



General Assembly

January Session, 2015

**Raised Bill No. 1085**

LCO No. 5095



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

**AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR MENTAL OR NERVOUS CONDITIONS.**

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

1 Section 1. Section 38a-488a of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective January 1, 2016*):

3 (a) [Each individual health insurance policy providing coverage of  
4 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
5 38a-469 delivered, issued for delivery, renewed, amended or continued  
6 in this state shall provide benefits for the diagnosis and treatment of  
7 mental or nervous conditions.] For the purposes of this section: [,  
8 "mental or nervous conditions"] (1) "Mental or nervous conditions"  
9 means mental disorders, as defined in the most recent edition of the  
10 American Psychiatric Association's "Diagnostic and Statistical Manual  
11 of Mental Disorders". "Mental or nervous conditions" does not include  
12 [(1)] (A) intellectual disabilities, [(2)] (B) specific learning disorders,  
13 [(3)] (C) motor disorders, [(4)] (D) communication disorders, [(5)] (E)  
14 caffeine-related disorders, [(6)] (F) relational problems, and [(7)] (G)  
15 other conditions that may be a focus of clinical attention, that are not

16 otherwise defined as mental disorders in the most recent edition of the  
 17 American Psychiatric Association's "Diagnostic and Statistical Manual  
 18 of Mental Disorders"; [, except that coverage for an insured under such  
 19 policy who has been diagnosed with autism spectrum disorder prior to  
 20 the release of the fifth edition of the American Psychiatric Association's  
 21 "Diagnostic and Statistical Manual of Mental Disorders" shall be  
 22 provided in accordance with subsection (b) of section 38a-488b.] (2)  
 23 "benefits payable" means the usual, customary and reasonable charges  
 24 for treatment deemed necessary under generally accepted medical  
 25 standards, except that in the case of a managed care plan, as defined in  
 26 section 38a-478, "benefits payable" means the payments agreed upon in  
 27 the contract between a managed care organization, as defined in  
 28 section 38a-478, and a provider, as defined in section 38a-478; (3) "acute  
 29 treatment services" means twenty-four-hour medically supervised  
 30 treatment for a substance use disorder, that is provided in a medically  
 31 managed or medically monitored inpatient facility; and (4) "clinical  
 32 stabilization services" means twenty-four-hour clinically managed  
 33 postdetoxification treatment, including, but not limited to, relapse  
 34 prevention, family outreach, aftercare planning and addiction  
 35 education and counseling.

36 (b) (1) Each individual health insurance policy providing coverage  
 37 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
 38 38a-469 delivered, issued for delivery, renewed, amended or continued  
 39 in this state shall provide benefits for the diagnosis and treatment of  
 40 mental or nervous conditions. Benefits payable include, but need not  
 41 be limited to:

42 (A) General inpatient hospitalization, including in state-operated  
 43 facilities, without prior authorization for up to fourteen days of  
 44 inpatient hospital treatment for acute treatment services and clinical  
 45 stabilization services;

46 (B) Medically necessary acute treatment services and medically  
 47 necessary clinical stabilization services without prior authorization for  
 48 up to fourteen days;

49 (C) General hospital outpatient services, including at state-operated  
50 facilities;

51 (D) Psychiatric inpatient hospitalization, including in state-operated  
52 facilities;

53 (E) Psychiatric outpatient hospital services, including at state-  
54 operated facilities;

55 (F) Intensive outpatient services, including at state-operated  
56 facilities;

57 (G) Partial hospitalization, including at state-operated facilities;

58 (H) Evidence-based maternal, infant and early childhood home  
59 visitation services, as described in Section 2951 of the Patient  
60 Protection and Affordable Care Act, P.L. 111-148, as amended from  
61 time to time, that are designed to improve health outcomes for  
62 pregnant women, postpartum mothers and newborns and children,  
63 including, but not limited to, for maternal substance use disorders or  
64 depression and relationship-focused interventions for children with  
65 mental or nervous conditions or substance use disorders;

