



*Testimony before the Public Health And Children’s Committees
Deidre S. Gifford, Commissioner, MD, MPH
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HB 5001 - AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

Good Morning Senator Abrams, Representative Steinberg, Representative Linehan, Senator Anwar, and distinguished members of the Public Health and Children’s Committees. My name is Deidre S. Gifford, and I am the Commissioner of the Department of Social Services (DSS).

I am pleased to appear before you today to offer remarks on House Bill 5001.

Before I comment on specific provisions of this proposal, I would like to provide you some details regarding the reach of Medicaid on children in Connecticut. In CY 2020 there were approximately 293,000 unique youth Medicaid members (ages 3-17). Over 19% of Medicaid youth (approximately 57,000) received a behavioral health service in CY 2020 – the most recent year this data is available. In CY 2020, approximately 224 million was spent on behavioral health services for Medicaid youth (3-17).

Sections 1-3: To the extent that the legislation will waive or change credentialing for clinical social workers, DSS would like to continue conversations with the committee to ensure that none of these waivers conflict with any federal Medicaid requirements and potentially impact Medicaid reimbursement.

Section 8: DSS would like to work with DCF and the Committees to better understand whether existing authorities could be used to support such a pilot.

Section 10: Extends the requirement for DSS to cover telehealth for a number of providers for an additional year, through SFY 2024. These providers include physical therapists, chiropractors, naturopaths, podiatrists, occupational therapists, optometrists, respiratory therapists, audiologists and several other clinical categories that generally require direct physical interaction with patients. DSS has concerns about extending telehealth for these clinicians, as extended telehealth is not appropriate in all circumstances, specifically where the physical presence of a patient is required. DSS would like to discuss the specific categories further with the Committees. Assuming federal approvals are obtained, DSS fully supports the extension of telehealth in the HUSKY program for behavioral health clinicians.

Section 30: DSS strongly supports enhancing the state’s emergency response system to better respond to mental health crises. Given the critical staffing shortages being reported by behavioral health providers, we suggest further exploring whether licensed clinicians must be

used for this purpose, or special training and potentially certification could be an alternative so as not to exacerbate the existing staffing shortages in behavioral health.

Section 37: DSS has concerns about the establishment of a grant program to cover off-label prescribing not covered by Medicaid, and to cover home treatments not covered by Medicaid. Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, we are already required to cover all medically necessary services for children. Were such a program to be established, we question how the criteria for what medications and services would be established and who would be adjudicating those judgements. This could potentially override the medical oversight of the HUSKY program in unintended ways. Further, DSS wonders if providing grants for evidence-based in-home treatments not covered by commercial insurance might unintentionally disincentivize appropriate coverage under those plans.

Section 65: Requires DSS and the Insurance Department (CID) to conduct a study to determine payment parity for behavioral health services including what rate increases may be necessary to encourage more private providers to offer behavioral health services under Medicaid and an estimate of the amount of what those increases would cost the state annually and the potential savings on other healthcare costs if access to behavioral health services was expanded. DSS supports the intent of this section and will work with the Office of Health Strategy (OHS) and CID to obtain the necessary data for the study. The Governor's budget currently includes a benchmark study in OHS to study behavioral health coverage by private insurers. DSS would like to suggest that the bill extend the due date of this provision by one year to January 1, 2024, to allow for the results of that important study.

Section 66: Mandates DSS to implement a reimbursement system that incentivizes collaboration between primary care providers and behavioral and mental health care providers and adopt the Collaborative Care Model or a similar system to expand access to behavioral and mental health services. The Department would like to propose editing this section as follows:

To the extent permissible under federal law, the Commissioner of Social Services shall explore reimbursement models under Medicaid that incentivizes collaboration between primary care providers and behavioral and mental health care providers on an integrated care plan for a HUSKY Health program member.