Tow Youth Justice Institute

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Transforming Children's Behavioral Health Policy and Planning Committee

January 15th

LOB Room 1E with Virtual Option

2:00 PM – 4:00 PM

Scan to submit your attendance:

Meeting Facilitation

Mute on Zoom

- Participants must remain muted on Zoom unless speaking

Hand Raising

- Virtual attendees should use the Hand Raise feature on Zoom for questions and comments

Questions at the End

- Hold questions and comments until the presenters have finished speaking

TCB Only

- Only TCB members may ask questions and make comments

Recording

- This meeting is being Recorded

Agenda

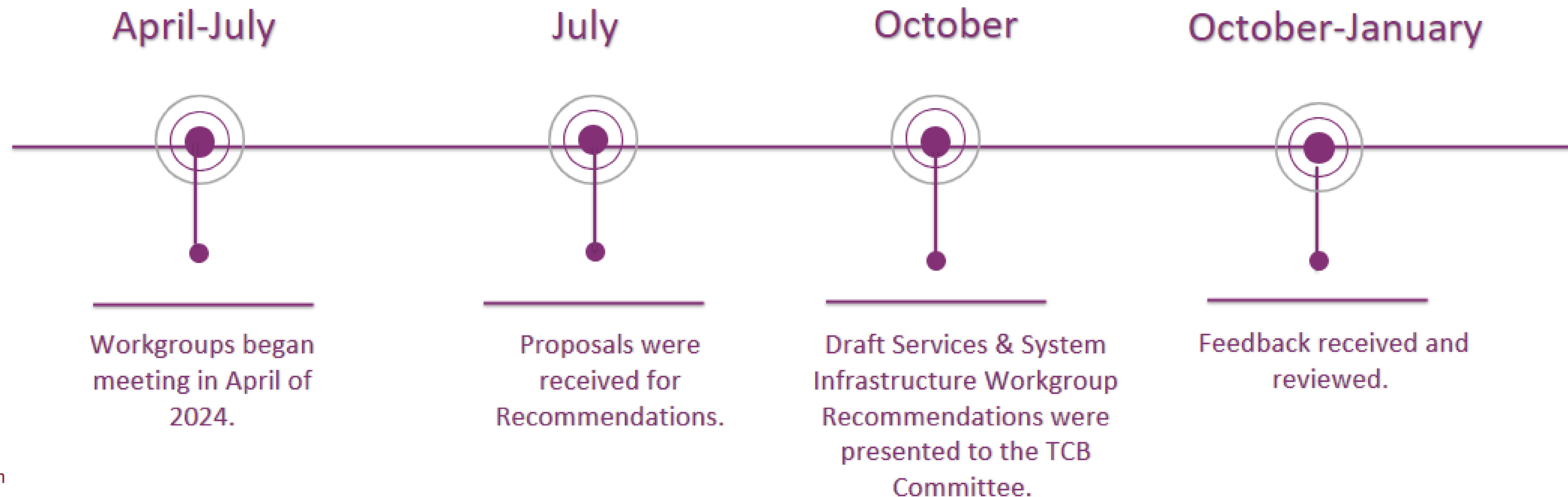
Welcoming and Opening Remarks	TCB Tri Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM
Acceptance of Meeting Minutes	TYJI
Meeting Overview and Announcements	TYJI
Presentation of 2025 Recommendations and Voting	TCB Workgroup Co-chairs; Yann Poncin, Alice Forrester, Jason Lang & Edith Boyle
Closing Remarks	TCB Tri Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

TCB 2025 Recommendations

2024-2025 Timeline

Legislative recommendations are considered, conceptualized, and drafted based on the legislative charge of the TCB, reoccurring themes raised at the monthly meeting, and TCB workgroup.

- The TCB workgroups are critical as they further explore best practices, research, data, policies, and conceptualize draft recommendations for consideration.
- In addition, the Tri-Chairs may explore additional background information that may affect operational issues, to ensure effective implementation of any recommendations that become law.
- Members of the workgroup and other interested stakeholders will have several additional opportunities to help shape and refine the recommendations through the legislative process.



Voting Protocol

A quorum of TCB members must be present

- Each TCB member has one vote on each recommendation. The recommendations will be presented to the Committee with the opportunity to offer friendly amendments. After the committee comes to consensus on the recommendation language, the vote will take place.

TYJI staff will call role announcing Committee member names and, in their absence, designee names.

- For Committee members joining in person, when called you will need to turn your microphone on and vote for, against or abstain (yay, nay, abstain) from the recommendation. For Committee members joining virtually, you will need to turn your camera on, unmute yourself on Zoom and vote for, against or abstain (yay, nay, abstain) from the recommendation.

