

SENATE No. 2219

Senate, November 9, 2017 -- Text of Amendment #65 (Senator Friedman et al) to the Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2202)

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court
(2017-2018)

1 by adding the following sections:

2 SECTION XX. Chapter 32A of the General Laws is hereby amended by inserting after
3 section 17O the following section:-

4 Section 17P. For the purposes of this section the following terms shall, unless the context
5 clearly requires otherwise, have the following meanings:

6 “Mental health acute treatment”, 24-hour medically supervised mental health services
7 provided in an inpatient facility, licensed by the department of mental health, that provides
8 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
9 milieu.

10 “Mental health crisis stabilization services”, 24-hour clinically managed mental health
11 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
12 provided as an alternative to mental health acute treatment or following mental health acute
13 treatment, which may include intensive crisis stabilization counseling, outreach to families and
14 significant others and aftercare planning.

15 “Community-based acute treatment (CBAT)”, 24-hour clinically managed mental health
16 diversionary or step-down services for children and adolescents, as defined by the department of
17 early education and care, usually provided as an alternative to mental health acute treatment.

18 “Intensive community-based acute treatment (ICBAT)”, intensive 24-hour clinically
19 managed mental health diversionary or step-down services for children and adolescents, as
20 defined by the department of early education and care, usually provided as an alternative to
21 mental health acute treatment.

22 The commission shall provide to any active or retired employee of the commonwealth
23 who is insured under the group insurance commission coverage for medically necessary mental
24 health acute treatment and shall not require a preauthorization prior to obtaining treatment.
25 Medical necessity shall be determined by the treating clinician in consultation with the patient
26 and noted in the patient’s medical record.

27 The commission shall provide to any active or retired employee of the commonwealth
28 who is insured under the group insurance commission coverage for medically necessary mental
29 health crisis stabilization services for up to 14 days and shall not require preauthorization prior to
30 obtaining such services; provided, that the facility shall provide the carrier both notification of
31 admission and the initial treatment plan within 48 hours of admission; provided further, that
32 utilization review procedures may be initiated on day 7. Medical necessity shall be determined
33 by the treating clinician in consultation with the patient and noted in the patient’s medical record.

34 The commission shall provide to any active or retired employee of the commonwealth
35 who is insured under the group insurance commission coverage for medically necessary
36 community based acute treatment services for up to 21 days; provided, that the facility shall

37 provide the carrier both notification of admission and the initial treatment plan within 48 hours
38 of admission; provided further, that utilization review procedures may be initiated on day 10.
39 Medical necessity shall be determined by the treating clinician in consultation with the patient
40 and noted in the patient's medical record.

41 The commission shall provide to any active or retired employee of the commonwealth
42 who is insured under the group insurance commission coverage for medically necessary
43 intensive community based acute treatment services for up to 14 days; provided, that the facility
44 shall provide the carrier both notification of admission and the initial treatment plan within 48
45 hours of admission; provided further, that utilization review procedures may be initiated on day
46 7. Medical necessity shall be determined by the treating clinician in consultation with the patient
47 and noted in the patient's medical record.

48 SECTION XX. Chapter 118E of the General Laws is hereby amended by inserting after
49 section 10J the following section:-

50 Section 10K. For the purposes of this section the following terms shall, unless the context
51 clearly requires otherwise, have the following meanings:

52 "Mental health acute treatment", 24-hour medically supervised mental health services
53 provided in an inpatient facility, licensed by the department of mental health, that provides
54 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
55 milieu.

56 "Mental health crisis stabilization services", 24-hour clinically managed mental health
57 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
58 provided as an alternative to mental health acute treatment or following mental health acute

59 treatment, which may include intensive crisis stabilization counseling, outreach to families and
60 significant others and aftercare planning.

61 “Community-based acute treatment (CBAT)”, 24-hour clinically managed mental health
62 diversionary or step-down services for children and adolescents, as defined by the department of
63 early education and care, usually provided as an alternative to mental health acute treatment.

64 “Intensive community-based acute treatment (ICBAT)”, intensive 24-hour clinically
65 managed mental health diversionary or step-down services for children and adolescents, as
66 defined by the department of early education and care, usually provided as an alternative to
67 mental health acute treatment.

68 The division and its contracted health insurers, health plans, health maintenance
69 organizations, behavioral health management firms and third party administrators under contract
70 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
71 medically necessary mental health acute treatment and shall not require a preauthorization prior
72 to obtaining treatment. Medical necessity shall be determined by the treating clinician in
73 consultation with the patient and noted in the patient’s medical record.

