HUSKY Health Programs for Children and Families in Connecticut

What is HUSKY Health?

Connecticut’s Medicaid and Children’s Health Insurance (CHIP) programs are known as HUSKY Health. Both Medicaid and CHIP are public health insurance programs funded jointly by the state and federal governments.

All of the HUSKY Health programs are self-insured and managed by the state. HUSKY programs provide health coverage to roughly 800,000 Connecticut residents, covering people of all ages and in every town in the state.

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A number of additional HUSKY Health programs cover individuals with specific needs.

How does HUSKY Health benefit families?

- Improves access to physical, dental, and behavioral health services for children and families
- Protects families from a cycle of preventable disease and medical debt
- Increases the chances that children will be insured and see a doctor
- Children enrolled in Medicaid perform better in school and grow up to earn more and pay more in taxes

Medicaid Enrollees and Spending

- Medicaid Enrollees: 31%
- Medicaid Spending: 71%

Parents, caregivers, pregnant women, and children Others
**Who is enrolled in HUSKY Health in Connecticut?**

In 2018, living in a family of 3 earning less than:

- **Children**: $65,957 for CHIP
- **Children**: $41,044 for Medicaid
- **Pregnant Women**: $53,705
- **Parents/caregivers**: $32,209
- **Adults without dependent children**: $28,180

*See ctvoices.org/HUSKYManual for more information*

**Are the HUSKY programs cost-effective?**

- **Administrative costs of 3.2%** (compared to 12% on average for private insurers)

- **Reduced per-person spending by a greater percentage than any other state from 2010-14**, according to *Health Affairs*

**How the Connecticut’s HUSKY Health programs excelled?**

- Through efforts such as care coordination for individuals diagnosed with specific health conditions such as diabetes or high-risk pregnancy, Medicaid helps members navigate the health system and address non-medical barriers to getting and staying healthy

- HUSKY’s dental program is one of the best in the nation; since 2012, the percentage of children receiving treatment has remained steady while the rate of preventive care has increased
How do HUSKY Health programs promote health equity?

Children and families of color face barriers to health due to our state’s history of neighborhood redlining, leading to housing and loan discrimination, an upside-down property tax system in which people of color pay higher rates, a segregated public-school system, and other manifestations of systemic racism. Due to these factors and ongoing extreme income inequality, about 63% of children enrolled in HUSKY programs are Black or Latino, compared to 34% of the state’s children overall. Medicaid is well-positioned to address many social, housing, and educational factors that exacerbate racial disparities in health.

After Connecticut expanded Medicaid to low-income adults without dependent children, racial disparities in insurance coverage rates narrowed. In 2017 rates of coverage stalled. Having insurance is the first step in being able to access health services and a vital protection against financial ruin when facing an accident or illness.

HUSKY Health is a wide-reaching support for children

Medicaid covers virtually all children in foster care in Connecticut, partners with tens of thousands of providers to improve behavioral health screening rates and referrals, finances school-based supports, and bolsters both family economic security and the economy of our state.

For more information, please see accompanying fact sheets:

- Medicaid and Education
- Medicaid Supports Work and the State Economy
- Medicaid and the Child Welfare and Juvenile Justice System
HUSKY Health for Children and Families in Connecticut: Medicaid and Education

School districts nationwide receive $4 billion a year in Medicaid reimbursements for:

- professionals who provide basic health services for all students—including, for example, asthma and diabetes management and mental health services
- support services for special education students in accordance with an Individualized Education Program under the Individuals with Disabilities Education Act (IDEA)

Children Enrolled in Medicaid:

- Perform better in school
- Are more likely to graduate from high school and attend college
- Earn more and pay more in taxes as adults: increased tax payments by age 28 alone return nearly 1/3 of the cost of childhood eligibility

How does Medicaid support early childhood programs?

Medicaid supports early childhood evaluations and interventions that prepare young children for school through programs like Birth to 3.

Birth to Three provides evaluation and programming for families with young children who may be experiencing a developmental delay. Early identification and intervention can help children reach their full potential.

- In 2017, 5,557 children in Connecticut were eligible for services
- Medicaid billing brought $14 million in funding to Birth to 3 in 2017
How does Medicaid support developmental and behavioral health?

- Incentives, training, and new codes for tracking screening resulted in a 25% increase in total screening and a 58% increase in behavioral health screening for children from 2015-2016.* Note: this data is based on billing codes and so is limited to a subset of Medicaid enrollees.

- Why does screening matter? Imagine a child is two years old and does not yet say any words. An early screening could identify a hearing impairment or early signs of a developmental delay. Appropriate treatment, whether hearing aids and speech therapy or developmental supports, can promote social and educational success.

Developmental and behavioral health services

Federal law requires that Medicaid* provide comprehensive services from birth to 21, including screening and treatment for developmental and behavioral health needs. Given the high rate of exposure to trauma among lower income children, this protection is vital to ensuring that all children and youth can access the support they need to succeed in school and in life.

How does Medicaid support school-based health centers?

- School-based health centers reach 25 Connecticut communities at 93 sites
- School-based health centers serve 46,000 children annually
- Over 50% of participants in school-based health centers are enrolled in Medicaid

*HUSKY A is Connecticut’s Medicaid program for children. Benefits available to children in HUSKY B (Connecticut’s CHIP program) differ somewhat. See: ctvoices.org/HUSKYManual
Healthcare is a sizeable portion of Connecticut’s gross domestic product and has been a source of significant job growth—about 10% growth or 20,000 new jobs over the last 10 years.