Consensus shall be reached through a majority of members voting "yay"

The tally for each recommendation will be provided at the end of the meeting

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Medicaid Reimbursement Rate

Justification for Friendly Amendments to the Medicaid Rate Recommendations

1. Proposed legislative recommendation should not include dollar amounts, as this would be decided through the legislative process.
2. The initial recommendation brought to the TCB in October of 2024 referred to the $42.4 million identified in the *Phase 1 Report: Studies of Medicaid Rates of Reimbursement*. The $42.4 Million noted in the study reflects the difference between the estimated current expenditures and estimated expenditures at five state benchmarks specific to the 12 behavioral health clinic fee schedule codes. This number only included matched codes (excluding the 4 codes that compromised $3.5 million). Additionally, the psychologist/psychiatrist and other clinician rates were included in the analysis of the physician fee schedule where those codes are present. Therefore, the $42.4 million only gives a piece of the behavioral health picture, and not the total amount CT invests in behavioral health.
   a) Additionally, the study did not look specifically at children's behavioral health services. TCB's mission and statutory charge is specific to children's behavioral health.
   b) Different service codes have different disparity to the peer state/Medicare benchmarks. Therefore, an across the board % would be a disservice to the granular/focused approach that is needed.
3. There are a handful of places in state statute where the law requires inflation-based cost of living adjustments (COLAs). However, those increases do not do much without the necessary appropriations.

Medicaid Reimbursement Rate Recommendations

1. **It is recommended that effective October 1st, 2025, the legislature and the Governor should adequately fund the Department of Social Services to implement an increase of Children's Medicaid behavioral health reimbursement rates based on access needs. The Children's Medicaid reimbursement rate increase shall include:**
   a) Adjustment to meet peer-state benchmark rates for children's behavioral health where an applicable benchmark is available, and funding is needed to address access issues. Where a benchmark rate is not available, DSS shall recommend a methodology for equitably distributing rate increases to address any access issues/needs.
2. **The Department of Social Services should conduct an additional Medicaid Rate Study that specifically evaluates children's behavioral health and compares codes to peer states. The report shall describe how Medicaid investments are reducing the number of codes remaining below the benchmark and evaluating access needs. This study should report the following to the TCB by October 1st, 2025:**
   a) The breakdown of children's behavioral health spend, and where clinic codes are located,
   b) After each investment to children's behavioral health (FY '25, '26), The Department of Social Services should evaluate if CT is closer to peer state benchmarks on code basis and total spending amount, and
   c) Identify the proportion of the system that was not matched in the Phase 1 Medicaid Rate Study and provide the TCB a set of recommendations regarding how to approximate access needs for those codes.

Medicaid Reimbursement Rate Recommendation

3. It is recommended that effective July 1, 2025, the Department of Children and Families should sustain 24/7 mobile crisis expansion initially funded through ARPA.

4. The Department of Social Services should promote Medicaid and commercial billing for UCC services by refining the interim rates established for UCCs (as needed) and report on provider billing status under Medicaid to the TCB by Oct 1st, 2025.

5. The Office of Health Strategy (OHS) should submit to the TCB a report on any updates made in commercial insurance plans to reflect UCCs in their plan coverage. The report should be submitted to the TCB by Oct 1st, 2026.

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Workforce Stabilization Recommendations

Friendly Amendment Justification to Recommendations

1. The intent of the feasibility assessment recommendation is to design a permissible rate add on or code to help support the period when clinical staff are training in a new model. This was identified as a key pain point of IICAPS providers. Currently, there is a period of 4-6 months where clinicians are not able to bill for services in those evidence-based model.

2. The CCBHC planning grant is to explore different models of community provider reimbursements, including a potential cost-based reimbursement model. This can be used to look at alternative payment models.

Workforce Recommendations

1. **It is recommended that the Department of Social Services conduct a feasibility determination and fiscal analysis to estimate adding a billing code to help off-set initial costs for on-boarding and training clinical staff in evidence-based models, before they can bill for services (e.g. "observation and direction"). This should include:**
   a) Potential Medicaid reimbursement for training and ramp-up, where extensive clinical training in an evidence-based model is needed before billing can occur.
   b) Feasibility assessment and fiscal analysis estimate should be submitted no later than October 1st, 2025.

- **2. The Department of Social Services should include as part of the Certified Community Behavioral Health Clinics (CCBHCs) planning and designing grant the following:**
  a. the development of separately payable acuity-based care coordination service to improve outcomes of children,
  b. a value-based payment model that holds providers accountable and rewards them for improved outcomes,
  c. and navigation support.

Workforce Recommendations

3. It is recommended that the Department of Social Services and Yale review and design a less intensive level of Intensive In Home Child and Adolescent Psychiatric Services (IICAPS) model for consideration. This should be reported back to the TCB by October 1st, 2025.

a) Such model should consider the needs and time-demands placed on families and children, and the ability to deliver positive outcomes in a sustainable manner.

