From: Rita <ritab103@gmail.com>
Sent: Monday, March 10, 2014 12:27 AM
To: HSTestimony
Subject: Bill #408 Testimony

BILL #408: AN ACT CONCERNING MENTAL HEALTH OPTIONS FOR ADULT MEDICAID RECIPIENTS.

I am a licensed clinical social worker leaving my position in the outpatient Psychiatry Dept at the University of Connecticut Health Center in Farmington. I have been employed in my position as clinical case manager with a small caseload of therapy clients since 2005. Many of my therapy clients have been with me for most of that time, and I have been witness to their steady improvement in life circumstances, mood, sobriety from substances, and healing from some very significant losses.

I have a small private practice and would very much like to offer all of my clients the opportunity to continue our clinical work together. For those with private insurance or Husky A or B it is not an issue, but for anyone with Husky C or D, which comprise the majority of my caseload, it is not possible because Medicaid currently does not reimburse social workers. I am not a miracle social worker, but my longstanding relationship with these individuals is important. There have been a multitude of studies that have proven that the therapeutic relationship is the main curative component. Clients with Husky C & D have to stay with mental health clinics, some of which do not even offer individual psychotherapy, and the ones that do may have few choices for the client. Social workers already provide most of the mental health treatment in Connecticut. Why should psychologists be the only practitioners to be able to offer this option for Medicaid clients? This is clearly a discriminatory policy against the poor. Please consider adding LCSW's in Bill #408 to the list of providers who can bill for services under Medicaid C & D and thus provide more options for this vulnerable population.

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