66 (I) Intensive, home-based services designed to address specific  
67 mental or nervous conditions in a child while remediating problematic  
68 parenting practices and addressing other family and educational  
69 challenges that affect the child's and family's ability to function;

70 (J) Intensive, family-based and community-based treatment  
71 programs that focus on addressing environmental systems that impact  
72 chronic and violent juvenile offenders;

73 (K) Evidence-based family-focused therapy that specializes in the  
74 treatment of juvenile substance use disorders and delinquency;

75 (L) Short-term family therapy intervention and juvenile diversion  
76 programs that target at-risk children to address adolescent behavior

---

77 problems, conduct disorders, substance use disorders and  
78 delinquency;

79 (M) Other home-based therapeutic interventions for children;

80 (N) Chemical maintenance treatment, as defined in section 19a-495-  
81 570 of the regulations of Connecticut state agencies;

82 (O) Nonhospital inpatient detoxification;

83 (P) Medically monitored detoxification;

84 (Q) Ambulatory detoxification;

85 (R) Inpatient services at psychiatric residential treatment facilities;

86 (S) Extended day treatment programs, as described in section 17a-  
87 22;

88 (T) Rehabilitation services provided in a licensed group home or in  
89 a community-based setting;

90 (U) Rehabilitation services provided in residential treatment  
91 facilities;

92 (V) Observation beds in acute hospital settings;

93 (W) Emergency mobile psychiatric services;

94 (X) Case management conducted by a licensed health care provider,  
95 including care coordination, communication and treatment planning  
96 with other health care providers, necessary to ensure adequate and  
97 appropriate treatment for a diagnosed mental or nervous condition;

98 (Y) Psychological and neuropsychological testing conducted by an  
99 appropriately licensed health care provider;

100 (Z) Trauma screening conducted by a licensed behavioral health  
101 professional;

102 (AA) Depression screening, including maternal depression  
103 screening, conducted by a licensed behavioral health professional; and

104 (BB) Substance use screening conducted by a licensed behavioral  
105 health professional.

106 (2) With respect to the benefits required under subparagraphs (A)  
107 and (B) of subdivision (1) of this subsection, the facility at which such  
108 hospitalization or treatment is provided shall, not later than forty-eight  
109 hours after the insured's admission for such hospitalization or  
110 treatment, notify the issuer of the policy of such admission and  
111 provide an initial treatment plan to such issuer. Such issuer may  
112 initiate utilization review procedures for such hospitalization or  
113 treatment on or after the seventh day after such hospitalization or  
114 treatment commences.

115 [(b)] (c) No such policy shall establish any terms, conditions or  
116 benefits that place a greater financial burden on an insured for access  
117 to diagnosis or treatment of mental or nervous conditions than for  
118 diagnosis or treatment of medical, surgical or other physical health  
119 conditions, or prohibit an insured from obtaining or a health care  
120 provider from being reimbursed for multiple screening services as part  
121 of a single-day visit to a health care provider or a multicare institution,  
122 as defined in section 19a-490.

123 [(c)] (d) In the case of benefits payable for the services of a licensed  
124 physician, such benefits shall be payable for the same services when  
125 such services are lawfully rendered by a psychologist licensed under  
126 the provisions of chapter 383 or by such a licensed psychologist in a  
127 licensed hospital or clinic.