74 The division and its contracted health insurers, health plans, health maintenance
75 organizations, behavioral health management firms and third party administrators under contract
76 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
77 medically necessary mental health crisis stabilization services for up to 14 days and shall not
78 require preauthorization prior to obtaining such services; provided, that the facility shall provide
79 the carrier both notification of admission and the initial treatment plan within 48 hours of
80 admission; provided further, that utilization review procedures may be initiated on day 7.

81 Medical necessity shall be determined by the treating clinician in consultation with the patient
82 and noted in the patient's medical record.

83 The division and its contracted health insurers, health plans, health maintenance
84 organizations, behavioral health management firms and third party administrators under contract
85 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
86 medically necessary community based acute treatment services for up to 21 days; provided, that
87 the facility shall provide the carrier both notification of admission and the initial treatment plan
88 within 48 hours of admission; provided further, that utilization review procedures may be
89 initiated on day 10. Medical necessity shall be determined by the treating clinician in
90 consultation with the patient and noted in the patient's medical record.

91 The division and its contracted health insurers, health plans, health maintenance
92 organizations, behavioral health management firms and third party administrators under contract
93 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
94 medically necessary intensive community based acute treatment services for up to 14 days;
95 provided, that the facility shall provide the carrier both notification of admission and the initial
96 treatment plan within 48 hours of admission; provided further, that utilization review procedures
97 may be initiated on day 7. Medical necessity shall be determined by the treating clinician in
98 consultation with the patient and noted in the patient's medical record.

99 SECTION XX. Chapter 175 of the General Laws is hereby amended by inserting after
100 section 47II the following section:-

101 Section 47JJ. For the purposes of this section the following terms shall, unless the context
102 clearly requires otherwise, have the following meanings:

103 “Mental health acute treatment”, 24-hour medically supervised mental health services
104 provided in an inpatient facility, licensed by the department of mental health, that provides
105 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
106 milieu.

107 “Mental health crisis stabilization services”, 24-hour clinically managed mental health
108 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
109 provided as an alternative to mental health acute treatment or following mental health acute
110 treatment, which may include intensive crisis stabilization counseling, outreach to families and
111 significant others and aftercare planning.

112 “Community-based acute treatment (CBAT)”, 24-hour clinically managed mental health
113 diversionary or step-down services for children and adolescents, as defined by the department of
114 early education and care, usually provided as an alternative to mental health acute treatment.

115 “Intensive community-based acute treatment (ICBAT)”, intensive 24-hour clinically
116 managed mental health diversionary or step-down services for children and adolescents, as
117 defined by the department of early education and care, usually provided as an alternative to
118 mental health acute treatment.

119 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
120 renewed within the commonwealth, which is considered creditable coverage under section 1 of
121 chapter 111M, shall provide coverage for medically necessary mental health acute treatment and
122 shall not require a preauthorization prior to obtaining treatment. Medical necessity shall be
123 determined by the treating clinician in consultation with the patient and noted in the patient’s
124 medical record.

125 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
126 renewed within the commonwealth, which is considered creditable coverage under section 1 of
127 chapter 111M, shall provide coverage for medically necessary mental health crisis stabilization
128 services for up to 14 days and shall not require preauthorization prior to obtaining such services;
129 provided, that the facility shall provide the carrier both notification of admission and the initial
130 treatment plan within 48 hours of admission; provided further, that utilization review procedures
131 may be initiated on day 7. Medical necessity shall be determined by the treating clinician in
132 consultation with the patient and noted in the patient's medical record.

133 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
134 renewed within the commonwealth, which is considered creditable coverage under section 1 of
135 chapter 111M, shall provide coverage for medically necessary community based acute treatment
136 services for up to 21 days; provided, that the facility shall provide the carrier both notification of
137 admission and the initial treatment plan within 48 hours of admission; provided further, that
138 utilization review procedures may be initiated on day 10. Medical necessity shall be determined
139 by the treating clinician in consultation with the patient and noted in the patient's medical record.

140 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
141 renewed within the commonwealth, which is considered creditable coverage under section 1 of
142 chapter 111M, shall provide coverage for medically necessary intensive community based acute
143 treatment services for up to 14 days; provided, that the facility shall provide the carrier both
144 notification of admission and the initial treatment plan within 48 hours of admission; provided
145 further, that utilization review procedures may be initiated on day 7. Medical necessity shall be
146 determined by the treating clinician in consultation with the patient and noted in the patient's
147 medical record.

