



Senate

General Assembly

File No. 257

February Session, 2024

Substitute Senate Bill No. 315

Senate, April 4, 2024

The Committee on Human Services reported through SEN. LESSER of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT IMPLEMENTING THE CERTIFIED COMMUNITY
BEHAVIORAL HEALTH CLINIC MODEL IN THE MEDICAID PROGRAM.***

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

1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section, (1)
2 "certified community behavioral health clinic" means a clinic certified
3 by the state that offers behavioral health services, including, but not
4 limited to, (A) recovery-oriented person and family-centered substance
5 abuse and mental health services offered within and outside the clinic,
6 (B) expanded service hours, (C) timely access for routine needs, (D)
7 twenty-four-hour access to crisis management services, (E) peer support
8 and counseling services, (F) screening, assessment, diagnosis and risk
9 assessment, (G) outpatient primary care screening and monitoring of
10 key health indicators and risks, and (H) partnerships with a range of
11 health and social service providers to provide access to services; and (2)
12 "Medicare Economic Index" means a measure of inflation for physicians
13 with respect to their practice costs and wage levels as calculated by the
14 Centers for Medicare and Medicaid Services.

15 (b) Not later than October 1, 2024, the Commissioner of Social
16 Services, in consultation with the Commissioner of Mental Health and

17 Addiction Services, shall seek federal approval to join a Medicaid
 18 demonstration program supporting certified community behavioral
 19 health clinics in multiple states pursuant to Section 223 of the Protecting
 20 Access to Medicare Act of 2014, P.L. 113-93, as amended by section
 21 11001 of the Bipartisan Safer Communities Act, P.L. 117-15. The
 22 Commissioner of Social Services, acting in consultation with the
 23 Commissioner of Mental Health and Addiction Services and in
 24 accordance with federal law, shall develop a plan to apply for the
 25 Medicaid demonstration program that shall include, but need not be
 26 limited to, (1) a system to certify such clinics, (2) reporting on the effect
 27 of such clinics on access to care and costs to the state, and (3) a
 28 prospective payment system with (A) incentives for clinics that exceed
 29 quality of care thresholds, (B) triannual rate adjustments in accordance
 30 with the Medicare Economic Index, and (C) allowable rate modifications
 31 based on a clinic's scope of services.

32 (c) Not later than August 30, 2024, the Commissioner of Social
 33 Services shall file a report on the plan, in accordance with the provisions
 34 of section 11-4a of the general statutes, with the joint standing
 35 committees of the General Assembly having cognizance of matters
 36 relating to human services and public health. If the plan receives federal
 37 approval, the commissioner shall file a report not later than January first
 38 annually, in accordance with the provisions of section 11-4a of the
 39 general statutes, for the duration of the demonstration program with
 40 said committees of cognizance on the effect of the program on (1) access
 41 to care, and (2) costs to the state for behavioral health care.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

Statement of Legislative Commissioners:

The title was changed.

HS Joint Favorable Subst. -LCO

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
Social Services, Dept.	GF - Cost	Up to \$750,000	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the Department of Social Services (DSS) by requiring the agency, in consultation with the Department of Mental Health and Addiction Services (DMHAS), to seek federal approval to join a Medicaid demonstration program supporting certified community behavioral health clinics (CCBHC), by October 1, 2024. DSS could incur costs of up to \$750,000 to support durational staff and consulting costs to assist with the development and submittal of the plan. The plan must include (1) a system to certify CCBHCs, (2) reporting on the effect of such clinics on access to care and associated state costs, and (3) a prospective payment system. Ongoing costs are dependent on federal approval and demonstration requirements.

The Out Years

The annualized ongoing fiscal impact is subject to federal approval and the provisions of the demonstration program.

OLR Bill Analysis**SB 315*****AN ACT IMPLEMENTING THE CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC MODEL IN THE MEDICAID PROGRAM.*****SUMMARY**

This bill requires the Department of Social Services (DSS) commissioner, by October 1, 2024, to seek federal approval to join a Medicaid demonstration program supporting certified community behavioral health clinics (CCBHC), as authorized by federal law (see BACKGROUND).

The bill requires the DSS commissioner to develop a plan to apply for the program that includes (1) a system to certify CCBHCs, (2) reporting on clinics' effect on access to care and state costs, and (3) a prospective payment system. The plan's prospective payment system must include (1) incentives for clinics that exceed quality of care thresholds, (2) triannual rate adjustments in accordance with the Medicare Economic Index (an inflation measure for physicians, calculated by the federal Centers for Medicare and Medicaid Services), and (3) allowable rate modifications based on a clinic's scope of services. The bill requires the DSS commissioner to consult with the Department of Mental Health and Addiction Services commissioner when seeking federal approval and developing the plan.

The bill also requires the DSS commissioner to report on the plan by August 30, 2024, to the Human Services and Public Health committees. If the plan receives federal approval, DSS must report to the same committees by January 1 annually for the demonstration's duration on its effects on access to care and state behavioral health care costs.

EFFECTIVE DATE: Upon passage

CCBHC SERVICES

Under the bill, CCBHCs are clinics certified by the state that offer at least the following:

1. recovery-oriented person and family-centered substance abuse and mental health services within and outside of the clinic;
2. expanded service hours;
3. timely access for routine needs;
4. 24-hour access to crisis management services;
5. peer support and counseling services;
6. screening, assessment, diagnosis, and risk assessment;
7. outpatient primary care screening and monitoring of key health indicators and risks; and
8. partnerships with health and social service providers to give access to services.

BACKGROUND

Federal Authorization for CCBHCs

The federal Protecting Access to Medicare Act of 2014 (P.L. 113-93), § 223, authorized a demonstration program for up to eight states to certify clinics as CCBHCs that provide a certain level of service and receive payment, including Medicaid reimbursement, through a prospective payment system. The Bipartisan Safer Communities Act (P.L. 117-15), § 11001, expanded eligibility for the demonstration program to up to 10 additional states every two years. Federal program criteria require CCBHCs to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age.

COMMITTEE ACTION

Human Services Committee

Joint Favorable
Yea 22 Nay 0 (03/19/2024)