

PA10-49

SB139

House	4216-4238	23
Human Services	10, 14-15, 27, 38-39, 66, [68-74], 166-168, 265, 269, 329, 331, 390, 401, 403-405, 431, 432, 451, 454-455	31
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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

**VOL.53
PART 13
3923 – 4245**

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HOUSE OF REPRESENTATIVES

641
May 3, 2010

Senate Bill Number 17 as amended by Senate "A" in
concurrence with the Senate.

Total number voting	149
Necessary for passage	75
Those voting Yea	149
Those voting Nay	0
Those absent and not voting	2

DEPUTY SPEAKER GODFREY:

Bill as amended -- bill as amended is passed
in concurrence.

Distinguished Deputy and Majority Leader,
Representative Olson.

REP. OLSON (46th):

Thank you -- thank you, Mr. Speaker, good
evening.

I move for the immediate transmittal of all
items acted upon that need further action at this
time.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Will the Clerk please call Calendar 390?

THE CLERK:

On page 16, Calendar 390, Substitute for

Senate Bill Number 139, AN ACT CONCERNING
INDEPENDENT MONITORING OF THE HUSKY PROGRAM,
favorable report of the Committee on
Appropriations.

DEPUTY SPEAKER GODFREY:

The distinguished chair of the Human Services
Committee, Representative Walker.

REP. WALKER (93rd):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the
joint committee's favorable report and passage of
the bill.

DEPUTY SPEAKER GODFREY:

Question is on passage. Will you explain the
bill please, madam?

REP. WALKER (93rd):

Thank you, Mr. Speaker.

Mr. Speaker, the -- to require -- this bill is
established to require the Department of Social
Services to contract with non-profit organizations
to provide on-going independent performance
monitoring of the Husky program Plans A and B. The
intent of the bill is to provide oversight and
transparency.

Mr. Speaker, since 1995 the Department of Ser -- the Connecticut General Assembly had established an independent monitoring program to monitor what we would be doing with the funding that goes into the Husky program. Through the monitoring, the -- Connecticut can track the enrollment for trends in healthcare that children have, the families and actual -- that they -- services that they actually receive.

This program is a program that takes into account the fact that we have 390,000 parents, children participating in the program and it also covers about an eight hundred thousand -- \$800 million budget. I think this is a very important program -- very important program that needs to be continued throughout the year. It has been appropriated in the budget this year for fiscal 2010 and 2011. The Connecticut General Assembly put in \$218,000 in the budget to cover the independent monitoring.

It is important to note that the federal government feels that this monitoring is so important that it provides reimbursement for up to \$100,000 in this. I move passage of the bill.

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Thank you.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

The distinguished ranking member of the Human Services Committee, Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker, good evening.

DEPUTY SPEAKER GODFREY:

Good evening.

REP. GIBBONS (150th):

Through you, if I may please ask -- pose a few questions to the proponent of the bill.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. GIBBONS (150th):

Through you, Mr. Speaker, there are 320,000 children in Husky at the current time, is that correct?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, that is correct, ma'am.

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DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

And the value or the amount -- the dollar value of this to the state is what close to a billion dollars? Is that correct?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, that is correct ma'am.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you.

And through you, Mr. Speaker, in the past has DSS had an independent monitor of the Husky program?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, yes they have. In

fact what we did was, in the past, we were contracting the Hartford Foundation to hire an independent monitor for this program and it has been up to this past year that that has been done. Unfortunately Department of Social Services has not continued that and this bill is what we are asking the Department of Social Services to do.

This is not a duplication of monitoring. This is the only monitoring that is provided for this and it's really important to note that it has to be maintained as an independent monitoring and that's why I think it's important to provide this.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker.

And again, through you, it's my understanding that Mercer has done some evaluating of this program and has been contracted by DSS. Is that correct?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, no -- yes they have but that was a one time evaluation. That was not a continuation and that was not this -- this type of monitoring that the Connecticut Voices had provided through the Hartford Foundation.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker.

I guess that's what I'm trying to determine that DSS certainly in their testimony seemed to indicate that they were already doing the monitoring, yet we had several of the non-profits say that they were not and they wanted Connecticut Voices for Children to continue with this monitoring. Is it correct that there is a line item in the budget currently to do this monitoring?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Yes, through you, madam speaker -- it is --

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DEPUTY SPEAKER GODFREY:

Ahem.

REP. WALKER (93rd):

-- there is a line item already established for \$218,370 -- \$218,317 both for fiscal year 2010 and 2011.

DEPUTY SPEAKER GODFREY:

Representative Walker, mister speaker, thank you.

REP. WALKER (93rd):

Through you, Mr. Speaker. Okay, sorry.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Oh dear, Mr. Speaker, now I'm going to get really confused.

Through you, Mr. Speaker, is there -- did I hear you say earlier that there will be federal reimbursement for this monitoring of the \$218,000 or do we need to apply for that or is that something that we may or may not get and, if we do get it, will the \$218,000 be totally reimbursed?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, the federal government was extremely pleased when we did this -- this type of monitoring because it provided totally -- total independence and it gave the agency an on-going evaluation of what they were doing. It will provide up to \$100,000 so therefore it will be \$118,370 -- \$118,317 that will be provided as a reimbursement.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you.

And through you, Mr. Speaker, excuse me, exactly what are both the legislature and DSS and the non-profits hoping to achieve by this monitoring?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, the -- the

independent monitor provides clear evidence that -- on -- on how children receive dental care, healthcare, wellness care, checkups. It's also through -- provides services through the school health -- school based health clinics that are located in the schools in -- in many of the cities throughout the state.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you and through you, Mr. Speaker, would this monitoring be needed to continue as long as the Husky program is going on? Is this something that we will have to do ad infinitum or do we feel that after one or two or five years we would no longer need the monitoring?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Yes, through you, Mr. Speaker, in absence of the on-going independent performance monitoring, the legislature -- legislature would find it

difficult to evaluate the effects on healthcare on changes that we will be doing year to year because we have different changes that we do with the services.

It's important for us to be able to understand the utilization and the access that people are being provided because if we are paying for it through our tax dollars, we want to make sure that the services are being given to the children in this program and to the -- to pregnant women also.

Through you, Mr. Speaker. And I do, I'm sorry, through you, Mr. Speaker, yes this has to continue as long as we're spending up to a billion dollars in services for the families in Connecticut, I'm sorry.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

I thank the Representative for her answers. I had one last question but now it seems to be going out of my brain. Let me see. I guess that is all I have for right now. I know that my side of the aisle has not been in total support of this bill I

think partially because we didn't quite understand it and partially because there isn't a fiscal cost to it and this is a year when we're trying to keep our costs down and everything. I think that an independent monitoring is important of these programs. We spend a great deal of money on Medicaid and managed care in the state and I think if we don't do the monitoring we -- as the Representative said, we do not know what is happening, if there are changes in the program, if all the children and the beneficiaries are actually getting the -- the benefits that they are -- we contract for.

So I am going to support this bill and I thank the Representative for her answers.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

Will you remark further on the bill? Will you remark further on the bill?

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker.

If I may a couple of questions to the

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proponent.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. HETHERINGTON (125th):

Do we provide the -- the monitor -- the organization monitoring the program with the standards and specifics of what we want them to look at?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, that's correct. The real thing that people need to understand is this one of the -- the main information programs that provide the information to the managed -- Medicaid Managed Care Council and as we start to evaluate some of the programs in the Medicaid Managed Care Council this monitoring supplements some of the information that we get not only from the Department of Social Services but from some of the MCOs that we get that mon -- that handle many of the cases here and it's also for the dental clinics. It's -- also talks about access to

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services throughout the state, and now the new primary care case management is incorporated.

And so as we roll different programs out and monitored in the managed care -- Medicaid Managed Care Council they provide us with whatever information that we need to make sure that we understand what exactly is being accessed through the state.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Hetherington.

REP. HETHERINGTON (125th):

I -- I see. Thank you, Mr. Speaker.

Through you, are there specific report dates that the -- the monitoring organization must come back to us and offer its report on the -- the results of its monitoring?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Yes, through you, Mr. Speaker, this past -- this past year we had an evaluation on dental services. This past year we had a -- a report on

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well services for children and I believe we also had a report on pregnant women.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

Through you, Mr. Speaker, is there more than one non-profit that can provide these services?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, that is correct.

