

- 14 council on Medicaid managed care, established pursuant to section
15 17b-28;
- 16 (A) Two of whom are representatives of general or specialty
17 psychiatric hospitals;
- 18 (B) One of whom is an adult with a psychiatric disability;
- 19 (C) One of whom is an advocate for adults with psychiatric
20 disabilities;
- 21 (D) Two of whom are parents of children who have a behavioral
22 health disorder or have received child protection or juvenile justice
23 services from the Department of Children and Families;
- 24 (E) One of whom has expertise in health policy and evaluation;
- 25 (F) One of whom is an advocate for children with behavioral health
26 disorders;
- 27 (G) One of whom is a primary care provider serving HUSKY
28 children;
- 29 (H) One of whom is a child psychiatrist serving HUSKY children;
- 30 (I) One of whom is either an adult with a substance use disorder or
31 an advocate for adults with substance use disorders;
- 32 (J) One of whom is a representative of school-based health clinics;
- 33 (K) One of whom is a provider of community-based behavioral
34 health services for adults;
- 35 (L) One of whom is a provider of residential treatment for children;
- 36 (M) One of whom is a provider of community-based services for
37 children with behavioral health problems; and
- 38 (N) One of whom is a member of the advisory council on Medicaid

067

39 managed care;

40 (5) [Four] Six nonvoting ex-officio members, one each appointed by
41 the Commissioners of Social Services, Children and Families and
42 [Mental Health and Addiction Services] Education to represent his or
43 her department and one appointed by the State Comptroller, the
44 Secretary of the Office of Policy and Management and the Office of
45 Health Care Access to represent said [department] offices; [and]

46 (6) One or more consumers appointed by the chairpersons of the
47 council, to be nonvoting ex-officio members; and

48 [(6)] (7) One representative from the administrative services
49 organization and from each Medicaid managed care organization, to
50 be nonvoting ex-officio members.

51 Sec. 2. Subsection (c) of section 17a-22j of the 2006 supplement to the
52 general statutes is repealed and the following is substituted in lieu
53 thereof (*Effective October 1, 2006*):

54 (c) All appointments to the council shall be made no later than July
55 1, 2005, except that the chairpersons of the council may appoint
56 additional consumers to the council as nonvoting ex-officio members.
57 Any vacancy shall be filled by the appointing authority.

58 Sec. 3. Section 17a-22l of the 2006 supplement to the general statutes
59 is repealed and the following is substituted in lieu thereof (*Effective*
60 *October 1, 2006*):

61 The Departments of Children and Families and Social Services shall
62 develop consumer and provider grievance procedures and shall
63 submit such procedures to the Behavioral Health Partnership
64 Oversight Council for review and comment. Such procedures shall
65 include, but not be limited to, procedures for appealing a denial or
66 determination by an enrollee or any provider acting on behalf of an
67 enrollee. The Departments of Children and Families and Social
68 Services shall establish time frames for appealing decisions made by

69 the administrative services organization, including an expedited
70 review in emergency situations. Any procedure for appeals shall
71 require that an appeal be heard not later than thirty days after such
72 appeal is filed and shall be decided not later than forty-five days after
73 such appeal is filed.

74 Sec. 4. Section 17a-22o of the 2006 supplement to the general statutes
75 is repealed and the following is substituted in lieu thereof (*Effective*
76 *from passage*):

77 (a) The Departments of Children and Families and Social Services
78 may establish provider specific inpatient, partial hospitalization,
79 intensive outpatient and other intensive service rates. Within available
80 appropriations, the initial rates shall not be less than each provider's
81 blend of rates from the HUSKY Plans in effect on July 1, 2005, unless
82 the date of implementation of the Behavioral Health Partnership is
83 later than January 1, 2006. If such implementation date is later than
84 January 1, 2006, such initial rates, within available appropriations,
85 shall not be less than each provider's blend of rates in effect sixty days
86 prior to the implementation date of the Behavioral Health Partnership.
87 Within available appropriations, the departments may provide grant
88 payments, where necessary, to address provider financial impacts. The
89 departments may establish uniform outpatient rates allowing a
90 differential for child and adult services. In no event shall such rate
91 increases exceed rates paid through Medicare for such services. The
92 Behavioral Health Partnership Oversight Council shall review any
93 such rate methodology as provided for in subsection (b) of this section.
94 Notwithstanding the provisions of sections 17b-239, as amended, and
95 17b-241, rates for behavioral health services shall be established in
96 accordance with this section.

