Testimony Regarding An Act Concerning Revisions to HUSKY PLUS
Raised Bill No. 135
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Human Services Committee
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Senator Moore, Representative Abercrombie, and Members of the Human Services Committee:

I am the Acting Executive Director and Advocacy Director at 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. Connecticut Voices for Children has a long history of monitoring and advocating for improvements to the HUSKY program.[1] We conduct independent monitoring of HUSKY A and HUSKY B (see below for a description of the programs), as well as coordinating Covering Connecticut's Kids & Families Coalition that brings together HUSKY administrators, community outreach workers, and many others to share information about the program and to work together to make improvements.[2]

I am submitting these comments concerning specific provisions in the **Raised Bill No. 135, An Act Concerning Revisions to HUSKY Plus.** It is well past time that the administration and the legislature determine whether this small but important program to children with special health care needs should be fully integrated into HUSKY B (Connecticut's Children's Health Insurance Program, known as CHIP). Currently, the state contracts with the Connecticut Children's Medical Center (CCMC) to administer the program which serves approximately 300 children. We are in support of maintaining this important service for children in HUSKY B but the design of this program needs to be rethought after careful review.

After the enactment of the federal CHIP legislation in 1997 Connecticut created a separate CHIP program for children with family income above the Medicaid income eligibility limits and named it HUSKY B to distinguish it from HUSKY A (Medicaid for children, parents, other relative caretakers of children, and pregnant women). The HUSKY B program has always been a much smaller health coverage program than its sister Medicaid program.

Currently HUSKY B serves approximately 13,500 children with family income between 201% of the federal poverty limit (FPL) and 323 % FPL in contrast to HUSKY A which covers about 290,000 lower income children. Instead of providing HUSKY B children with all medically necessary services as is required under Medicaid through the Early and Periodic, Screening and Diagnostic Treatment (EPSDT) guarantee, Connecticut chose to limit the benefit package for HUSKY B and to create a separate "wrap around" package of benefits for children with intensive health needs.

[1] See, Independent Performance Monitoring in the HUSKY Program: Ensuring Accountability for Scarce State Public Dollars (February 2016), retrieved from http://www.ctvoices.org/sites/default/files/h16huskyperfmonitoring.pdf .
[2] See description of Covering Connecticut's Kids & Families at http://www.ctvoices.org/issue-areas/health/covering-kids-families-project

First, we support the requirement that there be "an external quality review of the HUSKY Plus program" but suggest that the legislature mandate a date certain by which such a review be done. As far as we know such a review has never been done although almost identical language has been in the statute from its inception (proposed deleted subsection (e) which reads, "The commissioner shall contract for an external quality review of the HUSKY Plus program.") The only past reporting to the Council on Medical Assistance Oversight (MAPOC) has been the count of children who receive HUSKY Plus services, and even that information hasn't been reported for a year or more.

Second, if the state is going to maintain a separate HUSKY Plus program we agree that establishing criteria and specifying services for the program makes sense. However, given that the state has never finalized the HUSKY B regulations in twenty years we are concerned about imposing this requirement without attaching a date certain and requiring, for example, that the Council on Medical Assistance Program Oversight weigh in on the proposed regulations.

Third, we support the alignment of HUSKY Plus with Title V services, including respite care services. These are children with complicated "special health care needs" as defined in the federal law whose families benefit enormously from such services. However, without knowing whether HUSKY Plus services align with Title V services it is difficult to determine whether children should be denied other Title V services.

Fourth, we support access to HUSKY Plus services for all eligible children in HUSKY B, not just those living in households with income below 249% FPL. Medical necessity and not an arbitrary standard should determine whether children with special needs receive adaptive equipment, occupational, physical and/or speech therapy, and other services. Given the small number of children who receive these services and the fact that the federal government reimburses the state 88 cents on the dollar for CHIP coverage, we think this provision is outdated and should be deleted.

We believe that HUSKY Plus needs to be maintained, strengthened, updated and subject to meaningful review and oversight.

Thank you for this opportunity to submit testimony regarding Raised Bill No. 135.

Please feel free to contact me if you have questions or need additional information.

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