DEPUTY SPEAKER GODFREY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

So do we accept bids from several different non-profits in terms of what they're able to provide us?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

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REP. WALKER (93rd):

Through you, Mr. Speaker, that's why the money was -- was paid to the Hartford Foundation and the Hartford Foundation did the RFP and did the bidding because we wanted to keep it totally independent from the Department of Social Services and they would not have access on how and who and what would be applied for.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Through you, Mr. Speaker, is -- has someone -- is someone currently -- is an organization currently providing these monitoring services?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, no the contract ended in December.

DEPUTY SPEAKER GODFREY:

Representative Hetherington.

REP. HETHERINGTON (125th):

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I -- I beg your pardon, would the lady kindly repeat that?

DEPUTY SPEAKER GODFREY:

Could you repeat that please, Representative Walker?

REP. WALKER (93rd):

Through you, Mr. Speaker, no the contract ended in December:

Through you.

DEPUTY SPEAKER GODFREY:

Representative Hetherington.

REP. HETHERINGTON (125th):

I -- thank you. I -- I see so we're, if this passes, will be in the process of -- of accepting proposals and selecting another monitor?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, that is correct.

DEPUTY SPEAKER GODFREY:

Representative Hetherington.

REP. HETHERINGTON (125th):

I see. Thank you.

I -- I thank the lady very much for her responses.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. Good evening, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Good evening, sir.

REP. NOUJAIM (74th):

Almost good morning, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Time flies.

REP. NOUJAIM (74th):

Mr. Speaker, through you, one simple question to Representative Walker.

Representative Walker, if -- what I've been hearing is that the money is in the budget, it is a line item in the budget, it's something that has been done in the past and I presume that will continue to be done in the future. So if this is a practice that we have always done, why are we

putting a bill in place to make sure it happens?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, I'm sorry I couldn't quite hear exactly. I think the gentleman -- the good gentleman asked me why do we need the bill? Is that pretty much what he is saying?

Through you, Mr. Speaker.

REP. NOUJAIM (74th):

Yes, Mr. Speaker, through you.

DEPUTY SPEAKER GODFREY:

Yes.

REP. WALKER (93rd):

Through you, Mr. Speaker, good question. Because we want to make sure that the Department of Social Services continues with an independent monitor and does not try and attempt to do this within their own agency.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Noujaim.

REP. NOUJAIM (74th):

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Thank you, Mr. Speaker.

And just to follow up, through you, Mr. Speaker, if you've got a line item in the budget and it is expenditure that will be approved when the budget is adopted and it is something that should be done and has been done in the past and I think it will be done in the future, why we would think that the Department would not do it?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, I believe that -- I think it's important that we make sure that we establish exactly how we want the money utilized for this purpose. I think the -- the tendency might be to either allow the money to stay in the account or not use it for the purposes intended.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, then probably

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shouldn't we be doing the same thing -- a bill for every expenditure and every line item in the budget and every other agency that has to perform a -- a process and an obligation?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Thank -- thank you, Mr. -- through you, Mr. Speaker. If that's what you feel that we need to do, that's quite fine. I think I'd be very happy to sit and spend the time with you to write a bill for each one of them. But this one is too important for us to just allow a -- a hope. I think we pass a lot of bills in here to implement a lot of things in the budget or to implement services that are necessary to make sure that they go -- in the purposes that are intended.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Noujaim, I think we have heard of the (INAUDIBLE).

REP. NOUJAIM (74th):

Mr. Speaker, let me quit while I'm ahead

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before I see several more bills come in tonight.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Very prudent.

Will you remark further on the bill? Will you
remark further on the bill?

If not, staff and guests please come to the well
of the House. Members take your seats. The machine
will be open.

THE CLERK:

The House of Representatives is voting by roll
call. Members to the chamber. The House is voting by
roll call. Members to the chamber.

DEPUTY SPEAKER GODFREY:

Have all the members voted? If so, the machine
will be locked and the Clerk will take a tally and the
Clerk will announce the tally.

THE CLERK:

Senate Bill Number 139 in concurrence with the
Senate.

Total number voting	147
Necessary for passage	74
Those voting Yea	140
Those voting Nay	7

Those absent and not voting 4

DEPUTY SPEAKER GODFREY:

The bill is passed in concurrence with the
Senate.

Are there any announcements?

Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Mr. Speaker.

For a journal notation.

DEPUTY SPEAKER GODFREY:

Please proceed, sir.

REP. PISCOPO (76th):

Thank you, Mr. Speaker.

Would the journal please note that

Representative Frey missed votes due to business in
the district; Representative Carson missed votes
due to illness. Will the transcript please note
that Representatives Willis and Camillo missed
votes; they were outside the Chamber on legislative
business.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Representative Boukus.

**JOINT
STANDING
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HEARINGS**

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But today we're going to, we have some special needs individuals, so I'm going to kind of mix some of them in with the commissioners first.

The first person I'm going to call up is William Acosta of Bridge House. If Mr. Acosta would come up. Is William here?

A VOICE: (Inaudible).

SENATOR DOYLE: I was changing the rules, there. Okay, all right. I was trying to be more accommodating. That's the intent, so I'll get back to the public officials.

The first public office is Mickey Kramer, of the Office of Child Advocate. Good morning.

MICKEY KRAMER: Good morning, Senator Doyle, Representative Walker and members of the Committee. I am Mickey Kramer. I am Associate Child Advocate to the Office of the Child Advocate. Jeanne Milstein is under the weather today so she apologizes for not being able to be with you.

But we certainly appreciate the opportunity to testify in support of Senate Bill Number 31 AN ACT IMPLEMENTING THE BUDGET RECOMMENDATIONS OF THE GOVERNOR CONCERNING THE EDUCATIONAL PLACEMENT OF CHILDREN IN THE CARE AND CUSTODY OF THE DEPARTMENT OF CHILDREN AND FAMILIES, House Bill Number 5067 AN ACT CONCERNING THE TRANSITION OF CARE AND TREATMENT OF CHILDREN AND YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, Senate Bill Number 140 AN ACT CONCERNING YOUTH TRANSITIONING BETWEEN THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, and Senate Bill Number 139 AN ACT

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not receive adequate transition planning from the Department of Children and Families to the adult mental health system or have had their cases closed way too prematurely and with devastating effects to those kids.

DCF must have clear and consistent written policies regarding the age in which, of discharge for a youth receiving services at state funded and operated facilities such as Riverview and Connecticut Children's Place.

Some guidance has been provided for this under the CMS regulations for psychiatric residential treatment facilities, which authorize PRTFs, or they're referred to as PRFTs, to serve up to age 21, and under the existing DCF policies relating to continuing services for some children up to age 19.

House Bill Number 140 defines youth as any person 16 years of age or older. We need a clear standard so that all youth and all DCF staff know the policy and practice that govern DCF's responsibility for our most vulnerable young people.

Most of these young people have experienced a childhood and adolescence marked by trauma and inconsistent opportunities to develop the skills critical for successful adulthood. They need our support to develop and access an individualized transition plan and our continued support until all aspects of that plan have been adequately fulfilled by the agency responsible for their well being.

We also fully support Senate Bill Number 139 AN ACT CONCERNING INDEPENDENT MONITORING OF THE HUSKY PROGRAM because we really believe that that will empower the Legislature to collect

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the vital information necessary to monitor the changes that have been made.

Thank you for this opportunity, and again, I apologize for Jeanne's not being here, but if you have any questions.

SENATOR DOYLE: Thank you. Any questions?
Representative Walker.

REP. WALKER: Thank you, Mickey, for your testimony and give Jeanne my regards. I hope she's back. I'm sure she will be.

MICKEY KRAMER: We won't let her come to the office until she's better.

REP. WALKER: She's probably watching. I can guarantee. So, hi, Jeanne.

MICKEY KRAMER: Hi, Jeanne.

REP. WALKER: I want to ask you a couple questions about now, the bill for transitioning for foster care education, that's something --

MICKEY KRAMER: Educational stability?

REP. WALKER: Educational stability. One of the caveats in there is that it's supposed to, the agency is supposed to determine what is the best care for the child.

MICKEY KRAMER: Best interests.

REP. WALKER: Best interest of the child. How do you think we should be evaluating that? Because that is a very grave matter in many ways and how it's defined and determined is really going to be critical for these children. So how do you think we should be defining that?

MICKEY KRAMER: Thank you.