148 SECTION XX. Chapter 176A of the General Laws is hereby amended by inserting after
149 section 8KK the following section:-

150 Section 8LL. For the purposes of this section the following terms shall, unless the context
151 clearly requires otherwise, have the following meanings:

152 “Mental health acute treatment”, 24-hour medically supervised mental health services
153 provided in an inpatient facility, licensed by the department of mental health, that provides
154 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
155 milieu.

156 “Mental health crisis stabilization services”, 24-hour clinically managed mental health
157 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
158 provided as an alternative to mental health acute treatment or following mental health acute
159 treatment, which may include intensive crisis stabilization counseling, outreach to families and
160 significant others and aftercare planning.

161 “Community-based acute treatment (CBAT)”, 24-hour clinically managed mental health
162 diversionary or step-down services for children and adolescents, as defined by the department of
163 early education and care, usually provided as an alternative to mental health acute treatment.

164 “Intensive community-based acute treatment (ICBAT)”, intensive 24-hour clinically
165 managed mental health diversionary or step-down services for children and adolescents, as
166 defined by the department of early education and care, usually provided as an alternative to
167 mental health acute treatment.

168 Any contract between a subscriber and the corporation under an individual or group
169 hospital service plan which is delivered, issued or renewed within the commonwealth shall
170 provide coverage for medically necessary mental health acute treatment and shall not require a
171 preauthorization prior to obtaining treatment. Medical necessity shall be determined by the
172 treating clinician in consultation with the patient and noted in the patient's medical record.

173 Any contract between a subscriber and the corporation under an individual or group
174 hospital service plan which is delivered, issued or renewed within the commonwealth shall
175 provide coverage for medically necessary mental health crisis stabilization services for up to 14
176 days and shall not require preauthorization prior to obtaining such services; provided, that the
177 facility shall provide the carrier both notification of admission and the initial treatment plan
178 within 48 hours of admission; provided further, that utilization review procedures may be
179 initiated on day 7. Medical necessity shall be determined by the treating clinician in consultation
180 with the patient and noted in the patient's medical record.

181 Any contract between a subscriber and the corporation under an individual or group
182 hospital service plan which is delivered, issued or renewed within the commonwealth shall
183 provide coverage for medically necessary community based acute treatment services for up to 21
184 days; provided, that the facility shall provide the carrier both notification of admission and the
185 initial treatment plan within 48 hours of admission; provided further, that utilization review
186 procedures may be initiated on day 10. Medical necessity shall be determined by the treating
187 clinician in consultation with the patient and noted in the patient's medical record.

188 Any contract between a subscriber and the corporation under an individual or group
189 hospital service plan which is delivered, issued or renewed within the commonwealth shall

190 provide coverage for medically necessary intensive community based acute treatment services
191 for up to 14 days; provided, that the facility shall provide the carrier both notification of
192 admission and the initial treatment plan within 48 hours of admission; provided further, that
193 utilization review procedures may be initiated on day 7. Medical necessity shall be determined
194 by the treating clinician in consultation with the patient and noted in the patient’s medical record.

195 SECTION XX. Chapter 176B of the General Laws is hereby amended by inserting after
196 section 4KK the following section:-

197 Section 4LL. For the purposes of this section the following terms shall, unless the context
198 clearly requires otherwise, have the following meanings:

199 “Mental health acute treatment”, 24-hour medically supervised mental health services
200 provided in an inpatient facility, licensed by the department of mental health, that provides
201 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
202 milieu.

203 “Mental health crisis stabilization services”, 24-hour clinically managed mental health
204 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
205 provided as an alternative to mental health acute treatment or following mental health acute
206 treatment, which may include intensive crisis stabilization counseling, outreach to families and
207 significant others and aftercare planning.

208 “Community-based acute treatment (CBAT)”, 24-hour clinically managed mental health
209 diversionary or step-down services for children and adolescents, as defined by the department of
210 early education and care, usually provided as an alternative to mental health acute treatment.

211 “Intensive community-based acute treatment (ICBAT)”, intensive 24-hour clinically
212 managed mental health diversionary or step-down services for children and adolescents, as
213 defined by the department of early education and care, usually provided as an alternative to
214 mental health acute treatment.