128 [(d)] (e) In the case of benefits payable for the services of a licensed  
129 physician or psychologist, such benefits shall be payable for the same  
130 services when such services are rendered by:

131 (1) A clinical social worker who is licensed under the provisions of  
132 chapter 383b and who has passed the clinical examination of the

133 American Association of State Social Work Boards and has completed  
134 at least two thousand hours of post-master's social work experience in  
135 a nonprofit agency qualifying as a tax-exempt organization under  
136 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
137 corresponding internal revenue code of the United States, as from time  
138 to time amended, in a municipal, state or federal agency or in an  
139 institution licensed by the Department of Public Health under section  
140 19a-490;

141 (2) A social worker who was certified as an independent social  
142 worker under the provisions of chapter 383b prior to October 1, 1990;

143 (3) A licensed marital and family therapist who has completed at  
144 least two thousand hours of post-master's marriage and family therapy  
145 work experience in a nonprofit agency qualifying as a tax-exempt  
146 organization under Section 501(c) of the Internal Revenue Code of 1986  
147 or any subsequent corresponding internal revenue code of the United  
148 States, as from time to time amended, in a municipal, state or federal  
149 agency or in an institution licensed by the Department of Public Health  
150 under section 19a-490;

151 (4) A marital and family therapist who was certified under the  
152 provisions of chapter 383a prior to October 1, 1992;

153 (5) A licensed alcohol and drug counselor, as defined in section 20-  
154 74s, or a certified alcohol and drug counselor, as defined in section 20-  
155 74s; [or]

156 (6) A licensed professional counselor; or

157 (7) An advanced practice registered nurse licensed under chapter  
158 378.

159 [(e) For purposes of this section, the term "covered expenses" means  
160 the usual, customary and reasonable charges for treatment deemed  
161 necessary under generally accepted medical standards, except that in  
162 the case of a managed care plan, as defined in section 38a-478,

163 "covered expenses" means the payments agreed upon in the contract  
164 between a managed care organization, as defined in section 38a-478,  
165 and a provider, as defined in section 38a-478.]

166 (f) (1) In the case of benefits payable for the services of a licensed  
167 physician, such benefits shall be payable for (A) services rendered in a  
168 child guidance clinic or residential treatment facility by a person with a  
169 master's degree in social work or by a person with a master's degree in  
170 marriage and family therapy under the supervision of a psychiatrist,  
171 physician, licensed marital and family therapist, or licensed clinical  
172 social worker who is eligible for reimbursement under subdivisions (1)  
173 to (4), inclusive, of subsection [(d)] (e) of this section; (B) services  
174 rendered in a residential treatment facility by a licensed or certified  
175 alcohol and drug counselor who is eligible for reimbursement under  
176 subdivision (5) of subsection [(d)] (e) of this section; or (C) services  
177 rendered in a residential treatment facility by a licensed professional  
178 counselor who is eligible for reimbursement under subdivision (6) of  
179 subsection [(d)] (e) of this section.

180 (2) In the case of benefits payable for the services of a licensed  
181 psychologist under subsection [(d)] (e) of this section, such benefits  
182 shall be payable for (A) services rendered in a child guidance clinic or  
183 residential treatment facility by a person with a master's degree in  
184 social work or by a person with a master's degree in marriage and  
185 family therapy under the supervision of such licensed psychologist,  
186 licensed marital and family therapist, or licensed clinical social worker  
187 who is eligible for reimbursement under subdivisions (1) to (4),  
188 inclusive, of subsection [(d)] (e) of this section; (B) services rendered in  
189 a residential treatment facility by a licensed or certified alcohol and  
190 drug counselor who is eligible for reimbursement under subdivision  
191 (5) of subsection [(d)] (e) of this section; or (C) services rendered in a  
192 residential treatment facility by a licensed professional counselor who  
193 is eligible for reimbursement under subdivision (6) of subsection [(d)]  
194 (e) of this section.

195 (g) In the case of benefits payable for the service of a licensed

196 physician practicing as a psychiatrist or a licensed psychologist, under  
 197 subsection [(d)] (e) of this section, such benefits shall be payable for  
 198 outpatient services rendered (1) in a nonprofit community mental  
 199 health center, as defined by the Department of Mental Health and  
 200 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
 201 operated by an accredited hospital or in a residential treatment facility;  
 202 (2) under the supervision of a licensed physician practicing as a  
 203 psychiatrist, a licensed psychologist, a licensed marital and family  
 204 therapist, a licensed clinical social worker, a licensed or certified  
 205 alcohol and drug counselor or a licensed professional counselor who is  
 206 eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
 207 subsection [(d)] (e) of this section; and (3) within the scope of the  
 208 license issued to the center or clinic by the Department of Public  
 209 Health or to the residential treatment facility by the Department of  
 210 Children and Families.