SENATOR DOYLE: Okay. I'm going to try to get a special needs person. Is William Acosta here? Is William here? No. Okay. Mark Buri. Barbara Albert. Okay. I'll go to Commissioner Starkowski, then, DSS. Reporting for duty.

COMMISSIONER MICHAEL STARKOWSKI: Good morning, Senator Doyle, Representative Walker and members of the Human Services Committee. I'm Michael Starkowski. I'm the Commissioner of the Department of Social Services.

I'm pleased to be here this morning to represent, to present testimony on legislation introduced at the request of Governor Rell implementing features of the Governor's recommended mid-term budget adjustments.

I'm also happy to have this opportunity to testify on the merits of legislation introduced at the request of the Department and would like to thank you for raising these bills.

As we indicated in our testimony before the Appropriations Committee in support of Governor Rell's budget recommendations, these are extraordinary times of economic adversity.

During the continuing fiscal crisis in Connecticut state government, it is inevitable that the agency with the largest general fund budget will be under tremendous pressure to control expenditures and in fact reduce expenditures where feasible.

This reality is evident in the Governor's mid-term adjustments just as it was reflected in the budget adopted by the members of this General Assembly in September for the first year of the biennium.

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individuals in the program, we want the members of the committee and the members of the Legislature to understand that if we do remove the caps somebody's going to have to bear the additional costs.

If a cap were removed, either the Department would bear the additional costs for those clients where the services provided cost over \$100,000, which would mean we would need an adjustment in the state appropriation, or the Department would be in a position of raising the premiums for all the members that are enrolled in the Charter Oak Program.

So prior to any action, we would recommend that the members of the Legislature, with the Department, do an actuarial analysis to see what the financial impact would be and whether the financial impact of removing the \$100,000 cap would be passed along to enrollees or whether the removal of the \$100,000 cap would be incorporated into the overall budget of the Department of Social Services.

On S.B. 139 AN ACT CONCERNING INDEPENDENT MONITORING OF THE HUSKY PROGRAM, the Department opposes the legislation requiring additional independent monitoring of the program.

We feel that the additional monitoring would be duplicative since we already have monitoring of the program at the present time.

We have a contract. We'll be meeting tomorrow, actually, with members of Connecticut Voices for Children to conduct an independent analysis of the HUSKY access, utilization and quality. We have the Medicaid Managed Care Advisory Council that meets on a regular basis, and we've used the program and we've used the

statistics in the program, the quality measures in the program.

In federal law, we have what's called an external quality review organization, commonly known as an EQRO. They provide independent and expert evaluation in monitoring of program performance. We've had that in place since the inception of the HUSKY program. It's provided valuable information to the Department and the Medicaid Managed Care Advisory Council.

And of course we have enhanced reporting. Recently, we've changed the type of reporting that we get from the managed care organizations more to a standardized quality reporting measures that are now used by all states in the Medicaid program.

We feel that the combination of all those activities are sufficient to monitor the performance of the program.

H.B. 5068 AN ACT CONCERNING AMENDMENTS TO THE MEDICAID STATE PLAN. The Department opposes this legislation. This would require the Department to send all state plan amendments to the committees of cognizance for review and approval similar to what we do right now with Medicaid waivers.

Just this year we've had approximately 14 or 15 state plan amendments. Those state plan amendments need to be submitted timely. Some of those state plan amendments sometimes allow us to retroactively claim funds from the federal government.

Those state plan amendments that we submit, most of the time they're based on either items that were passed in legislation, items that

there when we first established the HUSKY line at United Way.

REP. JARMOC: And just finally on that topic, do we know what the funding, the savings will be with eliminating the Infoline? Do we know that?

COMMISSIONER MICHAEL STARKOWSKI: I think it was somewhere in the range of about \$600,000 or so.

REP. JARMOC: Six hundred thousand?

COMMISSIONER MICHAEL STARKOWSKI: Maybe a little bit more than that.

REP. JARMOC: Okay. And can you just talk with me, and I apologize, I was not here for your opening remarks in regard to the elimination of the Medicaid Managed Care Council. Have you spoke on that already and if you have, I can just --

SB139

COMMISSIONER MICHAEL STARKOWSKI: That was actually tied to the change to the move to administrative services organization. The Managed Care Advisory Council was established to have oversight over our managed care activities.

If we move to an administrative services organization we're not going to be in a situation where the health insurer has a financial risk or has the light of an opportunity to make a profit margin, and that was always a big concern, I think, with Legislators and the Managed Care Advisory Council and the advocates, that the, to ensure that the managed care companies that we work with weren't making a profit margin while sacrificing the quality of care or the necessary services for the clients.

February 23, 2010

pat/gbr

HUMAN SERVICES COMMITTEE

10:00 A.M.

REP. JARMOC: Even though it's a pretty, HUSKY as you know is a very large complicated program.

COMMISSIONER MICHAEL STARKOWSKI: Understood.

REP. JARMOC: Okay. All right. Thank you very much.

SENATOR DOYLE: Thank you. Senator Kane.

SENATOR KANE: Thank you, Mr. Chairman. Good afternoon, well, almost afternoon, Commissioner.

COMMISSIONER MICHAEL STARKOWSKI: Good afternoon.

SENATOR KANE: I think in your testimony and in some of your discussion with Representative Lyddy you were talking about how we are a generous state when it comes to a lot of these services. Is that correct?

COMMISSIONER MICHAEL STARKOWSKI: That's right. Yes, sir.

SENATOR KANE: And we're not the only state going through this budget crisis as we all know, this deficit that we have, which is now creeping over \$500 million.

What are other states doing in regard to these same type of programs. I've got to believe that we're not the only one making these type of proposals here today. There has to be others that are doing likewise.

COMMISSIONER MICHAEL STARKOWSKI: We're not. I mean, if you can give me a couple of seconds --

SENATOR KANE: Sure.

[SB32]

[SB66]

[SB68]

[SB67]

[SB139]

[HB5068]

[HB5145]

[SB137]

COMMISSIONER MICHAEL STARKOWSKI: -- I actually have some information on the other states. Some of the other states have taken some very dramatic and more drastic measure than we are. They're eliminating programs. They're cutting benefits back. They're cutting eligibility back.

You know, when the stimulus money came out from the federal government, it restricted states from modifying their eligibility for programs in making it more restrictive than it already is, while you're accepting the stimulus dollars.

But with the stimulus dollars coming near the end, a number of states are proposing to change some eligibility criteria and make their programs more restrictive in order to save dollars.

SENATOR KANE: Yeah, I think that's what you talked about earlier, about our eligibility requirements. They do differ from other states. Is that right?

COMMISSIONER MICHAEL STARKOWSKI: That's right. That's right. We're at 185 percent of the federal poverty level in our HUSKY program, which is for children and parents of those children where a number of states are at 100 percent, literally, 100 percent of the federal poverty level.

SENATOR KANE: Where does that put us on the bell curve?

COMMISSIONER MICHAEL STARKOWSKI: At the top of the curve. And we've been there for a number of years.

SENATOR KANE: You also mentioned in regards to that about going to comparisons between states. Is

it possible, do we have statistics that show residents from other states come to our state for just such those type of services that we offer? Is that possible? Does that make sense?

COMMISSIONER MICHAEL STARKOWSKI: You know, I don't think we track that information. You know, anecdotally we've heard for years that people come to Connecticut because our benefit packages are generous, because our eligibility is generous.

But we don't, you know, we can't verify that that's the only reason they come to the State of Connecticut. There's a lot of other reasons they come to the State of Connecticut.

SENATOR KANE: Do you think that's possible?

COMMISSIONER MICHAEL STARKOWSKI: It's possible, but you know, I think it's going to be tough to actually determine that that's the only reason they came to Connecticut, and I think it's going to be difficult for anyone to have a client come in and say the only reason I came to Connecticut is because of the HUSKY program.

SENATOR KANE: Yeah, no, of course not. But I'm assuming that there would be records of that individual from the previous state that showed that they were on these same programs, possibly, you know.

COMMISSIONER MICHAEL STARKOWSKI: Yeah. We can get information to show when people came to the State of Connecticut and were they on similar programs in other states. We can try to gather some of that information.

SENATOR KANE: Is there maybe a question that could be on the application process or something like

that, that, you know, have you used other services in other states or things like that? Maybe is that possible? Does that make sense?