97 (b) All proposals for initial rates, reductions to existing rates and
98 changes in rate methodology within the Behavioral Health Partnership
99 shall be submitted to the Behavioral Health Partnership Oversight
100 Council for review. If the council does not recommend acceptance, it

067

101 may forward its recommendation to the joint standing committees of
 102 the General Assembly having cognizance of matters relating to public
 103 health, human services and appropriations and the budgets of state
 104 agencies. The committees shall hold a joint public hearing on the
 105 subject of the proposed rates, to receive the partnership's rationale for
 106 making such a rate change. Not later than ninety days after submission
 107 by the departments, the committees of cognizance shall make
 108 recommendations to the departments regarding the proposed rates.
 109 The departments shall make every effort to incorporate
 110 recommendations of both the council and the committees of
 111 cognizance when setting rates.

112 (c) Beginning July 1, 2006, the departments shall adjust all rates
 113 established under this section, annually, by an amount that is at least
 114 equal to the average increase granted by the Department of Social
 115 Services in the current fiscal year to managed care organizations that
 116 provide services under the HUSKY plan.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<u>October 1, 2006</u>	17a-22j(b)
Sec. 2	<u>October 1, 2006</u>	17a-22j(c)
Sec. 3	<u>October 1, 2006</u>	17a-22l
Sec. 4	<u>from passage</u>	17a-22o

Statement of Purpose:

To implement the recommendations of the Behavioral Health Partnership Oversight Council.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

CONNECTICUT
 STATE LIBRARY
 LEGISLATIVE REFERENCE
 SECTION

- 14 council on Medicaid managed care, established pursuant to section
15 17b-28;
- 16 (A) Two of whom are representatives of general or specialty
17 psychiatric hospitals;
- 18 (B) One of whom is an adult with a psychiatric disability;
- 19 (C) One of whom is an advocate for adults with psychiatric
20 disabilities;
- 21 (D) Two of whom are parents of children who have a behavioral
22 health disorder or have received child protection or juvenile justice
23 services from the Department of Children and Families;
- 24 (E) One of whom has expertise in health policy and evaluation;
- 25 (F) One of whom is an advocate for children with behavioral health
26 disorders;
- 27 (G) One of whom is a primary care provider serving HUSKY
28 children;
- 29 (H) One of whom is a child psychiatrist serving HUSKY children;
- 30 (I) One of whom is either an adult with a substance use disorder or
31 an advocate for adults with substance use disorders;
- 32 (J) One of whom is a representative of school-based health clinics;
- 33 (K) One of whom is a provider of community-based behavioral
34 health services for adults;
- 35 (L) One of whom is a provider of residential treatment for children;
- 36 (M) One of whom is a provider of community-based services for
37 children with behavioral health problems; and
- 38 (N) One of whom is a member of the advisory council on Medicaid

39 managed care;

40 (5) [Four] Six nonvoting ex-officio members, one each appointed by
41 the Commissioners of Social Services, Children and Families and
42 [Mental Health and Addiction Services] Education to represent his or
43 her department and one appointed by the State Comptroller, the
44 Secretary of the Office of Policy and Management and the Office of
45 Health Care Access to represent said [department] offices; [and]

46 (6) One or more consumers appointed by the chairpersons of the
47 council, to be nonvoting ex-officio members; and

48 [(6)] (7) One representative from the administrative services
49 organization and from each Medicaid managed care organization, to
50 be nonvoting ex-officio members.

