



Access to Substance Use Treatment for Insured Youth

Background

In April 2012, the program review committee authorized a study to assess insurer coverage and enrollee utilization of substance use treatment for youth. In addition, the project aims to examine supply and demand for those treatment services. The study is limited to youth age 12 to 25 who have health insurance (private or public, as of the committee's June 29 meeting), focusing on adolescents under 18.

In Connecticut, about 8% of youth ages 12 to 17 and 24% of those 18 to 25 have met the clinical criteria for abuse or dependence on alcohol or an illicit drug, within the past year, according to a federal survey. Research estimates indicate a substantial portion of those needing treatment do not receive it, perhaps due, in part, to insurance coverage and capacity issues.

Private health plans that are fully insured generally are regulated at the state level by the Connecticut Insurance Department (CID), while self-insured private plans (in which the employer assumes the financial risk of coverage) are subject to federal oversight. Medicaid (public insurance) is governed by federal requirements as implemented by Connecticut's Department of Social Services (DSS).

Plan coverage of substance use treatment is affected by mental health parity laws at both the federal and state levels – as well as by the psychiatry profession's diagnosis manual, which is under revision.

A Connecticut resident with a health plan coverage complaint may seek assistance from the CID, Office of the Healthcare Advocate, and Office of the Attorney General.

Study Activities Completed

The June 29 staff update contained background on youth substance use, mental health parity laws, and insurer utilization review. The first two components will be fully included in the final staff report.

A further explanation of utilization review has been developed after thorough examination of relevant laws and conversations with staff of the CID, healthcare advocate, DSS, and commercial health insurers. Program review committee staff have also requested data from the state's major insurers and the Medicaid carve-out, the Behavioral Health Partnership. In addition, the insurance department has provided data on its external appeals process.

Information on utilization review oversight and consumer assistance is being collected. Personnel at the insurance department, healthcare advocate's office, and the attorney general's office have been interviewed, and relevant data are expected from all three agencies. In addition, staff have requested information of the U.S. Department of Labor and the State Comptroller, regarding self-insured and state employee plans, respectively.

Insurer substance use treatment guidelines have been compared to practitioners' treatment manuals/ guidelines. Staff have also spoken with a variety of addiction experts to understand the research base.

Four surveys are underway. A survey of mental health practitioners will help staff understand how treatment level of care decisions are made and experiences with utilization review appeals. The survey of Connecticut public and private colleges will show what treatment and recovery services are available in those settings. The facility and private practice surveys will provide information on the treatment services available with different types of payment, if services are open to adolescents and young adults, and whether services are at capacity. Staff have also met with some behavioral health providers.

Next Steps

PRI staff are conducting research, in anticipation of completing the proposed findings and recommendations report by mid-December.

The major remaining activities that will inform the report are to:

- receive and analyze data from state agencies, insurers, and the surveys;
- learn about state agency oversight of the substance use treatment system; and
- consider potential remedies for any problems discovered.