COMMISSIONER MICHAEL STARKOWSKI: Well, it's possible; but I think it's going to be difficult to add, literally add another question on there, but we can try to find the information out (inaudible). We can try to put something together.

SENATOR KANE: Well, I don't know if you do have that information we were talking about but --

COMMISSIONER MICHAEL STARKOWSKI: Yes, we do.

SENATOR KANE: Okay. I'd be curious to hear how other states re reacting to these similar budget crises.

COMMISSIONER MICHAEL STARKOWSKI: Arizona is eliminating their state's health insurance program called Kid Care, which covers 47,000 kids.

They're repealing Medicaid coverage for 310,000 childless adults.

California has a reduction in the social supplemental security income by \$15, elimination of (inaudible), a program that's associated with their TFA population.

Rhode Island eliminated healthcare for 1,000 low-income parents.

Minnesota has been a very liberal healthcare state. Minnesota is cancelling a health insurance program for 29,500 low-income adults.

Texas has frozen its enrollment in the state's children's health insurance program.

And a number of other states have made deep cuts in their mental health services, in their temporary insurance and on and on and on.

SENATOR KANE: So we're not alone, obviously.

COMMISSIONER MICHAEL STARKOWSKI: Oh no, we're not alone. I mean, every state is looking at where could they reduce their (inaudible) in their expenditures.

SENATOR KANE: Thank you.

SENATOR DOYLE: Thank you. Representative Walker.

REP. WALKER: Good morning, sir, still.

COMMISSIONER MICHAEL STARKOWSKI: Still good morning, okay.

REP. WALKER: Still good morning. I just want to continue a little bit with what Senator Kane was asking you just a little while ago, just a little bit more.

COMMISSIONER MICHAEL STARKOWSKI: Okay.

REP. WALKER: Is it not true though that the cost of living, we are one of the highest cost of living states in this country?

COMMISSIONER MICHAEL STARKOWSKI: It is true.

REP. WALKER: And so therefore, a lot of the reasons why, possibly why we have raised our federal poverty level a little higher than other states like let's say Mississippi, is because the cost of living down there is a much, is at a different rate than what it is up here?

COMMISSIONER MICHAEL STARKOWSKI: Representative Walker, I'm sure that the eligibility is a recognition of the standard of living in Connecticut.

REP. WALKER: I mean, if we had the economic standards of some of those states that you talked about, I'm sure we'd love to lower our requirements, because then people would be able to afford their quality of life, so therefore it would be something that all of us would like to do, especially a lot of the states that you mentioned are county government states and they have different ways of funding things.

In Connecticut we have 169 towns that require those funding sources, so it makes it a whole, it makes it a little bit different in trying to figure out who pays for what and how these services, because I believe in one of the programs you talked about in Missouri, I believe that program is being picked up by the county that program is being eliminated.

So I think it's hard to compare apples to apples when you don't have all of those services. So I want to (inaudible) Connecticut. Connecticut's a good state to start with.

COMMISSIONER MICHAEL STARKOWSKI: It is, Representative Walker, but understand, I mean, we were at 150 percent of the federal poverty level in HUSKY for a long time and when we had surpluses, we raised it to 185 percent of federal poverty level.

I'm not passing judgment on it. I'm just saying we did it.

REP. WALKER: Well, I think that Connecticut understands the value of healthcare, and how

important it is. Just like the hard question that I think a lot of us have up here is understanding why we would support, why we support getting the eyeglass, I mean the vision exam but not getting the glasses, because if they can't see they can't work or they can't have a livelihood. So we have some, a little, a few differences on some of these things.

COMMISSIONER MICHAEL STARKOWSKI: Okay.

REP. WALKER: I wanted to ask about the elimination of the HUSKY plus benefits. Can you explain to me what that is because in going on the, it goes between 185 percent and 300 percent of poverty level for those people that qualify for that benefit.

SB32

And I think just for everybody's edification, when we talk about 150, 185 percent to 300 percent of poverty, that's someone making \$43,000 to someone making \$54,000 for a family of four.

COMMISSIONER MICHAEL STARKOWSKI: That's good.

REP. WALKER: I do my homework a little bit. So when we talk about these things, we have to make sure that we understand all of those things that are involved in that.

So when we eliminate the HUSKY plus benefits, what are we exactly eliminating and to whom?

COMMISSIONER MICHAEL STARKOWSKI: I don't think it's really an elimination of the benefit.

REP. WALKER: Okay.

COMMISSIONER MICHAEL STARKOWSKI: When we talk about moving from the managed care organization to an ASO, to an administrative services

The next speaker is Mary Alice Lee, and after Mary Alice it will be Joshua Seavey. Sorry if I mispronounced. Proceed, Miss Lee.

MARY ALICE LEE: Good afternoon, Senator Doyle and members of the committee. I'm here to testify on behalf of Connecticut Voices for Children. My name is Mary Alice Lee.

We are testifying in support of Senate Bill 139 AN ACT CONCERNING INDEPENDENT MONITORING IN THE HUSKY PROGRAM. I have submitted lengthy written testimony that has a very detailed explanation of the history of an independent performance monitoring in the HUSKY program and perhaps will answer some questions that will come up along, in recent months about the performance monitoring.

I want to just make a couple of points about it. Number one, the State of Connecticut has funded independent performance monitoring in the HUSKY program since 1995, so this is not a bill concerning a new expenditure.

First it was funded under the Children's Health Council, a project of the Hartford Foundation and now it still goes through the Hartford Foundation and Connecticut Voices actually conducts the work. That history is detailed in the written testimony.

The statute that's been proposed, or the statutory change that's been proposed would clarify the legislative intent with respect to the independent performance monitoring.

Right now the \$218,000 that's appropriated every year for this is in the budget in a line item marked Children's Health Council in the DSS budget. That \$218,000 is matched with

federal funds. The Department of Social Services requests federal matching funds for 62 cents on the dollar for that, so it costs the state very little and very little relative to the \$800 million expenditure for the HUSKY program.

The statute would clarify the, and update the intent of the Legislature to continue funding for this, and would, we hope, provide some stabilization for this function over time rather than relying on the budget process.

In fact, this year, DSS has not contracted for independent performance monitoring, just by what Commissioner Starkowski said earlier today. Yes, we are meeting with them tomorrow but they have not executed an FY10 contract with the money that was appropriated on August 31st.

The, we're hoping that since the Governor appears to have dropped her opposition to the independent performance monitoring that we can get this contract moving with the state.

Because there hasn't been any contracting, the Legislature has no idea what happened with the program in 2008 when there were very significant program changes.

The funding does not duplicate, or the independent performance monitoring does not duplicate anything that the Department does. It supplements what the Department does. The Department's focus is mainly on oversight of its contractors and doesn't provide any information about anything except managed care performance, no information about other factors that affect healthcare utilization.

We've suggested a couple of revisions to the language in the beginning of the testimony. You can find that, the testimony as I said has a detailed history and a description of the role of the independent performance monitoring in the program.

We support this independent performance monitoring as a basis for data drive policy development whether or not Connecticut Voices performs this work going forward. Thank you.

SENATOR DOYLE: Thank you very much. Any questions from the committee? Seeing none, thank you.

The next speaker is Joshua Seavey. Is Joshua here? Joshua's here. Good. The next speaker after Joshua is Alicia Woodsby.

JOSHUA PEAVEY: Good afternoon, everyone. My name is Joshua Seavey. I'm from Fairfield, Connecticut and I strongly disagree with the Governor's proposed Bill Number 32, Section 35. C for imposing co-pays of \$3 on medical services and prescription co-pays of up to \$20 on certain individuals enrolled in Medicaid. I am on Medicaid and have been on it for about a year and a half, the only insurance I can get right now, because I am a person with a disability.

I work part-time as part of my recovery and in order to help myself financially. But in order to keep my Medicaid, I can't earn very much money. The proposed co-pays will further erode my limited income.

It is discouraging to try to help oneself and then have to spend more money just to do it.

If the Governor imposes these co-pays, it will affect me and thousands of other like me with a

KELLY PHENIX: Thank you.

SENATOR DOYLE: Thank you. Any other questions from committee members? Seeing none, thank you, Kelly. The next speakers are Tanya Barrett and Rick Porth. They can come up together and one, two, punch, let's hope.

RICK PORTH: We'll try to give you two for the price of one. For a minute there, I thought I lost my glasses. That would be ironic today.