51 Sec. 2. Subsection (c) of section 17a-22j of the 2006 supplement to the
52 general statutes is repealed and the following is substituted in lieu
53 thereof (*Effective October 1, 2006*):

54 (c) All appointments to the council shall be made no later than July
55 1, 2005, except that the chairpersons of the council may appoint
56 additional consumers to the council as nonvoting ex-officio members.
57 Any vacancy shall be filled by the appointing authority.

58 Sec. 3. Section 17a-22l of the 2006 supplement to the general statutes
59 is repealed and the following is substituted in lieu thereof (*Effective*
60 *October 1, 2006*):

61 The Departments of Children and Families and Social Services shall
62 develop consumer and provider grievance procedures and shall
63 submit such procedures to the Behavioral Health Partnership
64 Oversight Council for review and comment. Such procedures shall
65 include, but not be limited to, procedures for appealing a denial or
66 determination by an enrollee or any provider acting on behalf of an
67 enrollee. The Departments of Children and Families and Social
68 Services shall establish time frames for appealing decisions made by

69 the administrative services organization, including an expedited
70 review in emergency situations. Any procedure for appeals shall
71 require that an appeal be heard not later than thirty days after such
72 appeal is filed and shall be decided not later than forty-five days after
73 such appeal is filed.

74 Sec. 4. Section 17a-22o of the 2006 supplement to the general statutes
75 is repealed and the following is substituted in lieu thereof (*Effective*
76 *from passage*):

77 (a) The Departments of Children and Families and Social Services
78 may establish provider specific inpatient, partial hospitalization,
79 intensive outpatient and other intensive service rates. Within available
80 appropriations, the initial rates shall not be less than each provider's
81 blend of rates from the HUSKY Plans in effect on July 1, 2005, unless
82 the date of implementation of the Behavioral Health Partnership is
83 later than January 1, 2006. If such implementation date is later than
84 January 1, 2006, such initial rates, within available appropriations,
85 shall not be less than each provider's blend of rates in effect sixty days
86 prior to the implementation date of the Behavioral Health Partnership.
87 Within available appropriations, the departments may provide grant
88 payments, where necessary, to address provider financial impacts. The
89 departments may establish uniform outpatient rates allowing a
90 differential for child and adult services. In no event shall such rate
91 increases exceed rates paid through Medicare for such services. The
92 Behavioral Health Partnership Oversight Council shall review any
93 such rate methodology as provided for in subsection (b) of this section.
94 Notwithstanding the provisions of sections 17b-239, as amended, and
95 17b-241, rates for behavioral health services shall be established in
96 accordance with this section.

97 (b) All proposals for initial rates, reductions to existing rates and
98 changes in rate methodology within the Behavioral Health Partnership
99 shall be submitted to the Behavioral Health Partnership Oversight
100 Council for review. If the council does not recommend acceptance, it

101 may forward its recommendation to the joint standing committees of
 102 the General Assembly having cognizance of matters relating to public
 103 health, human services and appropriations and the budgets of state
 104 agencies. The committees shall hold a joint public hearing on the
 105 subject of the proposed rates, to receive the partnership's rationale for
 106 making such a rate change. Not later than ninety days after submission
 107 by the departments, the committees of cognizance shall make
 108 recommendations to the departments regarding the proposed rates.
 109 The departments shall make every effort to incorporate
 110 recommendations of both the council and the committees of
 111 cognizance when setting rates.

112 (c) Beginning July 1, 2006, the departments shall adjust all rates
 113 established under this section, annually, by an amount that is at least
 114 equal to the average increase granted by the Department of Social
 115 Services in the current fiscal year to managed care organizations that
 116 provide services under the HUSKY plan.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<u>October 1, 2006</u>	17a-22j(b)
Sec. 2	<u>October 1, 2006</u>	17a-22j(c)
Sec. 3	<u>October 1, 2006</u>	17a-22l
Sec. 4	<u>from passage</u>	17a-22o

Statement of Purpose:

To implement the recommendations of the Behavioral Health Partnership Oversight Council.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]