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Appropriation Committee Testimony: 2-27-15

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Good evening members of the Appropriations Committee. Thank you for this opportunity to speak with you tonight. My name is Joe Sullivan and I am the President and CEO of MCCA, a large western CT provider of services for people and families with substance use and other addictive disorders and an employer of 175 citizens and taxpayers of the State of Connecticut.

I also represent addiction service providers on the Connecticut Behavioral Health Oversight Council. I understand that I represent just one of many so-called "special interest" organizations here tonight, and I know that the Governor's proposed budget has more than enough pain for all of us.

I appreciate the difficult work that the Appropriation Committee has to do. I do, however, want to give you some food for thought as you face many, many tough decisions.

- 1) The aggregate proposed Medicaid rate reductions of over \$100MM dollars actually would be doubled as implemented to providers because of the Federal match issue.
- 2) Mental health and substance abuse treatment providers for outpatient levels of care had budgeted in rate increases for the current fiscal year that have never been implemented because of the slowness of the Bureaucratic process within the State Department of Social Services and the Federal Center for Medicaid Services.

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- 3) Current Medicaid rates don't cover the cost of care. For example, our own medically monitored Detox program has a cost of \$389 per day which is extremely reasonable, but has a Medicaid rate of \$340 per day. Thus, we lose \$40 for every day of service billed to Medicaid currently.
- 4) Grants are being cut or eliminated on the assumption that everyone has insurance either privately through the exchange or through the expansion of the Medicaid LIA program.
- 5) Access to certain levels of care is already limited.

The fundamental public policy questions that need to be addressed by the Appropriations Committee and the General Assembly as a whole are:

- Is it in the State's interest to make it harder for people with substance use disorders to access treatment?
- Does the State want more people to get help with addictive disorders or fewer?
- Does the State want more people dying of drug overdoses or fewer?
- Does the State want more overcrowding and revolving through the doors of hospital emergency rooms or fewer?
- Does the State want more people with serious mental illness have access to psychotropic medications or fewer?
- And finally, will cutting Medicaid rates for mental health and substance use disorder treatment save money or cost a lot more?

Thank you for the opportunity to speak with you tonight.