

HOUSE No. 1029

The Commonwealth of Massachusetts

PRESENTED BY:

Kay Khan

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to further define medical necessity determinations.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>1/17/2019</i>
<i>Ruth B. Balser</i>	<i>12th Middlesex</i>	<i>1/24/2019</i>
<i>Edward F. Coppinger</i>	<i>10th Suffolk</i>	<i>2/1/2019</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/1/2019</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>1/30/2019</i>
<i>Stephan Hay</i>	<i>3rd Worcester</i>	<i>1/24/2019</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>1/31/2019</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>	<i>2/1/2019</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>1/24/2019</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>1/31/2019</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>	<i>2/1/2019</i>

HOUSE No. 1029

By Ms. Khan of Newton, a petition (accompanied by bill, House, No. 1029) of Kay Khan and others relative to health plan coverage for medically necessary mental health crisis stabilization services. Financial Services.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

An Act to further define medical necessity determinations.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after
2 section 17O the following section:-

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

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

9 “Mental health crisis stabilization services”, 24-hour clinically managed mental health
10 diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually
11 provided as an alternative to mental health acute treatment or following mental health acute

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

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

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

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

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

33 The commission shall provide to any active or retired employee of the commonwealth
34 who is insured under the group insurance commission coverage for medically necessary
35 community based acute treatment services for up to 21 days; provided, that the facility shall
36 provide the carrier both notification of admission and the initial treatment plan within 48 hours
37 of admission; provided further, that utilization review procedures may be initiated on day 10.
38 Medical necessity shall be determined by the treating clinician in consultation with the patient
39 and noted in the patient's medical record.

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

47 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after
48 section 10J the following section:-

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

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

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

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

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

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

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover the cost of medically necessary mental health crisis stabilization services for up to 14 days and shall not

require preauthorization prior to obtaining such services; provided, that the facility shall provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission; provided further, that utilization review procedures may be initiated on day 7. Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record.

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

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

SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after section 47II the following section:-

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

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

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

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

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

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

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

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

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

SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after section 8KK the following section:-

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

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

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

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

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

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

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

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

provide coverage for medically necessary community based acute treatment services for up to 21 days; provided, that the facility shall provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission; provided further, that utilization review procedures may be initiated on day 10. Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record.

Any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth shall provide coverage for medically necessary intensive community based acute treatment services for up to 14 days; provided, that the facility shall provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission; provided further, that utilization review procedures may be initiated on day 7. Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record.

SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after section 4KK the following section:-

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

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

“Mental health crisis stabilization services”, 24-hour clinically managed mental health diversionary or step-down services for adults or adolescents, as defined by MassHealth, usually

provided as an alternative to mental health acute treatment or following mental health acute treatment, which may include intensive crisis stabilization counseling, outreach to families and significant others and aftercare planning.

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

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

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

Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for medically necessary mental health crisis stabilization services for up to 14 days and shall not require preauthorization prior to obtaining such services; provided, that the facility shall provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission; provided further, that utilization review procedures may be initiated on day 7. Medical necessity

225 shall be determined by the treating clinician in consultation with the patient and noted in the
226 patient's medical record.

227 Any subscription certificate under an individual or group medical service agreement
228 delivered, issued or renewed within the commonwealth shall provide coverage for medically
229 necessary community based acute treatment services for up to 21 days; provided, that the facility
230 shall provide the carrier both notification of admission and the initial treatment plan within 48
231 hours of admission; provided further, that utilization review procedures may be initiated on day
232 10. Medical necessity shall be determined by the treating clinician in consultation with the
233 patient and noted in the patient's medical record.

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

241 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after
242 section 4CC the following section:-

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

245 "Mental health acute treatment", 24-hour medically supervised mental health services
246 provided in an inpatient facility, licensed by the department of mental health, that provides

psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu.

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

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

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

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

Any individual or group health maintenance contract that is issued or renewed shall provide coverage for medically necessary mental health crisis stabilization services for up to 14 days and shall not require preauthorization prior to obtaining such services; provided, that the facility shall provide the carrier both notification of admission and the initial treatment plan

269 within 48 hours of admission; provided further, that utilization review procedures may be
270 initiated on day 7. Medical necessity shall be determined by the treating clinician in consultation
271 with the patient and noted in the patient's medical record.

272 Any individual or group health maintenance contract that is issued or renewed shall
273 provide coverage for medically necessary community based acute treatment services for up to 21
274 days; provided, that the facility shall provide the carrier both notification of admission and the
275 initial treatment plan within 48 hours of admission; provided further, that utilization review
276 procedures may be initiated on day 10. Medical necessity shall be determined by the treating
277 clinician in consultation with the patient and noted in the patient's medical record.

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