



Connecticut Association of Addiction Professionals
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Appropriations Committee
Testimony on Department of Mental Health and Substance Abuse
Services 2015 Budget-March 6, 2015

To: Rep. Toni E. Walker , Co-Chair
Sen. Beth Bye, Co-Chair
Members of the Appropriations Committee

For Your Favorable Consideration:

I am submitting testimony on behalf of the Connecticut Association of Addiction Professionals **to strongly urge the restoration of Medicaid funding for behavioral health providers, specifically behavioral health providers, like the State's licensed addiction professionals, LADCs.** Although the funding emanates from the Department of Social Services, the Association wished to present its testimony in the context of the funding reduction's crushing blow to the DMHAS programs, specifically the State's substance abuse delivery system.

Connecticut Association of Addiction Professionals 2015 Advocacy Initiative to Preserve State's Standards of Care for the Treatment of Substance Abuse Disorders

As an introduction, the CT Association of Addiction Professionals (CAAP) represents the State's workforce of over 850 addiction specialists. The Association's mission is to advocate on a state and national level for public policy and legislation that ensures our workforce's delivery of best practice treatment and services in addiction to Connecticut's residents, families and partners, who struggle with the devastating impact of Substance Abuse Disorders.

Connecticut's addiction specialists provide life-saving services thru an extremely diverse spectrum of settings- public and private agencies, criminal justice programs, CHCs, hospitals, schools, homeless programs, faith-based agencies, independent practices, etc. It is important to emphasize that the majority of these SA treatment programs serve the poor and underserved from across the State.

As you are aware, funding streams on both the federal and state level have been steadily drying up. To preserve and protect their clients, SA treatment programs have relied on Medicaid reimbursements to sustain their services. Since the Governor's 2015 budget was announced, the Connecticut Association of Addiction Professionals Board of Directors have been contacted by its members and other stakeholders, who have shared their collective anxiety regarding the survival of quality SA treatment in Connecticut..

CAAP truly empathizes with both the Governor's , Appropriation Committee's, and the General Assembly' s agonizing process of seeking solutions to address the State's severe economic crisis. CAAP's request is based upon a fair and mindful recommendation to the devastation that the loss of these funds will incur..

CAAP's testimony presents evidence to support the restoration of the Medicaid funding;

The Perfect Storm- The Effect of the Governor's Budget Cuts in Behavioral Health Services Combined with the Proposed Medicaid Cuts to "Health Providers":

The *Connecticut Mirror* on February 18, 2015 posted an on-line article, "Medicaid Clients, Seniors, Health Care Providers Face Cuts under Governor's Plan (Arielle Levin Becker, 2 /18/2015). The following excerpts discuss the details of the cuts and their impact. I quote:

"...Malloy's plan would preserve increased reimbursement rates for primary care providers, which rose as part of the federal health law. But the plan would cut reimbursement to most other health care providers who treat Medicaid patients, a \$107.5 million reduction in payments in the next fiscal year. (Because the federal government reimburses the state for a portion of its Medicaid payments, the state would only save \$43 million.)..."

"... In 2013, lawmakers made a \$25.5 million reduction in state grants paid to the (behavioral health) providers, under the theory that more clients would have insurance once Obamacare rolled out and providers could make up the money by billing their newly insured clients' coverage...But the Department of Mental Health and Addiction Services determined that providers would not likely recoup the funds because most clients are covered through Medicaid, which pays such low rates for outpatient services that providers lose money on the care. The department did not implement the cuts, and legislators last year restored the funding (although \$5.4 million of it, to be paid through increased Medicaid rates, has not come through because the state has not received the required federal approval)."

Due to the recent news that the State's Spending Cap has been exceeded, news articles indicate that the Governor will have to pursue an additional \$100 million dollars in reductions. As the designated experts on the State's expenditures, the members of the Appropriations Committee will be tasked to develop a plan that does not wreck havoc on the lives of our State's most vulnerable residents.

Reversal of Connecticut's 2012-2014 Initiative to Broaden Access to Substance Treatment:

In 2012, Vicky Veltri, Office of CT's Health Care Advocate, released a comprehensive and evidence-based report that clearly defined the gaps in the provision of SA Treatment to Medicaid clients, ages 18-24. In 2014, CAAP launched an initiative to expand pathways to SA treatment and recovery for these individuals, who were Medicaid eligible. CAAP, representing LADCs, joined with its peer provider groups, LCSWs, LPCs, LMFT, and key State stakeholders to successfully pass ground-breaking legislation that provided independent practitioners in these specialties to receive Medicaid reimbursements for services provided to eligible adults.

Sec. 220. Section 17b-28e of the 2014 supplement to the general statutes is amended by adding subsection (c) as follows (*Effective July 1, 2014*):(NEW) (c) Not later than October 1, 2014, the Commissioner of Social Services shall amend the Medicaid state plan to include services provided by the following licensed behavioral health clinicians in independent practice to Medicaid recipients who are twenty-one years of age or older: (1) Psychologists licensed under chapter 383, (2) clinical social workers licensed under subsection (c) or (e) of section 20-195n, (3) alcohol and drug counselors licensed under section 20-745, (4) professional counselors licensed under sections 20-195cc and 20-195dd, and (5) marital and family therapists licensed under section 20-195c...

With the Governor's proposed reductions the fidelity and purpose of this law is in peril. The proposed combination of both state funding cuts in behavioral health services and Medicaid cuts to health care providers like the State's workforce of addiction specialists, the question needs to be raised- Who will treat CT's Medicaid residents and their families, partners, who suffer the disease of addiction.

Non-Compliance with the Mental Health Parity and Addiction Equity Act:

The State of Connecticut adheres to the 2008 Federal law **Mental Health Parity and Addiction Equity Act:**

Mental Health Parity and Addiction Equity Act According to the U.S. Department of Labor: The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. And provisions under the Mental Health Act." (Source, V. Veltri, "Access to Mental Health and Substance Abuse Access to Care" January 2013)

A strong case can be made that the Governor's plan to fund only Medicaid payments to primary care providers and CHCs **does not comply with the principles articulated in the MHPAEA, which mandates equality of level of care and payment benefits for Substance Abuse Treatment and Mental Health Treatment for residents, as those stipulations and criteria apply medical and surgical benefits.**

Rationale for Restoration of Medicaid Payments:

The cutting of Medicaid reimbursements will represent a significant barrier to CT residents and their significant others to access care in both in-patient and out-patient SA Treatment settings. Current and past studies on the efficacy of evidence- based treatment for substance abuse disorders universally prove the positive impact on medical outcomes for patients presenting with a co-occurring substance abuse disorders. In addition, State monies spent on best practice treatment of addictions demonstrate significant cost savings in medical treatment, public safety, workplace efficiency and performance, and most importantly, the mitigation of the human costs to individuals and their families , who suffer the emotional pain, loss , and shame caused by the presence of active addiction.

After the March 6, 2015 Budget Hearing on DMHAS services, you, as members of the Appropriations Committee, will face agonizing choices in saving or reducing State programs that treat psychiatric illness and substance abuse disorders in CT youth, adolescents, adults, and seniors. The Connecticut Association of Addiction Professionals sends its best regards for the Appropriations' Committee's success in producing equitable and sound financial solutions to ensure that State residents continue to receive quality and comprehensive behavioral health services. Your choices will support Connecticut's greatest resource- its residents.

Respectfully Submitted,

Susan Campion LADC, LMFT
March 5, 2015