211 (h) Except in the case of emergency services or in the case of services  
 212 for which an individual has been referred by a physician affiliated  
 213 with a health care center, nothing in this section shall be construed to  
 214 require a health care center to provide benefits under this section  
 215 through facilities that are not affiliated with the health care center.

216 (i) In the case of any person admitted to a state institution or facility  
 217 administered by the Department of Mental Health and Addiction  
 218 Services, Department of Public Health, Department of Children and  
 219 Families or the Department of Developmental Services, the state shall  
 220 have a lien upon the proceeds of any coverage available to such person  
 221 or a legally liable relative of such person under the terms of this  
 222 section, to the extent of the per capita cost of such person's care. Except  
 223 in the case of emergency services, the provisions of this subsection  
 224 shall not apply to coverage provided under a managed care plan, as  
 225 defined in section 38a-478.

226 Sec. 2. Section 38a-514 of the general statutes is repealed and the  
 227 following is substituted in lieu thereof (*Effective January 1, 2016*):



228 (a) [Except as provided in subsection (j) of this section, each group  
 229 health insurance policy, providing coverage of the type specified in  
 230 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,  
 231 issued for delivery, renewed, amended or continued in this state shall  
 232 provide benefits for the diagnosis and treatment of mental or nervous  
 233 conditions.] For the purposes of this section: [, "mental or nervous  
 234 conditions"] (1) "Mental or nervous conditions" means mental  
 235 disorders, as defined in the most recent edition of the American  
 236 Psychiatric Association's "Diagnostic and Statistical Manual of Mental  
 237 Disorders". "Mental or nervous conditions" does not include [(1)] (A)  
 238 intellectual disabilities, [(2)] (B) specific learning disorders, [(3)] (C)  
 239 motor disorders, [(4)] (D) communication disorders, [(5)] (E) caffeine-  
 240 related disorders, [(6)] (F) relational problems, and [(7)] (G) other  
 241 conditions that may be a focus of clinical attention, that are not  
 242 otherwise defined as mental disorders in the most recent edition of the  
 243 American Psychiatric Association's "Diagnostic and Statistical Manual  
 244 of Mental Disorders"; [, except that coverage for an insured under such  
 245 policy who has been diagnosed with autism spectrum disorder prior to  
 246 the release of the fifth edition of the American Psychiatric Association's  
 247 "Diagnostic and Statistical Manual of Mental Disorders" shall be  
 248 provided in accordance with subsection (i) of section 38a-514b.] (2)  
 249 "benefits payable" means the usual, customary and reasonable charges  
 250 for treatment deemed necessary under generally accepted medical  
 251 standards, except that in the case of a managed care plan, as defined in  
 252 section 38a-478, "benefits payable" means the payments agreed upon in  
 253 the contract between a managed care organization, as defined in  
 254 section 38a-478, and a provider, as defined in section 38a-478; (3) "acute  
 255 treatment services" means twenty-four-hour medically supervised  
 256 treatment for a substance use disorder, that is provided in a medically  
 257 managed or medically monitored inpatient facility; and (4) "clinical  
 258 stabilization services" means twenty-four-hour clinically managed  
 259 postdetoxification treatment, including, but not limited to, relapse  
 260 prevention, family outreach, aftercare planning and addiction  
 261 education and counseling.

