Governor’s Proposed Budget FY20-FY-21
Appropriations Hearing
Department of Social Services
Tuesday, March 5, 2019

Good Afternoon Senator Osten, Senator Formica, Representative Walker, Representative Lavielle, and distinguished members of the Committee.

My name is Beth Hogan and I am the Director of Government and Community Partnerships at the Connection.

I am here today to testify in support of the Governor’s proposal to support Medicaid Supportive Housing Benefit for High Need Individuals by amending our state plan to include Medicaid coverable services for high costs, high need individuals with community integration of case management and behavioral health services and tenancy supports. The evidence from the expansion of Medicaid services to the chronic homeless populations and other vulnerable population will provide greater integration of current services and reduce state funding by increasing Medicaid funding for services and by reducing utilization of emergency services by increasing preventative services. Examples of these systems best practices are in the coordinated access network, Health collaboration networks and affordable and supportive housing networks.

A few years ago, Connecticut was one of eight states that participated in the Corporation of Supportive Housing Social Innovation Funds, which participated in a federal social innovation fund (SIF) a pilot called “Connecticut Integrated Health care and Housing Neighborhoods “using data to identify and locate and house high-utilizers of Medicaid who were homeless. The program pilot was successful in:

- Increased retention rate in supportive housing.
- Increase numbers of individuals connected to primary care providers.
- Increased enrollment in mental health care services.

Overall decreased in Emergency departments and reduction in overnight hospitalization. The dedication of housing rental assistance vouchers, the utilization of data, and the high quality of service provider reduce costs of services to high need population with better quality of life outcomes for the vulnerable population’s engaged in services.
Now, Connecticut has the opportunity to increase federal dollars in Medicaid supports by amending our state plan. This will ensure Medicaid benefit coverage to individuals and families who experience chronic homelessness or at risk for chronic homelessness: to secure basic health care services, tenancy supports, housing supports, case management, behavioral health services, including mental health and substance abuse services and home and community-based services.

In addition to the Medicaid supportive housing benefit, I support the increased rebalancing efforts under the Money Follows the Person (MFP) and the Diabetes prevention program to HUSKY health members.

Thank you for time and consideration today.

Respectfully submitted,

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