Thank you very much for sticking around. We really do appreciate it and we'll try to go quickly in respect to your time and everyone else's still here, but thanks for sticking around.

Tanya Barrett is our VP for 2-2-2 Health and Human Services at United Way of Connecticut. My name is Rick Porth and I serve as the CEO at United Way of Connecticut. We're here to testify about Senate Bill 32 and HUSKY Infoline.

If you go through Senate Bill 32, there are at least a couple of references to 2-2-2 in there, helping out with ConnPace, helping out with choices, helping out with, you know, some of the other Medicaid related outreach work and so forth and helping out with HUSKY.

We've been doing this kind of work since 1998. We work very closely with the State Department of Social Services and other state leaders, and we're proud of the work that we've done here, and we request that in order to be able to continue to do this kind of work that the funding for HUSKY Infoline, which amounts to \$670,000 be maintained in the budget for the year beginning July 1st.

SB139

One more comment and we're done.

TANYA BARRETT: Yes. We'd also just like to take this opportunity to support Senate Bill 139, and that's the ACT CONCERNING INDEPENDENT MONITORING OF THE HUSKY PROGRAM. We believe that this is also important work and it's helped to strengthen the program over the years since the inception of the Medicaid Managed Care Council and we feel that it should be formally authorized in state statute with the appropriate funding. Thank you very much.

RICK PORTH: Thanks for our time. Happy to answer any questions.

SENATOR DOYLE: Thank you. Any questions?
Representative Abercrombie.

REP. ABERCROMBIE: Not a question, but just a comment. As someone that's had the opportunity to walk through your facility, if I had my way, we'd expand the services that you do.

I think voluntary services should go over to you guys and I think that we could do a streamlining of our elderly services through you guys, so I thank you for the hard work that you do.

I think that you really do provide a great service to our families here and you know, I'm not in favor of the Governor's proposal taking anything away from you. If anything, we should thank you and enhance what you do. So thank you for being here today.

RICK PORTH: Thank you.

SENATOR DOYLE: Thank you. Any other comments?
Representative Walker.



Jeanne Milstein
Child Advocate

STATE OF CONNECTICUT

OFFICE OF THE CHILD ADVOCATE

999 Asylum Avenue, Hartford, Connecticut 06105

TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE
BEFORE THE HUMAN SERVICES COMMITTEE
FEBRUARY 23, 2010

TI
speaker was
Mickey Kramer

Good Morning Senator Doyle, Representative Walker and members of the Committee. I appreciate the opportunity to testify in support of Senate Bill No. 31, An Act Implementing the Budget Recommendations of the Governor Concerning the Educational Placement of Children in the Care and Custody of the Department of Children and Families, House Bill No. 5067, An Act Concerning the Transition of Care and Treatment of Children and Youth from the Department of Children and Families to the Department of Mental Health and Addiction Services, Senate Bill No. 140, An Act Concerning Youth Transitioning Between the Department of Children and Families and the Department of Mental Health and Addiction Services and Senate Bill No. 139, An Act Concerning Independent Monitoring of the Husky Program.

I fully support Senate Bill No. 31. This bill will ensure Connecticut's compliance with the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 by giving children in foster care the ability to remain in the schools they attended prior to being removed from their homes whenever doing so is in the child's best interests. The bill specifies that there will be a presumption that it is in the child's best interest to remain in his or her school of origin.

A report published by my office in 2005 explores the school mobility of Connecticut's foster children and the degree to which public policies and casework practices influence their educational experience.¹ As part of our effort to increase educational stability and success for our vulnerable children, my office has worked closely with the Departments of Children and Families and Education, and with advocacy stakeholders to ensure that Connecticut comply with the new federal mandate in a way that is effective, efficient and through the lens of the children. The new federal law *requires* child welfare agencies to include "a plan for ensuring the educational stability of the child while in foster care." Specifically, the agency must include assurances that:

- the child's foster care placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and
- the state child welfare agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement.

Senate Bill No. 31 meets these required mandates.

HB5067

SB140

SB139

The research is clear about the devastating impact of foster care on a child's educational success. Children in foster care lag behind their peers in academic achievement, often

¹ The full report, entitled "School Mobility and Issues of Educational Access for Children in Foster Care," can be found at http://www.ct.gov/oca/lib/oca/Lily_Alpert%27s_report_for_OCA.pdf.

3

adheres to clear and consistent standards. DCF must have clear and consistent written policies regarding the age of discharge for youth receiving services at state-funded and operated facilities such as Riverview and Connecticut Children's Place. Some guidance for these standards exist under the regulatory authority for Psychiatric Residential Treatment Facilities (PTRF) which authorize PTRF designated facilities to serve children up to age 21 and under existing DCF policies related to continuing services for some children up to age 19. House Bill No. 140 defines youth as "any person sixteen years of age or older." We need a clear standard so that all youth, and all DCF staff, know the policy and practice that governs DCF responsibility for our most vulnerable young people. Most of these youth have experienced a childhood and adolescence marked by trauma and inconsistent opportunities to develop the skills critical for successful adulthood. They need our support to develop and access an individualized transition plan and our continued support until all aspects of that plan have been adequately fulfilled by the agencies responsible for their well-being.

I support Senate Bill No. 139, An Act Concerning Independent Monitoring of the Husky Program. The Connecticut General Assembly has appropriated funds for independent performance monitoring of the HUSKY program since 1995. For FY 10-11 the CGA appropriated \$218,317 for independent monitoring of the \$800 million spent to cover children, parents, and pregnant women in Connecticut. The federal government reimburses 62% of the funds spent on this independent monitoring; however, the contract between DSS and the monitoring agency lapsed at the end of July 2009 and has not been resumed. The legislature, therefore, will have considerable difficulty evaluating the efficacy of recent program changes, including new managed care contracts, carve-out of pharmacy services, and increased reimbursement for children's dental care. Senate Bill 139 will allow the General Assembly to fund independent monitoring of HUSKY and collect vital information regarding its impact on Connecticut's children and families.

Thank you for the opportunity to testify. I am happy to answer any questions.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 2
353 – 704**

2010

Testimony before the Human Services Committee
 February 23, 2010
 Gretchen Vivier, MSW

"Oral health for all"



Good evening. My name is Gretchen Vivier. I am the Interim Advocacy Director for the Connecticut Oral Health Initiative (COHI). COHI is a non-profit organization dedicated to advancing 'oral health for all.' We work with providers, consumers and stakeholders across Connecticut.

COHI is here today to comment on SB32 An Act Implementing the Governor's Budget Recommendations Concerning Social Services. We oppose much of what is in the governor's proposal including increasing co-pays and premiums under HUSKY and cutting HUSKY Outreach. These cuts save money primarily by denying care. Without the 211 Infoline fewer residents will be able to access reliable information about, and help with, enrolling in HUSKY coverage. The increased co-pays and premiums increase costs for Connecticut families when they can least afford it. Their effect is to decrease and delay access to health care causing unnecessary suffering and increased costs further down the line.

However, we do support converting HUSKY from managed care to a non-risk ASO model and funding for HUSKY Independent Performance Monitoring. These are smart ways to ensure that the HUSKY program is efficient and effective. In that light, we also support SB 139 to mandate that independent performance monitoring continue without interruption.

State health care programs are important to everyone, especially during the current economic crisis that has caused many people to lose their jobs and their health care coverage. Others who fear they could lose their coverage any day can take comfort in knowing they will be able to keep their families healthy until better times come around.

A strong and healthy Connecticut requires a strong health care system. Children miss less school and learn better; adults miss less work and are more productive. The health care system itself also provides good jobs for Connecticut residents that, for the most part, do not go out of state. And access to good preventive care makes the system work better. Not only do families suffer less and spread disease less, but they also stay out of emergency rooms saving money for themselves and the state.

Decreasing access to health care coverage is just another example of trying to come up with a short-term fix to Connecticut's budget problems while putting our state in further budget trouble in the long term. The governor is proposing to cut efficient programs that keep children healthy and learning, keeps their parents productive and provides jobs.

Just as families are looking for ways to tighten their belts and cut waste, they also do their best to provide their families with important services like good health care and education. They find ways to bring in more income by borrowing, using savings, or taking on extra work. They aim to have enough income

- to provide for basic needs,
- to avoid taking short cuts that cost them money in the long run, and
- to put themselves in a position to thrive when the economy turns around.