262 (b) (1) Except as provided in subsection (j) of this section, each  
263 group health insurance policy, providing coverage of the type  
264 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469,  
265 delivered, issued for delivery, renewed, amended or continued in this  
266 state shall provide benefits for the diagnosis and treatment of mental  
267 or nervous conditions. Benefits payable include, but need not be  
268 limited to:

269 (A) General inpatient hospitalization, including in state-operated  
270 facilities, without prior authorization for up to fourteen days of  
271 inpatient hospital treatment for acute treatment services and clinical  
272 stabilization services;

273 (B) Medically necessary acute treatment services and medically  
274 necessary clinical stabilization services without prior authorization for  
275 up to fourteen days;

276 (C) General hospital outpatient services, including at state-operated  
277 facilities;

278 (D) Psychiatric inpatient hospitalization, including in state-operated  
279 facilities;

280 (E) Psychiatric outpatient hospital services, including at state-  
281 operated facilities;

282 (F) Intensive outpatient services, including at state-operated  
283 facilities;

284 (G) Partial hospitalization, including at state-operated facilities;

285 (H) Evidence-based maternal, infant and early childhood home  
286 visitation services, as described in Section 2951 of the Patient  
287 Protection and Affordable Care Act, P.L. 111-148, as amended from  
288 time to time, that are designed to improve health outcomes for  
289 pregnant women, postpartum mothers and newborns and children,  
290 including, but not limited to, for maternal substance use disorders or

291 depression and relationship-focused interventions for children with  
292 mental or nervous conditions or substance use disorders;

293 (I) Intensive, home-based services designed to address specific  
294 mental or nervous conditions in a child while remediating problematic  
295 parenting practices and addressing other family and educational  
296 challenges that affect the child's and family's ability to function;

297 (J) Intensive, family-based and community-based treatment  
298 programs that focus on addressing environmental systems that impact  
299 chronic and violent juvenile offenders;

300 (K) Evidence-based family-focused therapy that specializes in the  
301 treatment of juvenile substance use disorders and delinquency;

302 (L) Short-term family therapy intervention and juvenile diversion  
303 programs that target at-risk children to address adolescent behavior  
304 problems, conduct disorders, substance use disorders and  
305 delinquency;

306 (M) Other home-based therapeutic interventions for children;

307 (N) Chemical maintenance treatment, as defined in section 19a-495-  
308 570 of the regulations of Connecticut state agencies;

309 (O) Nonhospital inpatient detoxification;

310 (P) Medically monitored detoxification;

311 (Q) Ambulatory detoxification;

312 (R) Inpatient services at psychiatric residential treatment facilities;

313 (S) Extended day treatment programs, as described in section 17a-  
314 22;

315 (T) Rehabilitation services provided in a licensed group home or in  
316 a community-based setting;

317 (U) Rehabilitation services provided in residential treatment  
318 facilities;

319 (V) Observation beds in acute hospital settings;

320 (W) Emergency mobile psychiatric services;

321 (X) Case management conducted by a licensed health care provider,  
322 including care coordination, communication and treatment planning  
323 with other health care providers, necessary to ensure adequate and  
324 appropriate treatment for a diagnosed mental or nervous condition;

325 (Y) Psychological and neuropsychological testing conducted by an  
326 appropriately licensed health care provider;

327 (Z) Trauma screening conducted by a licensed behavioral health  
328 professional;

329 (AA) Depression screening, including maternal depression  
330 screening, conducted by a licensed behavioral health professional; and

331 (BB) Substance use screening conducted by a licensed behavioral  
332 health professional.

333 (2) With respect to the benefits required under subparagraphs (A)  
334 and (B) of subdivision (1) of this subsection, the facility at which such  
335 hospitalization or treatment is provided shall, not later than forty-eight  
336 hours after the insured's admission for such hospitalization or  
337 treatment, notify the issuer of the policy of such admission and  
338 provide an initial treatment plan to such issuer. Such issuer may  
339 initiate utilization review procedures for such hospitalization or  
340 treatment on or after the seventh day after such hospitalization or  
341 treatment commences.

