STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

DANNEL P. MALLOY
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

Memorandum:

TO: Members of the Appropriations Committee
Members of the Human Services Committee

FROM: Patricia Rehmer, MSN
Commissioner

DATE: July 24, 2012

SUBJECT: Written testimony in support of support of the 1115 demonstration waiver.

Good morning, Senator Harp, Senator Musto, Representative Walker, Representative Tercyak and distinguished members of the Appropriations and Human Services Committees. I am Patricia A. Rehmer, Commissioner of the Department of Mental Health and Addiction Services and I am writing to you in support of the 1115 demonstration waiver which is before you today.

While the Medicaid for Low-Income Adults program is under the auspices of DSS, our agency provides services to approximately 36,000 unduplicated clients annually with expenditures of $127.1 million during fiscal year 2012 in this program. As a result, we have been part of the discussion concerning converting the MLIA program into a waiver to ensure that the people we serve are not negatively impacted by these proposed changes.

Almost half of the behavioral health expenditures on clients aged 19 to 26 have been for inpatient mental health services. DMHAS provides inpatient services at Connecticut Valley Hospital, Greater Bridgeport Community Mental Health Center and Connecticut Mental Health Center in New Haven, as well as grant funding to other providers of inpatient services.

DMHAS plans to work closely with individuals who are currently in the MLIA program to assist them in getting any necessary paperwork returned so that if they qualify under the new eligibility criteria, their benefit will not be interrupted and with individuals who may be impacted to determine if they qualify for Medicaid under the Aged, Blind and Disabled Program or other insurance products.

Based on our history with the former GA Behavioral Health Program, which had an asset limit of $1,000, we believe that an asset limit of $10,000 (proposed in the waiver) will not eliminate individuals from our system of care. DMHAS will maintain its safety net by continuing to give grant dollars to our providers so that they can serve individuals without entitlements.

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It is always difficult to make decisions regarding funding for human services and therefore we agree with the Governor's philosophy here that individuals who have resources should use them to obtain insurance and not access a state benefit until they have exhausted their assets. That way, we will have adequate resources to insure that people who are medically indigent and need behavioral health services have access, choice and quality care. We believe that there are protections in place to mitigate the impact of this waiver on the people we serve.

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