing the contracts for \$7.5M in one time ARPA funding for providers to utilize for capital improvements. Anticipating approximately 126 awards.
- We are working through \$3.3M in service reductions to five service types due to significant under utilization in SFY '22 and SFY '23 mostly in the Multisystemic Therapy (MST) iterations.
- SFY '24 State budget maintained our contract funded accounts with the exception of the \$3.3M in service reductions mentioned prior but included reductions in our three Board and Care accounts totaling \$35.4M
- SFY '24 budget include ARPA funding for continuation of 24/7 in person mobile crisis response but did not allocate any additional funding for new initiatives or include funding for pick-up of the other ARPA initiatives currently under way.
- The funds that were returned to the general fund were more related to staffing vacancies and Board and Care. No funds were returned from provider contracts.

Urgent Crisis Centers:

I know there has been a lot of interests in these. The majority of the programs are up and operational. Wellmore Monday-Friday 6am-4pm; Child and Family Agency of South East CT 8-4pm. The Village is in the process of completing licensing inspections with the expectation that they will operational early next week. Below are the agencies' websites for the Urgent Crisis Centers.

Wellmore:

<https://www.wellmore.org/urgent-crisis-center>

The Village:

<https://thevillage.org/programs/urgent-crisis-center-ucc/>

Child and Family Agency of SE CT:

<https://www.childandfamilyagency.org/urgent-crisis-center/>

JB-CSSD-Brian Delude

- Still working with Judicial Financial Services and OFA to get detailed information on the biennium budget
- FY23 5.41% COLA for PNPs will continue in the new biennium budget. contracts not in first year of contract are generally not eligible as bidders should be proposing all-inclusive budgets with current cost of living needs
- JBCSSD advocates in various forums for increase in funds for contract staff salary increases to address recruitment and retention challenges, and to recognize excellence in service
- APO/JPO will carry Narcan for home visits and hoping to work with DMHAS for continued funding of NARCAN kits but will seek internal funds to sustain should it be necessary
- ARPA SLFRF funds will be used to fund housing needs of pretrial clients through rapid rehousing, recovery houses, REACH apartments
- ARPA Infrastructure - \$2.8 million in funds to be available to contract providers for capital improvement projects connected to COVID mitigation and address deferred maintenance, strengthen the quality of services, or improve assets – simple application process will be forthcoming – JBCSSD financial commitments must be finalized by 12/24 and money must be expended by 12/26
- Partnering with DCF on services to minimize costs for juvenile programs such as MST
- Able to match Medicaid rates for ABHS

CSDE- Brian Klimkiewicz

DDS-Tammy Venenga

- DDS Age-out and Grads were funded as usual
- Bill 5001 included a lot for work around transition aged youth for DDS to work in collaboration with CSDE and BRS
- Legislation changing the age of which children with disabilities can stay in school, if not receiving their diploma, so there is planning with the CSDE around implementing this change.

5. Committee Reports

Coordination of Care: Co-Chairs *Janine Sullivan-Wiley & Kelly Phenix*

Joint Meetings with Medical Assistance Program Quality Access Committee

Meeting on 7-26-23- Klingberg Family Centers Presentation

Child/Adolescent Quality, Access & Policy: Co-Chairs *Steve Girelli & Melissa Green*

Meeting on 7-19-23

Adult Quality, Access & Policy: Co-Chairs *Terri DiPietro & Howard Drescher*

New Tri-Chair announced: Sabrina Trocchi (Wheeler Clinic)

Operations: Co-Chairs *Heather Gates & Laura Nesta*

Various items covered including a review of the 1115 DUD Waiver and DSS Provider Bulletin

Comm on Diversity, Equity & Inclusion in Behavioral Health - *Alice Forrester & Selma Ward*

No Report

BHP CFAC Update- *Neva Caldwell & Brenetta Henry (CFAC)*

Save the Date: iCAN Conference: September 28, 2023

6. New Business and Adjournment

None

***NOTE: NO AUGUST MTG: Next Meeting: Wednesday, September 13, 2023 at 2 PM
via ZOOM**