342 [(b)] (c) No such group policy shall establish any terms, conditions  
343 or benefits that place a greater financial burden on an insured for  
344 access to diagnosis or treatment of mental or nervous conditions than

345 for diagnosis or treatment of medical, surgical or other physical health  
346 conditions, or prohibit an insured from obtaining or a health care  
347 provider from being reimbursed for multiple screening services as part  
348 of a single-day visit to a health care provider or a multicare institution,  
349 as defined in section 19a-490.

350 [(c)] (d) In the case of benefits payable for the services of a licensed  
351 physician, such benefits shall be payable for the same services when  
352 such services are lawfully rendered by a psychologist licensed under  
353 the provisions of chapter 383 or by such a licensed psychologist in a  
354 licensed hospital or clinic.

355 [(d)] (e) In the case of benefits payable for the services of a licensed  
356 physician or psychologist, such benefits shall be payable for the same  
357 services when such services are rendered by:

358 (1) A clinical social worker who is licensed under the provisions of  
359 chapter 383b and who has passed the clinical examination of the  
360 American Association of State Social Work Boards and has completed  
361 at least two thousand hours of post-master's social work experience in  
362 a nonprofit agency qualifying as a tax-exempt organization under  
363 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
364 corresponding internal revenue code of the United States, as from time  
365 to time amended, in a municipal, state or federal agency or in an  
366 institution licensed by the Department of Public Health under section  
367 19a-490;

368 (2) A social worker who was certified as an independent social  
369 worker under the provisions of chapter 383b prior to October 1, 1990;

370 (3) A licensed marital and family therapist who has completed at  
371 least two thousand hours of post-master's marriage and family therapy  
372 work experience in a nonprofit agency qualifying as a tax-exempt  
373 organization under Section 501(c) of the Internal Revenue Code of 1986  
374 or any subsequent corresponding internal revenue code of the United  
375 States, as from time to time amended, in a municipal, state or federal

376 agency or in an institution licensed by the Department of Public Health  
377 under section 19a-490;

378 (4) A marital and family therapist who was certified under the  
379 provisions of chapter 383a prior to October 1, 1992;

380 (5) A licensed alcohol and drug counselor, as defined in section 20-  
381 74s, or a certified alcohol and drug counselor, as defined in section 20-  
382 74s; [or]

383 (6) A licensed professional counselor; or

384 (7) An advanced practice registered nurse licensed under chapter  
385 378.

386 [(e) For purposes of this section, the term "covered expenses" means  
387 the usual, customary and reasonable charges for treatment deemed  
388 necessary under generally accepted medical standards, except that in  
389 the case of a managed care plan, as defined in section 38a-478,  
390 "covered expenses" means the payments agreed upon in the contract  
391 between a managed care organization, as defined in section 38a-478,  
392 and a provider, as defined in section 38a-478.]

393 (f) (1) In the case of benefits payable for the services of a licensed  
394 physician, such benefits shall be payable for (A) services rendered in a  
395 child guidance clinic or residential treatment facility by a person with a  
396 master's degree in social work or by a person with a master's degree in  
397 marriage and family therapy under the supervision of a psychiatrist,  
398 physician, licensed marital and family therapist or licensed clinical  
399 social worker who is eligible for reimbursement under subdivisions (1)  
400 to (4), inclusive, of subsection [(d)] (e) of this section; (B) services  
401 rendered in a residential treatment facility by a licensed or certified  
402 alcohol and drug counselor who is eligible for reimbursement under  
403 subdivision (5) of subsection [(d)] (e) of this section; or (C) services  
404 rendered in a residential treatment facility by a licensed professional  
405 counselor who is eligible for reimbursement under subdivision (6) of  
406 subsection [(d)] (e) of this section.

