



*Written Testimony before the Committee on Children
Submitted by the Department of Social Services
March 1, 2022*

H.B. 5238 AN ACT CONCERNING THE PROVISION OF TEMPORARY HUSKY COVERAGE AND MEDICAL ASSISTANCE TO CERTAIN MINORS.

DSS supports the intent of the bill, which is to expedite access to prompt medical assistance to youth who are alleged victims of sexual crimes. This bill also would establish a grant program for minors who have been the victim of sexual assault to provide for medical care for those who do not qualify for HUSKY A or HUSKY B.

Because eligibility is already determined rapidly, DSS does not believe the expedited eligibility is necessary,. Currently, DSS works closely the with the Department of Children and Families (DCF) to ensure that all children in the care and custody of DCF receive comprehensive medical coverage on an expedited basis. When a child enters DCF care, an application is emailed to DSS staff and HUSKY coverage is granted for the appropriate program within 24 hours of receiving the application. Coverage remains in place for one year before a renewal is completed.

Usually, children in DCF care do not receive any type of income. If a child does have some income (such as SSI, child support or survivors' income), such income will not exceed the applicable Affordable Care Act income limits. All children in DCF care are considered a household of one and therefore no other person's income counts towards their determination of medical eligibility.

An application for Medicaid submitted by a parent or guardian on behalf a child who is not in the custody and care of DCF, can be made online, over the phone or by paper application. Online and telephonic application decisions are made in "real time" when the application is completed.

Also, there are qualified entities available to make "presumptive eligibility" determinations regarding a child's qualification for HUSKY A or B. Presumptive eligibility allows Medicaid agencies to make a provisional grant of eligibility, when the complete body of information needed for the application may not be available. With the implementation of the online eligibility system, however, the need for presumptive eligibility has greatly diminished.

The bill would require DSS to exclude the income of anyone who has been the subject of "credible" allegations of sexual assault or who is on the DCF abuse and neglect registry. Pursuant to the federal Medicaid eligibility rules established in the Affordable Care Act and Connecticut law, HUSKY A and HUSKY B eligibility is based on the applicant's modified

adjusted gross income. There are no federal provisions that allow the state to exclude additional categories of income or income from specific individuals.

The bill describes various types of proof of a sexual crime that could be considered and accepted by DSS. However, there is no federal rule that allows Medicaid agencies to consider or use this information as a pathway to eligibility.

With regards to Section 2 of the bill, DSS appreciates the need to provide critical health services to children. However, DSS does not generally have the expertise to assess the credibility of allegations of sexual abuse or neglect of children. Were such a program to be established, DSS would need to collaborate closely with DCF. We note that CT has one of the highest rates of childhood insurance coverage in the country, with over 96% of children with commercial or Medicaid/CHIP coverage. We would be happy to work with the committee to address any concerns within available funding and are available to assist the committee as it works on this very serious issue.