215 Any subscription certificate under an individual or group medical service agreement
216 delivered, issued or renewed within the commonwealth shall provide coverage for medically
217 necessary mental health acute treatment and shall not require a preauthorization prior to
218 obtaining treatment. Medical necessity shall be determined by the treating clinician in
219 consultation with the patient and noted in the patient’s medical record.

220 Any subscription certificate under an individual or group medical service agreement
221 delivered, issued or renewed within the commonwealth shall provide coverage for medically
222 necessary mental health crisis stabilization services for up to 14 days and shall not require
223 preauthorization prior to obtaining such services; provided, that the facility shall provide the
224 carrier both notification of admission and the initial treatment plan within 48 hours of admission;
225 provided further, that utilization review procedures may be initiated on day 7. Medical necessity
226 shall be determined by the treating clinician in consultation with the patient and noted in the
227 patient’s medical record.

228 Any subscription certificate under an individual or group medical service agreement
229 delivered, issued or renewed within the commonwealth shall provide coverage for medically
230 necessary community based acute treatment services for up to 21 days; provided, that the facility
231 shall provide the carrier both notification of admission and the initial treatment plan within 48
232 hours of admission; provided further, that utilization review procedures may be initiated on day

233 10. Medical necessity shall be determined by the treating clinician in consultation with the
234 patient and noted in the patient's medical record.

235 Any subscription certificate under an individual or group medical service agreement
236 delivered, issued or renewed within the commonwealth shall provide coverage for medically
237 necessary intensive community based acute treatment services for up to 14 days; provided, that
238 the facility shall provide the carrier both notification of admission and the initial treatment plan
239 within 48 hours of admission; provided further, that utilization review procedures may be
240 initiated on day 7. Medical necessity shall be determined by the treating clinician in consultation
241 with the patient and noted in the patient's medical record.

242 SECTION XX. Chapter 176G of the General Laws is hereby amended by inserting after
243 section 4CC the following section:-

244 Section 4DD. For the purposes of this section the following terms shall, unless the
245 context clearly requires otherwise, have the following meanings:

246 "Mental health acute treatment", 24-hour medically supervised mental health services
247 provided in an inpatient facility, licensed by the department of mental health, that provides
248 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
249 milieu.

250 "Mental health crisis stabilization services", 24-hour clinically managed mental health
251 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
252 provided as an alternative to mental health acute treatment or following mental health acute
253 treatment, which may include intensive crisis stabilization counseling, outreach to families and
254 significant others and aftercare planning.

255 “Community-based acute treatment (CBAT)”, 24-hour clinically managed mental health
256 diversionary or step-down services for children and adolescents, as defined by the department of
257 early education and care, usually provided as an alternative to mental health acute treatment.

258 “Intensive community-based acute treatment (ICBAT)”, intensive 24-hour clinically
259 managed mental health diversionary or step-down services for children and adolescents, as
260 defined by the department of early education and care, usually provided as an alternative to
261 mental health acute treatment.

262 Any individual or group health maintenance contract that is issued or renewed shall
263 provide coverage for medically necessary mental health acute treatment and shall not require a
264 preauthorization prior to obtaining treatment. Medical necessity shall be determined by the
265 treating clinician in consultation with the patient and noted in the patient’s medical record.

266 Any individual or group health maintenance contract that is issued or renewed shall
267 provide coverage for medically necessary mental health crisis stabilization services for up to 14
268 days and shall not require preauthorization prior to obtaining such services; provided, that the
269 facility shall provide the carrier both notification of admission and the initial treatment plan
270 within 48 hours of admission; provided further, that utilization review procedures may be
271 initiated on day 7. Medical necessity shall be determined by the treating clinician in consultation
272 with the patient and noted in the patient’s medical record.

273 Any individual or group health maintenance contract that is issued or renewed shall
274 provide coverage for medically necessary community based acute treatment services for up to 21
275 days; provided, that the facility shall provide the carrier both notification of admission and the
276 initial treatment plan within 48 hours of admission; provided further, that utilization review

277 procedures may be initiated on day 10. Medical necessity shall be determined by the treating
278 clinician in consultation with the patient and noted in the patient's medical record.

279 Any individual or group health maintenance contract that is issued or renewed shall
280 provide coverage for medically necessary intensive community based acute treatment services
281 for up to 14 days; provided, that the facility shall provide the carrier both notification of
282 admission and the initial treatment plan within 48 hours of admission; provided further, that
283 utilization review procedures may be initiated on day 7. Medical necessity shall be determined
284 by the treating clinician in consultation with the patient and noted in the patient's medical record.