The same balanced approach is needed for our state budget. While we need to look for efficiencies and other ways to save money, we also need to find revenue. Specifically, we urge you to support the revenue options proposed by the Better Choices for Connecticut coalition, including closing corporate tax loopholes, evaluating corporate tax breaks to see whether Connecticut is actually getting an economic return on its investment, delaying reductions in the estate tax and increasing income taxes on households most able to pay.

We cannot rely on further spending cuts in this budget. Dollars cut already outnumber revenues raised 3:1. Please do not let Connecticut's families down when they need help the most.

Thank you for your time.

**The Potential Harmful Effect of Medicaid Copayments and Restricted Access to Medication
for Connecticut Medicaid Recipients
Human Services Committee-Public-Hearing-Testimony of Kelly Phenix
2/23/2010**

T39

My name is Kelly Phenix, I am a resident and registered voter from East Hartford. I am here today to beg you to reconsider restricting access to psychiatric medications and imposing copays on Medicaid recipients.

I am a Medicaid recipient, and struggle with 11 chronic illnesses. I have been on State Assistance since January of 2008 when I applied for Federal Disability. Governor Rell is proposing that \$3 copays on certain medical services and prescription co-pays of up to \$20 ³⁰³² on certain individuals enrolled in Medicaid be adopted. If the State were to impose copays ³⁰¹³⁹ for medications and/or services, it would have a devastating effect on me. I have 15 prescription medications that I need in order to live. I have on average 10 doctor appointments a month. My only income is the \$212 a month I receive from the State. If copays are imposed, it would amount to more than 50% of my income. I would be unable to afford all of my prescriptions or attend all doctors' appointments, how do you propose I choose which medications to fill or doctors appointments to attend?

Last year the Legislature changed Medicaid language to include psychiatric medications on the preferred drug list. Advocates fought for and won the protection for people who are stable on their medications. Now we are being told that protection will be rescinded. Restrictions on access to effective medication are acts of budget desperation, NOT enlightened leadership.

Not all psychiatric medications work for all people; side effects, efficacy, dosing, and affects on cognitive functions vary by individual and disorder. I have personally experienced side effects that have left me with permanent damage in the quest to find the medications that work best for me. I have Bipolar Disorder with Borderline Personality Features, it took me 4 years to find the right combination of medications to be stable and achieve some quality of life.

Restricting access to medications leads to increased utilization of high priced services. Abruptly stopping any psychiatric medication can be life threatening. People with mental illness who go to the pharmacy and are told that they cannot have their medications or have to pay hundreds of dollars out of pocket will more than likely go without. This will result in emergency room visits and inpatient psychiatric care, which are more costly than the original cost of their medication.

I am terrified that the recovery I have worked so hard to achieve is at risk. I am begging you to consider the damage that will be done by the Governor's proposals. This is not just about a line item in the budget; there are over 400,000 Connecticut residents on Medicaid. Trying to solve the State's deficit problem on the backs of the State's most vulnerable residents is an act of desperation, I encourage you to be the leaders you were elected to be and work together to find an alternative solution.

Kelly Phenix can be reached at: 860.202.6950 or KellyPhenix@hotmail.com
225 King Street, East Hartford, CT 06108

→ HUSKY Infoline has played an increasingly important role helping the state and HUSKY clients when new eligibility and benefit changes are made. This is especially important lately with all the HUSKY changes brought on by the state's budget problems. Recent examples of HUSKY Infoline responding quickly and nimbly to help the state and HUSKY clients are:

- July 2005 – Citizenship/ID
- March 2008 – MCO Transition
- February 2009 – Anthem/Blue Care Termination

→ The plan to replace HUSKY Infoline relies on DSS staff and 2-1-1, both of which are already stretched thin with current work volumes. It also assumes that the HUSKY Infoline's care coordination and advocacy work on behalf of HUSKY clients will be performed in large measure by administrative service organizations. But negotiations for this new work are not complete and it is as yet unclear whether these organizations can do the work as cost-effectively as HUSKY Infoline or with the same level of service and attention to HUSKY clients and Connecticut residents. Finally, the plan to replace HUSKY Infoline also relies on other entities such as health centers and community action agencies, which already help in this work; but, as important as their work is, it is not delivered on a unified statewide basis, as is currently the case with HUSKY Infoline.

→ We respectfully request that the legislature restore \$671,000 in the state's FY10-11 budget to support HUSKY Infoline's vital services to the people across the state.

→ We'd also like to take this opportunity to support Senate Bill 139, An Act Concerning Independent Monitoring of the HUSKY Program. This is important independent work that has helped to strengthen HUSKY since the inception of Medicaid managed care, and it should be formally authorized in state statute with appropriate funding.

Thank you.

Attachment – HUSKY Infoline Flyer

United Way of Connecticut

HUSKY Infoline



WHO WE ARE...

HUSKY Infoline (HIL) is a specialized unit of the United Way of Connecticut/2-1-1 Infoline system that has served over 1.2 million Connecticut residents since its inception in 1998. Connecticut residents who dial 877-CT-HUSKY or 2-1-1 reach knowledgeable, multilingual, telephone care coordinators ready to advocate for access to healthcare and answer questions on navigating through the HUSKY program.

WHAT WE DO...

- **Information and Assistance** – provide information about the HUSKY application process, eligibility guidelines, and mail HUSKY application packages
- **Care Coordination** - advocate for enrolled families who need assistance obtaining healthcare services
- **Eligibility and Enrollment** – assist callers who are having difficulties obtaining and maintaining HUSKY coverage
- **Training** – distribute HUSKY materials and train professionals at events throughout Connecticut
- **Reporting** – report to DSS on barriers experienced by callers in enrolling and/or accessing services as well as program trends

	FY08	FY09	% Change
Information and Assistance	23,356	36,571	+56.5%
Care Coordination (HUSKY A)	26,053	24,075	-7.6%
Care Coordination (HUSKY B)	2,302	2,987	+29.8%
Eligibility and Enrollment	1,389	2,567	+85.8%
Total	53,100	66,200	+24.7%

WHAT'S AT STAKE?

The Governor's proposed budget cuts for FY 2011 suspends funding for HUSKY Infoline as of July 1, 2010. The elimination of HUSKY Infoline will result in:

- **Increased burden on already stretched DSS regional staff**
 - **Additional call volume at the DSS regional offices for inquiries related to status of applications and coverage**
 - **Longer interruption of medical benefits for families**
 - **Decrease in families ability to obtain healthcare services for their children, potentially resulting in less access to preventive care and more Emergency Department utilization**
 - **Recent research estimates that the cost associated with each child who disenrolls from Medicaid or SCHIP is \$2,121 per year due to ER use for non-urgent conditions. In FY 2009, HIL assisted 525 children get re-enrolled in HUSKY after losing coverage, potentially saving the state over \$1.1 million.**

STATEWIDE CALL CENTER STATISTICS

Between July 1, 2008 and June 31, 2009, HUSKY Infoline handled more than 105,000 calls and helped resolve more than 52,000 cases.

Five common requests for help	FY08	FY09	% Change
I need help with my medical bill.	1,285	1,916	+49%
I need assistance finding a dentist.	1,777	2,502	+41%
How do I get expedited coverage for a child or a pregnant woman?	1,395	1,634	+17%
I cannot get my child's prescription at the pharmacy.	1,621*	725	-55%
How do I find a doctor that accepts my insurance?	1,131	2,005	+77.3%

* Represents volume during pharmacy carve-out period.

PROGRAM CHANGE IMPLEMENTATION:

DSS has relied on HUSKY Infoline to assist with the implementation of frequent program changes over last several years.

Program Change	HUSKY Infoline Response
July 2005: The federal Deficit Reduction Act requires US Citizens applying for Medicaid to provide proof of citizenship and identity.	Made 4,213 outbound calls to HUSKY families in jeopardy of losing coverage due to failure to provide proof of citizenship.
February 2008: Pharmacy benefits are administered directly through DSS instead of the managed care plans. Clients now need CONNECT cards to access pharmacy services.	Generated CONNECT cards for almost 11,000 HUSKY A and SAGA members.
March 2008: The MCO transtion begins. Wellcare and Health Net no longer participate in the HUSKY program.	Handled 21,483 calls related to the managed care plan transition.
April 2008: HUSKY A memebers whose managed care plan has left the program are enrolled in Traditional Medicaid.	Provided member service assistance to 3,587 HUSKY families enrolled in Traditional Medicaid who called HIL.
September 2009: Dental benefits are administered by DSS through an administrative services organization.	Educated 1,003 members about both the dental and pharmacy carve-outs.
February 2009: Anthem/BlueCare Family Plan terminates relationship with the HUSKY program.	HUSKY Infoline made 19,000 after-hours calls to HUSKY members to facilitate plan changes to the remaining health plans.
July 2010: ??	??

