



February 18, 2009

To: Appropriations Committee

From: Susan Walkama, President/CEO, Wheeler Clinic, Inc.

Re: **H.B. 6365** - Testimony on Governor's Budget relating to DSS Behavioral Health Services

I am Susan Walkama, President/CEO of Wheeler Clinic, Inc. Wheeler Clinic is large multi-service organization providing mental health, substance abuse, special education, prevention and training services. We provide over 170,000 units of care to 30,000 individuals in the central Connecticut, greater Hartford, Waterbury and New Haven areas.

I am speaking to you today as a member of the Board of Directors of the Connecticut Community Providers Association (CCPA) about aspects of the Governor's budget relating to the DSS Medicaid program and the provision of behavioral health services.

### **BEHAVIORAL HEALTH PARTNERSHIP RATES**

Wheeler Clinic provides services to children and adults through the Behavioral Health Partnership (BHP) and through fee for service Medicaid. I have the honor to serve on the Behavioral Health Partnership Oversight Council through which public and private sector representatives have crafted a "carveout" of behavioral health services for HUSKY eligible children and their mothers. Through this comprehensive program children receive a full spectrum of services ranging from intensive hospital-based and residential support services to clinical services that serve children in local outpatient psychiatric clinics, extended day services and in their homes. The BHP is continually striving to refine service delivery models so that children can improve their capacity to remain at home rather than being served in settings that are more disruptive to the child's progress and more costly. The program has made maximum

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use of the Medicaid match, shifting 100% state-funded program models from DCF to the BHP and augmenting those services.

A recent example is the Enhanced Care Clinic (ECC) model. Though the ECC program children and HUSKY eligible adults must have timely access to evaluation and treatment, there are relationships with primary health care settings and there are strict standards for measuring compliance for timely access and other outcomes.. There are other programs that are being restructured to give incentives to providers to offer enhanced more responsive services including a residential treatment model, Extended Day Treatment and Emergency Mobile Psychiatric Services.

**These enhanced programs can't go forward without reimbursement that matches the cost of services.** When the BHP was first established, rates for all services were reviewed and upgraded to mirror the Medicare rate structure. As these enhanced models were rolled out, a basic proviso of service development was that there would be enhanced rates to support the extended services and there would be financial incentives for meeting certain programmatic goals.

This past year there was a lengthy delay in the determination about rate increases and it appears that the 1% rate increase for FY09, still not issued, is on the block. Furthermore, the FY10, FY 11 budget doesn't support rate increases for these services. This is not just a matter of "flat funding." These are medical services that require a higher staffing level, enhanced staff credentialing, rapid access to care and other outcomes that can only be met if funding is available to meet the contractual obligations for these services.

Why are these services so important? Because they help to keep children with mental illness and addiction disorders at home or in the least restrictive, less costly settings possible.

### **FEE-FOR-SERVICE RATES**

While we appreciate that there were not across the board cuts to Medicaid rates, and that rate enhancements authorized in FY08 were kept in place, entering a two year period with out a Cost

of Living adjustment that matches the Medical CPI puts fee-for-service behavioral health services at risk.

### **HUSKY CO-PAYS AND PREMIUMS**

While the proposed HUSKY copay and premiums do not appear to apply to children in the BHP or other HUSKY services, it does affect their mothers. An original premise of the BHP was that if the moms could be treated, they would bring their children to treatment. And this has been one of the successes of the BHP. Adding the adult copay and premiums will provide a disincentive to adults to seek treatment and not only will they drop out of services, but their children may stop participating in services as well. It has been demonstrated in other states that when access to care is limited consumers then to utilize higher more closely levels of care as an alternative because basic, routine care is neglected.

Exacting co-payments on the adults poses additional logistic problems for service providers as we book receivables that don't get paid.

This co-pay coincides with the pharmacy co-pay, further draining the ability of people with limited resources to access healthcare. The State of Connecticut should be focusing on enhancing access to healthcare services rather than creating obstacles.

Thank you for the opportunity of testifying.