

An Act to resolve barriers to timely access to behavioral health care for children with complex needs S.106 (Senator Friedman)



What problem does this bill address?

Children with complex needs are defined as children with co-occurring intellectual and/or developmental disabilities, including Autism spectrum disorder, behavioral health concerns and/or other complex medical needs. Children with complex needs require coordinated care and collaboration between multiple systems of care. Unfortunately, families of children with complex needs often hit barriers to accessing care, including administrative, financial and clinical barriers arising from disputes among state agencies, issues related to insurance, and challenges boarding in an emergency department, medical bed, or at home while awaiting appropriate placement. Without cross-agency accountability, these children do not receive the necessary wrap-around services they need.

What difference will this bill make?

The Office of the Child Advocate will establish a complex case resolution panel composed of the Child Advocate and representatives from relevant state agencies and child & family-serving organizations to review and resolves matters related to service access for children with complex behavioral health needs. The panel will make determinations regarding primary responsibility for case management and payment.

- The panel will convene at no later than 1 business day after receiving a referral,
 - If after the first convening, the panel cannot reach consensus regarding primary responsibility for managing the child's case, the child advocate will immediately designate an agency to act as temporary manager until a final decision is made.
 - If after the first convening, the panel cannot reach consensus regarding primary responsibility for payment, the child advocate will immediately require relevant agencies to enter into a cost-share agreement until a final decision is made.
- No later than 14 business days after the first convening, the panel will complete its review and issue a decision regarding case management and payment. If no consensus has been reached, the child advocate will designate a permanent manager and institute a permanent cost-share agreement. These decisions will remain in effect until the child no longer qualifies for services.

With a focus on equity:

It is significantly harder for Black and brown communities to access care. 12.3% of Black adults have difficulty accessing needed care, tests or treatment vs. 6.8% of white adults.¹ Inequitable access and lack of interagency collaboration and accountability prevents many Black and brown children, who are more likely experience misdiagnosis and insurance concerns, from receiving the appropriate care they need in a timely way.

Why is this bill needed now?

Lack of interagency collaboration and ill-defined processes for establishing case management and payment responsibility leads to delays in care for children with complex behavioral health needs. This bill creates clear guidelines for addressing complex cases.