Call EXAMPLES

A woman from Vernon called HIL when she was unable to fill a prescription at her local pharmacy. When the HIL Care Coordinator (CC) called the pharmacist, she learned that the pharmacy no longer filled this type of complex, compound prescriptions. The HIL CC called numerous statewide pharmacies, including several mail order pharmacies that also were no longer filling this type of compound prescription. After many calls over a 30 day period, with the collaboration of the DSS pharmacy policy unit, the HIL CC was able to work with a pharmacy that agreed to make the prescription. Upon following up with the client, the HIL CC confirmed that the client was able to get her prescription after being without it for several weeks.

Actual testimonial from a woman from Stratford who called HIL to let us know that, "...Renee and all the girls (at HIL) are absolutely wonderful. (My daughter) came off the coverage because she turned 18 and she wasn't in school. Renee and folks at HIL were able to get the worker to reactivate the insurance without my daughter having to reapply for the insurance. I tried to correct the situation on my own but I couldn't seem to get anywhere. Renee was able to get her back on the insurance within a couple of days. I couldn't have done it without her. Thanks again for all your help."

Human Services Committee
Public Hearing, February 23, 2010

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Senator Doyle, Representative Walker, members of the committee, I am Jerry Hardison, practicing optometrist. I am here in opposition to the elimination of optometric care for adult Medicaid recipients as proposed by the Governor in SB 32.

I have practiced in Hartford for 31 years and have been intricately involved with all of the Medicaid changes over the years. We have finally begun to form a system that allows us to properly deliver eye care to the Medicaid population. Unfortunately, that is now in jeopardy. Unfortunately, the proposed cuts in eye care discriminate against a class of providers. Connecticut citizens, who have private insurance, are protected by state law from such discrimination. Why shouldn't Medicaid recipients be afforded that same freedom to choose an eye care provider?

If I look at just my adult Medicaid patient base, the majority of these are dual eligible (Medicare/Medicaid). By virtue of that age category, the majority of these people have medical eye conditions. Blocking optometrists from providing this care would result in one of two possibilities: 1. Necessitate referral to an eye physician for care or 2. Drive patients away from care because of a lack of qualified providers or pure patient frustration. The first would cost the Medicaid system more as physicians are paid a higher fee for the same service. The second would be devastating. Unchecked glaucoma or retinopathy may lead to blindness.

I submit to you, the only savings initially in this process is due to needy patients not receiving care. The administration talks about making hard choices to control costs. The decision to cut vision care is an easy choice. The hard choice would be working to improve and economize a working system. Currently I am a member of the Healthcare Quality and Provider Advisory committee of the Sustinet Health Partnership. We are looking at ways to improve access and quality and that includes recognizing the value of all health care providers, not discriminating against a particular class. Lets make the hard choice and look at how we might control costs and still ensure access to and quality care. Some possibilities might include:

- Real-time encounter authorizations to ensure that duplicity of services is minimized.
- Minimal co pays which increase the value of the service. But let the provider have control over waving those co pays in cases of hardship.
- Limit the number of eyeglass replacements and again, ensure that duplicity of services is minimized.
- Reduce the frequency of routine or non-medical examinations.

I urge you to agree that cutting Optometric care out of Medicaid is a solution that in the end will only further disenfranchise our neediest citizens. Thank you for your time.

Jerry S. Hardison, OD
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Hartford, CT 06105
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Testimony before the Human Services Committee

Michael P. Starkowski

Commissioner

February 23, 2010

Good morning, Senator Doyle, Representative Walker and Members of the Human Services Committee. I am Michael Starkowski, Commissioner of the Department of Social Services. I am pleased to be here this morning to present testimony on legislation introduced at the request of Governor Rell implementing features of the recommended mid-term budget adjustments. I am also happy to have this opportunity to testify on the merits of legislation introduced at the request of the department and would like to thank the committee for raising these bills.

As we indicated in our testimony before the Appropriations Committee in support of Governor Rell's budget recommendation for the Department of Social Services, these are extraordinary times of economic adversity. During the continuing fiscal crisis in Connecticut state government, it is inevitable that the agency with the largest General Fund budget will be under tremendous pressure to control expenditures, and, in fact, reduce expenditures where feasible. This reality is evident in the Governor's midterm adjustments, just as it was reflected in the budget adopted by the members of this General Assembly in September for the first year of the biennium.

Legislation to Implement the Governor's Recommended Mid-term Budget Adjustments

S. B. No. 32 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING SOCIAL SERVICES.

HUSKY A

The HUSKY A program currently provides no-cost healthcare to low- and moderate-income children and families. In SFY 2010, the HUSKY A program has experienced substantial increases in enrollment. Over the first 7 months of SFY 2010, enrollment in the HUSKY A program has increased by approximately 14,660 clients, or an average of 2,094 clients per month for a total enrollment as of January 1, 2010, of over 357,000 clients; and a projected enrollment by the end of SFY 2010 of 368,000 clients.

The biennial budget included a full-year reduction to managed care rates of 6%, which is essentially asking the managed care organizations (MCOs) to operate at a significant loss, based upon current financial reports. The department is currently in negotiations with the MCOs pertaining to changes in program scope, contract terms and capitation rates. While the biennial budget included rate reductions to the MCOs, the mid-term budget recommends converting HUSKY to a non-risk model with the HUSKY program continuing under an administrative services organization structure. This ASO structure

SB 66

SB 68

SB 67

SB 139

HB 5068

HB 5145

SB 137

Bridgport Child Advocacy Coalition Testimony to
Human Services Committee

The Bridgport Child Advocacy Coalition (BCAC) appreciates the opportunity to submit testimony to the Human Services Committee of the 2010 General Assembly regarding the state Department of Social Services.

We strongly urge support for Senate Bill 139 (An Act Concerning Independent Monitoring of the HUSKY Program). We oppose SB 32 (An Act Implementing the Governor's Budget Recommendations Concerning Social Services).

Support SB 139: Independent Monitoring of the HUSKY Program

Independent performance assessments are critical to ensure that changes in HUSKY policies and health plans are closely monitored. Since the inception of Medicaid managed care, the Children's Health Council, and then Connecticut Voices for Children, has been analyzing HUSKY data and reporting on utilization of well-child care, emergency room utilization, prenatal care and births to mothers on Medicaid, prevalence of asthma among children on HUSKY, dental care utilization and much more. Performance monitoring has found that while preventive care guidelines have been established to meet the needs of low-income children, the health care provided to these children through managed care falls short of these goals.

Independent performance monitoring of HUSKY fosters accountability. Funding to maintain monitoring is inexpensive and cost-effective. In FY 2010-11, the Connecticut legislature appropriated \$218,317 annually to cover the costs of independent monitoring. This is a fraction – less than 0.03% – of the cost of the \$800 million HUSKY program.

During this fiscal year, the governor has refused to allow the Department of Social Services to contract for this important monitoring function. Without an ongoing, independent monitoring system in place, the legislature will not be able to evaluate the effect on health care access and utilization of the many recent programmatic changes to HUSKY, including carve-out of pharmacy and dental services, new managed care contractors and expansion of HUSKY to pregnant women.

SB 139 would make explicit the requirement that performance monitoring is to be conducted by an independent, neutral and non-profit organization. We urge its support.

Oppose SB 32: Governor's Budget Recommendations Concerning Social Services

We understand that these are very difficult economic times. However, as the recession continues, it is imperative that the state budget not be balanced on the backs of struggling families. We know cuts will need to be made. But Connecticut needs to spend smart and cut smart.

During the first four months of 2009, BCAC conducted two different surveys, reaching over 2,000 families in Bridgport. We asked parents about job loss, if they had health care coverage, their housing situation and how they were managing their bills. We also asked if they were accessing safety net services.

