Community Providers Association
Caring for Connecticut.

February 14, 2011

To: Insurance, Public Health and Human Services Committees - Joint Public Hearing

From: Terry Edelstein, President/CEO

Re: **H.B. 6305 AAC Implementation of the Sustinet Plan**

Please accept these comments in support of **H.B. 6305 AAC Implementation of the Sustinet Plan.**

The Connecticut Community Providers Association (CCPA) represents organizations that provide services and supports for people with disabilities and significant challenges including children and adults with substance use disorders, mental illness, developmental, and physical disabilities. Community providers deliver quality health and human services to 500,000 of Connecticut's residents each year. We are the safety net. We are the HUSKY providers.

We are pleased to support the Sustinet implementation plan and wanted to call your attention to specific provisions. Our comments relate to our roles as nonprofit employers, consumers of services and providers of healthcare services for individuals with disabilities.

Medical Care Homes

Sec. 11(c)(1) encourages the use of "patient-centered medical care." We support the provision of such services that seek to integrate physical and behavioral health services. Rather than providing medical services in separate silos we should support a bi-directional integrated approach. Section 11(d) speaks to the "integration of physical and behavioral healthcare." As the authority develops criteria to "make or facilitate grants and loans that (A) assist providers in transitioning to a primary care case management system and patient-centered medical home system" and providing "technical assistance and training for community teams" and establishing "regional pilot programs" **we encourage you to support the training and education of community-based service providers so that we can provide crucial services in these new models.**

CCPA
35 Cold Springs Rd., Suite 522, Rocky Hill, CT 06067-3165
(P)860-257-7908 • (F)860-257-7777
www.ccpa-inc.org

Technology Expenses

Sec. 11(e)(1) requires the Authority to "provide advice on health information technology," with the goal of encouraging SustiNet providers "too use interoperable electronic health records." We need your special assistance here. There are limited federal incentives to provide incentives for behavioral health providers to develop Health Information Technology systems. There are incentives for primary care, hospitals and physician practices, but very narrowly-drawn incentives and no technical assistance provisions for clinic providers. We are working with our delegation and our national association to provide EHR incentives for behavioral health, but this legislation is far from assured. **We need your assistance at the state level to provide incentives for mental health, addiction treatment and other disability providers to implement HIT systems.**

We support efforts outlined in 11(e)(3) to "simplify procedures and paperwork" and "resolve systemic provider issues."

Provider Reimbursement Rates

We are HUSKY providers working with the Behavioral Health Partnership that includes DSS, DMHAS and DCF to support children, families and individuals with behavioral health issues. The big challenge in providing services to the expanded population that includes HUSKY, Charter Oak, Aged, Blind & Disabled, Low Income Adults, fee-for-service Medicaid and other populations is to assure that the rates for services covers the cost of providing those services.

Section 7 (lines 600 – 604) speak to the use of "excess federal funds" to "increase reimbursement rates for providers serving individual receiving benefits pursuant to this section" and to maximize federal funding to support this basic health plan. **We encourage you to assure that the SustiNet Plan provides rates to cover the cost for providing services at all levels of care so that we can meet the needs of this complex and diverse population.**

Nonprofit Employers

We support the provisions of SustiNet G that would expand the pool of covered lives to include nonprofit employers and our employees. This legislation includes opportunity to insure retirees under the Program. It provides flexibility to nonprofit employers who, for a variety of reasons, may not be seeking to insure all employees. The savings due to pooling may avert the steadily rising costs of healthcare premiums for employers and minimize the added expenses for healthcare that have been passed along to employees.

We look forward to working with your committees on Sustinet implementation.