

Testimony Regarding

Senate Bill 819: An Act Concerning Improvements to the HUSKY Program

Sharon D. Langer, Senior Policy Fellow

Before Public Health, Insurance and Real Estate and Human Services Committees

March 2, 2009

Distinguished Members of the Public Health, Insurance and Real Estate, and Human Services Committees:

I am testifying today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families.

Senate Bill 819: An Act Concerning Improvements to the HUSKY Program requires the Commissioner of Social Services to review the HUSKY program and submit a report to this Committee by January 1, 2010 with the Department's suggestions for improvement.

We suggest that a review of the HUSKY program be conducted by an independent entity.

While we would wholeheartedly agree with a thorough review of HUSKY in light of the many and ongoing changes to the program, the Committee and the public would likely be better served by requiring an independent review of the HUSKY program. In fact, if Connecticut's waiver application is approved by the federal government an independent assessment is required in the first and second waiver periods. Such a review would seek input from the Department, the Medicaid Managed Care Council, and others. The report would provide the Committee with an analysis of whether the current program is adequately serving the 345,000 children, parents and pregnant women on HUSKY. Right now medical services for HUSKY members are provided by three managed care plans, as well as a primary care case management pilot just begun in February 2009. Behavioral health, dental and pharmacy benefits have all been "carved out" from the responsibility of the health plans and are overseen by administrative services organizations. A thorough and independent review by an entity with expertise in health care financing, Medicaid and CHIP requirements for coverage and access would be helpful to this body as the state considers the broader goal of universal access to affordable and quality health care.

Section 2 of the bill establishes a "recovery-oriented behavioral peer support telephone service to assist HUSKY Plus recipients with behavioral health needs." HUSKY Plus was initially established to provide additional physical and behavioral health services to children with special health care needs enrolled in HUSKY B Bands 1 and 2. Children in Bands 1 and 2 receive subsidized coverage for their health services. (Children in Band 3 have family income above 300% of the federal poverty level and receive no government subsidy to participate; they are excluded from receiving HUSKY Plus services). HUSKY Plus Behavioral was eliminated in 2006 and rolled into the Connecticut Behavioral Health Partnership (CTBHP). There is no longer an additional HUSKY Plus benefit package. Moreover, the CTBHP does provide peer specialists that assist families in accessing behavioral health and other services. The Committee may wish to ask the Behavioral Health

Oversight Council (of which I am a member) and/or the CTBHP administrator – Value Options – to report on the CTBHP’s current use of peer specialists.

As a point of information there are only 271 children enrolled in HUSKY Plus Physical as of February 2009, down from the 15-month peak enrollment of 314 in July 2008. The DSS budget no longer reports the costs associated with HUSKY Plus as a separate line item.

Thank you for this opportunity to testify regarding Senate Bill 819. Please feel free to contact me if you have questions about my testimony or need additional information.