

# **THE NORWALK HOUR**

## **New law takes on insurers for mentally ill stay home**

**By Amanda Norris**

**January 10, 2009**

A new law, enacted Jan. 1, makes it easier for the mentally ill to gain access to residential treatment and promises that insurers won't automatically deny claims for residential treatment coverage.

An act concerning benefits for inpatient treatment of serious mental or nervous conditions was passed during the last legislative session. The act makes it possible for patients with mental conditions to bypass a three-day acute care hospital stay once required for eligibility for treatment in a residential care program. The act also mandates that insurers extend coverage for residential care to adults. Under Connecticut's former legislation, coverage only extended to children and adolescents.

The act was introduced by the state legislature's Insurance and Real Estate Committee and was spearheaded by Sen. John McKinney, R-Fairfield. The bill was supported by Attorney General Richard Blumenthal and the Office of the Healthcare Advocate. Members of the state's chapter of the National Alliance for the Mentally Ill testified before the legislature on the problems faced by patients denied the opportunity for residential care.

"I think things are changing positively, and I think it is because more people are speaking up and saying this is the care that they need," Valerie Williams, executive director of Keystone House, a local center devoted to helping people with chronic psychiatric illnesses and disabilities live independently and integrate into their communities.

According to Alicia Woodsby, public policy director for NAMI Connecticut, many of the state's mentally ill patients qualified for residential care but were not necessarily appropriate for acute care. Prior to the act, those patients had to go out of state or pay out of pocket for stays in a psychiatric facility.

Woodsby said the act was especially helpful for patients who suffer from eating disorders.

Such patients often need the structure and 24-hour monitoring that a residential facility can provide without reaching the critical stage more appropriate for a three-day hospital stay.

In addition, Woodsby said, many patients found their conditions worsened without residential treatment, forcing them to reach a crisis stage that would qualify them for a three-day hospital stay. Woodsby said her office received numerous complaints about access to care from the mentally ill and used them as the basis of their recommendations in support of the legal changes.

"Failure to treat at an appropriate level of care results in more expensive and repetitive hospitalizations or, in some cases, delinquencies," Kevin Lembo, the state's healthcare advocate, wrote in a letter to legislators.

In his Feb. 26 testimony before the legislature, Attorney General Richard Blumenthal called the three-day hospital stay requirement "a fundamental misunderstanding of the purpose of residential treatment for people with mental illness."

"As a result (of the requirement), some mental health patients experience multiple high-cost acute psychiatric hospital admissions, occupy much needed beds at acute care facilities or fail to receive much need mental health services," Blumenthal testified.

Still other patients who were not necessarily suffering severely enough to be good candidates for acute care were taking up hospital beds in an effort to get to a more appropriate inpatient program, according to Vicki Veltri, general counsel for the Office of the Healthcare Advocate.

Veltri said the requirement was derived from mental health parity legislation passed in 1999.

That legislation modeled the three-day hospital stay requirement after a similar requirement for senior citizens using Medicaid.

The recipients were required to stay in a hospital three days before being admitted to a skilled nursing facility.

Veltri said obviously the needs of the elderly and the needs of the mentally ill were not comparable.

"Many residential treatment facilities are tailored to specific disorders or needs," Veltri said.

Veltri said the bill would especially benefit adults suffering from eating disorders and parents of adolescents whose psychological disorders made them difficult to treat and stabilize while they were living at home.

Blumenthal gave two specific examples of people who had been denied coverage under the existing legislation when he testified before the legislature.

One example was the story of a severely bulimic woman who was denied coverage by two different insurers for residential treatment.

Although she was attending intensive therapy sessions during the day, the woman could not control her impulses to binge and purge when home at night.

The other example was of a teenage boy whose parents sought to have him admitted to a residential program because he had anger management issues. He ran away from home, threatened members of his family, and inflicted "serious property damage" to the home, yet he was denied coverage by the family's insurance provider.

The boy's therapist believed that a stay in an acute care facility would actually cause "a deterioration in the child's mental health."