4. It is recommended that TCB contract with IICAPS Model Development and Operations (MDO) at the Yale Child Study Center to

a) determine what additional federal funding and reimbursements may be available to IICAPS MDO and the IICAPS network as an evidence-based/ promising practice treatment program, and

b) conduct a randomized controlled trial (RCT) of IICAPS for purpose of qualifying IICAPS federally as an evidence-based treatment program. Interim recommendations to TCB by October 1st, 2025.

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Autism Spectrum Disorder (ASD) Recommendation

History of Behavioral Therapy Insurance Coverage for the Treatment of Autism

Insurance coverage for Autism related services is required on all 50 states, however, the services covered ,dollar and age limitations vary state to state.

1. **Two federal laws impacted coverage (1) Affordable Care Act 2010 and (2) The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Connecticut released two bulletins in 2014 HC-96 and HC-99, with their interpretation on limiting coverage for treatment by age and cost. The bulletin suggests that age limits are removed for behavior therapy benefits, however the age cap is still in statute (CGS Sec. 38a-514b).**

   Most states updated their insurance policies after the ACA and MHPAEA laws were released.

   a) Several states eliminated dollar and age caps some just revised.
   b) According to Autism Speaks 19 states removed age caps. They are including CT in this count citing the bulletins released in 2014 however, insurance companies are still citing the CT statute that is inclusive of an age cap.
   c) New York revised their law in 2011, they maintained a dollar cap but eliminated age caps. They embedded “behavior therapy” under a larger umbrella of “behavioral health treatment” and further defined “applied behavior analysis.
      a) One state law impacted service delivery in CT. Special Education law changed in 2023 allowing students in special education to remain in school through the year they turn 22. There is now a potential service cliff when behavior therapy services end at age 21 but the student remains in high school in the care of their family.

Service Coverage Inequities

1. "Behavior Therapy" is the **ONLY** service that has an age limitation in the statutory definition.

2. A person with Autism can therefore receive all other services for their lifetime, for example OT, PT, Speech, Prescription Drugs, services provided by a psychiatrist or psychologist.

3. Behavior therapy is a best practice treatment for Autism that has been researched across the lifespan and spectrum.

4. BCBA's are in demand nationally and in CT, however, there is no workforce burden to extend this service past age 21, as clinician's do not require additional certification to support adults.

5. Autism is a spectrum disorder not everyone benefits from the same treatment modalities. If a person benefits from a behavior therapy approach to support their behavioral/mental health, then a transition to "talk therapy" or Cognitive Behavior Therapy may not be beneficial or address their needs. In addition, we have a workforce (BCBA's) that has been trained to specifically meet the needs of people on the spectrum compared to trying to find a traditional licensed therapist who has experience supporting people with autism.

Service Coverage Inequities

1. The only way an adult can access behavior therapy or “behavior support” is to apply for HCBS waivers under DDS or DSS, depending on their eligibility.

2. If young adults who are accessing behavior therapy through their parent’s insurance can get continued coverage past age 21 the CT is reducing the need for families to put their adult children in the Medicaid system to access behavior therapy. At the very least, this service should be accessible through age 26 while young adults are covered under their parents’ insurance. This would address the service cliff while they are still in secondary or post-secondary school and provide continuity of care as they transition to adulthood.

3. Many people on the ASD waiver waitlist are not currently Medicaid eligible, often they wait until they are contacted to apply. If we eliminate the age cap or at lease extend to age 26 insurance can provide a needed services while people are waiting for additional supports through the ASD waiver.

ASD Recommendation

The TCB recommends an amendment to Sec. 38a-514b of the general statues section 17a-215c (A) to strike through the age of insurance coverage of ABA from 21 to 26. effective October 1st, 2025.

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Continuum of Crisis Services Study Recommendation

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1. It is recommended that TCB conduct a study to review utilization and anticipated demand of the children's BH crisis continuum, which includes 211/988, mobile crisis, Urgent Crisis Centers (UCCs), Sub-Acute Crisis Stabilization, and ED, in order to assess optimal capacity utilization and decisions for which services will be utilized.

a) Studies should include current utilization of services, marketing efforts, outreach strategies, and resource allocation.

b) TCB should submit a report of recommendations by November 1st, 2025.

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School Based Health Center Study Recommendations

School Based Health Center Study Recommendations

1). It is recommended that all School Based Health Centers (SBHCs) report to DPH the following effective October 1st, 2025, annually thereafter:

a) Establish a comprehensive reporting across all SBHCS to inform targeted investment.

2.) It is recommended that TCB contract with an outside entity to conduct a School based health center study for:

a) improving transparency and accountability of Connecticut's SBHC services by implementing a standardized statewide data collection, reporting, and QI process for SBHCs across all services.

b) A review of Medicaid and private insurance billing codes (e.g. ESS billing in schools) to ensure non-duplicative billing and opportunities to fully claim reimbursement for services provided.

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Next Meeting:

TCB February Meeting

February 5th, 2025

2:00 PM – 4:00 PM