407 (2) In the case of benefits payable for the services of a licensed  
408 psychologist under subsection [(d)] (e) of this section, such benefits  
409 shall be payable for (A) services rendered in a child guidance clinic or  
410 residential treatment facility by a person with a master's degree in  
411 social work or by a person with a master's degree in marriage and  
412 family therapy under the supervision of such licensed psychologist,  
413 licensed marital and family therapist or licensed clinical social worker  
414 who is eligible for reimbursement under subdivisions (1) to (4),  
415 inclusive, of subsection [(d)] (e) of this section; (B) services rendered in  
416 a residential treatment facility by a licensed or certified alcohol and  
417 drug counselor who is eligible for reimbursement under subdivision  
418 (5) of subsection [(d)] (e) of this section; or (C) services rendered in a  
419 residential treatment facility by a licensed professional counselor who  
420 is eligible for reimbursement under subdivision (6) of subsection [(d)]  
421 (e) of this section.

422 (g) In the case of benefits payable for the service of a licensed  
423 physician practicing as a psychiatrist or a licensed psychologist, under  
424 subsection [(d)] (e) of this section, such benefits shall be payable for  
425 outpatient services rendered (1) in a nonprofit community mental  
426 health center, as defined by the Department of Mental Health and  
427 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
428 operated by an accredited hospital or in a residential treatment facility;  
429 (2) under the supervision of a licensed physician practicing as a  
430 psychiatrist, a licensed psychologist, a licensed marital and family  
431 therapist, a licensed clinical social worker, a licensed or certified  
432 alcohol and drug counselor, or a licensed professional counselor who  
433 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
434 subsection [(d)] (e) of this section; and (3) within the scope of the  
435 license issued to the center or clinic by the Department of Public  
436 Health or to the residential treatment facility by the Department of  
437 Children and Families.

438 (h) Except in the case of emergency services or in the case of services  
439 for which an individual has been referred by a physician affiliated

440 with a health care center, nothing in this section shall be construed to  
441 require a health care center to provide benefits under this section  
442 through facilities that are not affiliated with the health care center.

443 (i) In the case of any person admitted to a state institution or facility  
444 administered by the Department of Mental Health and Addiction  
445 Services, Department of Public Health, Department of Children and  
446 Families or the Department of Developmental Services, the state shall  
447 have a lien upon the proceeds of any coverage available to such person  
448 or a legally liable relative of such person under the terms of this  
449 section, to the extent of the per capita cost of such person's care. Except  
450 in the case of emergency services the provisions of this subsection shall  
451 not apply to coverage provided under a managed care plan, as defined  
452 in section 38a-478.

453 (j) A group health insurance policy may exclude the benefits  
454 required by this section if such benefits are included in a separate  
455 policy issued to the same group by an insurance company, health care  
456 center, hospital service corporation, medical service corporation or  
457 fraternal benefit society. Such separate policy, which shall include the  
458 benefits required by this section and the benefits required by section  
459 38a-533, shall not be required to include any other benefits mandated  
460 by this title.

461 (k) In the case of benefits based upon confinement in a residential  
462 treatment facility, such benefits shall be payable in situations in which  
463 the insured has a serious mental or nervous condition that  
464 substantially impairs the insured's thoughts, perception of reality,  
465 emotional process or judgment or grossly impairs the behavior of the  
466 insured, and, upon an assessment of the insured by a physician,  
467 psychiatrist, psychologist or clinical social worker, cannot  
468 appropriately, safely or effectively be treated in an acute care, partial  
469 hospitalization, intensive outpatient or outpatient setting.

470 (l) The services rendered for which benefits are to be paid for  
471 confinement in a residential treatment facility shall be based on an



472 individual treatment plan. For purposes of this section, the term  
473 "individual treatment plan" means a treatment plan prescribed by a  
474 physician with specific attainable goals and objectives appropriate to  
475 both the patient and the treatment modality of the program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2016</i>	38a-488a
Sec. 2	<i>January 1, 2016</i>	38a-514

**INS**      *Joint Favorable*