Medicaid finances about 20% of health expenditures in Connecticut:
- In 2016, Medicaid covered about 12.9% of hospital payments and 63% of patients who received care at community health centers.

Medicaid accounts for 59% of Connecticut’s federal revenue.

Children enrolled in Medicaid perform better in school, grow up to be healthier as adults, earn higher wages, and pay more in taxes.

### Health insurance coverage rates

The number of people in Connecticut without health insurance decreased thanks to Medicaid expansion. Fewer uninsured people in the state means less uncompensated care for hospitals and clinics. Health insurance coverage enables people to receive care and avoid preventable illness so that they can work consistently.
Children and parents make up 69% of Medicaid enrollees and 29% of costs.

- Connecticut’s Medicaid programs spent less per member per month in 2017 than in 2014.
- Connecticut’s state share of Medicaid is 23% of the General Fund—less than the national average of 28% and lower than any other New England state.
- In 2017, Connecticut’s overall Medicaid spending increased by just 1.1% compared to 6.1% nationwide.
- Connecticut’s state spending on Medicaid has decreased despite policy changes that have slowly increased the state’s share of certain costs; it is important to note that reductions in reimbursement rates for primary care providers, eligibility limits for parents, dental care for adults, and other reductions contributed to this lower cost.

### Work and parenting supports

- Medicaid means that families can afford health care without forgoing food, car payments, or other necessities.
- Medicaid improves family economic security by protecting families from catastrophic medical debt.
- Some research suggests that Medicaid coverage makes it easier for individuals to work by enabling access to care, for example by enabling parents to get treatment for chronic health conditions like arthritis or mental health concerns that make finding and keeping work difficult.
- Families that lack insurance are more likely to forgo or delay seeking health care, increasing the likelihood of preventable disease or complications, which in turn affect parents’ ability to work consistently and parent well.
- Children with insured parents are more likely to be insured and see a doctor.

For more, see the Connecticut Health Foundation’s Issue Brief: “Medicaid’s Role in Connecticut’s Economy, Health System, and Budget”.
HUSKY Health for Children and Families in Connecticut: Medicaid and the Child Welfare and Juvenile Justice Systems

**Medicaid Covers:**
- Virtually all children in foster care
- Youth who age out of foster care at 18 until they reach 26
- 83% of children in the state living in or near poverty

The paths that lead to contact with the state’s child welfare and juvenile justice systems overwhelmingly include exposure to trauma or adverse childhood events such as exposure to violence in one’s community or home, bullying, housing instability, or discrimination. As a result, children in these systems have a higher need for behavioral health services.

Children involved in Connecticut’s child welfare and juvenile justice systems are disproportionately children of color in lower income families—due to a confluence of factors including systemic racism and higher rates of adverse childhood experiences.

**Medicaid supports behavioral health services**

Trauma in childhood can have a lifelong impact, including increased risk of obesity, depression, and suicide.

Federal law requires Medicaid programs to cover screening and treatment for all medically necessary services for children and youth up to age 21.* Enrolling in Medicaid means access to developmental and behavioral health services that can help mitigate the impact of trauma and give children a better chance of fulfilling their potential.

*These rules do not apply to children enrolled in HUSKY B, Connecticut’s CHIP program. See: ctvoices.org/HUSKYManual
Foster children have universal exposure to the trauma of separation from their family of origin and the trauma of abuse or neglect that led to that separation.

A 2018 analysis of Medicaid data showed that DCF involved youth were more likely than non-DCF-involved youth to have a behavioral health diagnosis by the age of 18. Being enrolled in HUSKY programs makes services accessible to those who need them.

Children who enter the juvenile justice system have a high level of unmet need for physical, oral, and mental health care. Not all children involved in the justice system are eligible for Medicaid. Yet, for those who are, HUSKY Health services can provide access to screening and treatment for conditions from tuberculosis to substance use disorders.

Further, behavioral health services funded through HUSKY Health may prevent some children from entering the juvenile justice system through preventive screening and treatment.

Medicaid can also complement services for children involved in programs meant to help keep them out of the justice system, particularly for those with complex needs. Specific therapies, which children can access through Medicaid, are effective at reducing recidivism and have high (over $7 per dollar spent) return on investment. In other words, enrollment in Medicaid can mean access to services known to be effective and shown to improve outcomes for children so that they can exit the justice system for good.

Connecticut’s Department of Children and Families jointly manages the Medicaid behavioral health partnership and is tasked with overseeing implementation of the state’s behavioral health plan for all children, regardless of insurance type or family involvement with the child welfare system. For more information on the state’s behavioral health partnership see www.ctbhp.com. For more on the behavioral health plan see www.plan4children.org.
HUSKY Health for Children and Families in Connecticut: Sources

- For an overview of HUSKY A, B, and D, please see: ctvoices.org/HUSKYManual
- For more information on the benefits covered by HUSKY A and B, please see: https://www.huskyhealthct.org/members/members_benefits.html

Medicaid and Education

- Some additional information was supplied by the Department of Social Services and the School Based Health Center Association of Connecticut.
Medicaid Supports Work and the State Economy


Medicaid and Children at Risk