CAHS

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Testimony before the Human Services Committee
Re: S.B. 32- An Act Implementing the Governor's Budget Recommendations
Concerning Social Services
S.B. 139 - An Act Concerning Independent Monitoring of the HUSKY Program
Submitted by Maggie Adair, Deputy Director
Connecticut Association for Human Services
February 23, 2010

Good morning, Senator Doyle, Representative Walker, and members of the Human Services Committee. I am Maggie Adair, Deputy Director of the Connecticut Association for Human Services (CAHS). CAHS is a 100-year-old statewide nonprofit organization that works to end poverty and to engage, equip, and empower all families in Connecticut to build a secure future.

Faced with yet another year of a significant budget shortfall and larger deficits in the out years, policymakers must make difficult decisions. CAHS urges state legislators to take the long view on budget priorities and preserve the integrity of programs and policies that support children, families, and the well-being of the state.

CAHS is testifying in opposition to several provisions in S.B. 32 - An Act Implementing the Governor's Budget Recommendations Concerning Social Services.

Governor's budget concerning social services makes a series of cuts to health care services to the poor. The cuts to health care services and additional costs imposed on low-income families, taken all together, will have a heavy toll on our most vulnerable citizens. Rather than save health care costs, Connecticut will pay more in the end.

CAHS is most concerned about the following proposals in S.B. 32:

- Imposing co-pays for adults on HUSKY.
- Increasing premiums for HUSKY B families.
- Eliminating most over-the-counter drugs for HUSKY adults.
- Eliminating Medicaid vision coverage for eyeglasses, contact lenses, and optometry services.
- Eliminating vision and non-emergency transportation under SAGA.
- Updating the Medical Necessity definition.

Families on HUSKY struggle each day to pay for housing, food, and clothing. They are barely making ends meet and cannot afford co-pays, premiums and over-the-counter medicine. Research shows that when such requirements are put in place, people won't get the health care and prescriptions they need and as a result, end up sicker, wind up in emergency rooms, and cost the state more in the long run. Denying vision care - eyeglasses and basic services - seems downright mean-spirited. Eyeglasses are costly; if people cannot see, they will no doubt have a tough time getting a job. Eliminating non-emergency

transportation will hinder many SAGA participants to get to the health care services they need. We are very concerned that adopting a Medical Necessity definition will result in more and more people being denied the health care they need.

CAHS does think switching from a managed care system to contracting with administrative services organizations to provide care coordination, utilization management, disease management, customer service and review of grievances has the potential to be a good move. DSS Commissioner Michael Starkowski said last week that it's estimated the state is overpaying the MCOs by \$50 million, and DSS is analyzing the cost saving by moving to the ASO model. An ASO model is not as good as the Primary Care Case Management (PCCM) model, but it is a move in the right direction.

CAHS supports S.B. 139 – **An Act Concerning Independent Monitoring of the HUSKY Program**. Since 1995, the Legislature has appropriated funds for independent monitoring of the HUSKY program, including tracking enrollment trends and the health care children and families actually receive. Without this independent oversight, we would not know if HUSKY families are in fact succeeding in getting the health care they need and if the program is effective.

Currently, funding for this monitoring is in the Department of Social Services budget under the line item "Children's Health Council." The Children's Health Council no longer exists. Updating the language to refer to "Independent Performance Monitoring" would clear up any confusion and better identify the scope of the service so legislators understand what they are funding.

For several years, CT Voices for Children has performed this independent monitoring and provided valuable updates and reports about children and families served by the HUSKY program. However, this year the Governor has not released funding for this monitoring and no work has been done. We urge the Governor and Legislature to continue funding and allow this work to continue.

In conclusion, the Administration is addressing the budget deficit by cutting into the safety net for the poor and our most vulnerable people. This spending reduction is essentially a tax increase on the poor by asking them to pay more for the basic services they need.

There is a better way. We cannot only rely on further spending cuts. We need a balanced approach that addresses the state's structural revenue problem with a revenue solution. Specifically, we urge you to support the revenue options proposed by the Better Choices for Connecticut coalition, including closing corporate tax loopholes, evaluating corporate tax breaks to see whether CT is actually getting an economic return on its investment, delaying reductions in the estate tax that would benefit only very wealthy persons, and increasing income taxes on households most able to pay. We need to think about what we want our state to look like when we come out of the economic downturn. Eliminating health care to achieve short-term savings will dismantle our safety net, hurt our children and families, and in the long run weaken the economy.

Thank you for giving me the opportunity to testify today.

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SENATE**

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Thank you, Mr. President.

THE CHAIR:

Please return to the call of the calendar.

THE CLERK:

Return to calendar page 28, Calendar Number 385, File Number 540, Substitute for Senate Bill 139, AN ACT CONCERNING INDEPENDENT MONITORING OF THE HUSKY PROGRAM, favorable report of the Committee on Human Services and Appropriations.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Thank you, Mr. President.

I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Question is acceptance and passage.

Do you care to remark further?

SENATOR DOYLE:

Yes. Thank you, Mr. President.

This bill requires the DSS to contract with a nonprofit organization to independently monitor HUSKY A and HUSKY B programs. This has happened in the past. There is money in the budget for it. And the

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-- the outside eyes independently monitoring the HUSKY A and B program have found some good benefits for the state of Connecticut, some savings and the like.

And I think it's a good bill. And I ask the chamber and urge the chamber to support this piece of legislation.

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Are there further remarks?

Senator Kane.

SENATOR KANE: -

Thank you, Mr. President. Through you, a couple of questions to the proponent of the bill?

THE CHAIR:

Please proceed to frame your question.

SENATOR KANE:

Thank you, Mr. President. Through you, what is the cost of this independent monitoring of the program, through you?

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you, Mr. President. There's currently --

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in the current budget there's -- allocated in the budget \$218,317 annually. I'm not sure if that's -- that's what is budgeted whether it's more or less, whether OPM can negotiate a better price, it's possible, I assume. But it is in the budget. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. Through you, isn't this something -- I do remember this bill in committee and a number of us voted against it. Isn't there the ability through DSS to do this in-house and save that \$218,000?

Through you, Mr. President.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you, Mr. President. Well, it's our -- it's the experience of the -- actually, the agency, that this outside eyes reviewing -- how the independent review has actually been very effective in cost saving in the long run. So it's always wise to have outside parties review the program HUSKY A and B.

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So while you're correct, it could be done from the inside, we think it's more, actually ultimately, cost effective to have third party eyes review it and look for means to save other money. Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

So I guess then the bill will spend \$218,000 on an independent contractor for potential savings, we think, but not necessarily savings. Through you, Mr. President.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you, Mr. President. Well, first of all, you're -- I can't guarantee that there'll be a certain amount of savings, and I also as -- as we can't guarantee the price negotiated with the vendor could be less than the budgeted amount. So if good fiscal prudence is exhibited, maybe they could negotiate a lower price for the study. Through you, Mr. President.

THE CHAIR:

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Senator Kane.

SENATOR KANE:

It -- well, see -- it -- I guess that you're -- you're leading to my point which is that we can't guarantee that we're going to get savings through this audit. We don't know the actual cost, what it'll be, and we can do this in house.

To me, in my mind, that's three reasons to not do this bill. So I thank the Senator for his answers but I would have to be in opposition to this bill.

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Senator Harp.

SENATOR HARP:

Thank -- thank you very much.

I rise to support this bill. It's really important, I believe, that we have independent contracting to look at our HUSKY program. And one of the -- one of the values added is that we have with this independent contracting that has occurred over the years with this program is that we're able to look at, not just the Department of Social Services and the impact of HUSKY, but, as well, the overall impact on

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the public health. So that we're able to merge data from the Department of Public Health birth data with the data that comes from the HUSKY program and look at overall healthcare outcomes. And because of this merger of this type of data and providing these kinds of reports, we are able to actually improve the program.

We spend nearly \$800 million on this program. And one of the things that we need to be able to guarantee the people of this state is that we're actually getting value added from this program; that people are getting the services that we pay for. And what this monitoring has been able to do is to shine the light on programmatic problems that we've had and help us find ways to find solutions to those problems and address them so the people of this state will get what we're paying for. So I think that it's a small amount to pay to basically assure that a \$800 million program is actually doing what we think that it does.

So for that, sir, I would urge everyone to support this bill.

THE CHAIR:

Thank you, ma'am.

Senator Debicella.

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SENATOR DEBICELLA:

Thank you, Mr. President.

Mr. President, it's about time today that we had one that we could debate. Been a lot of consents today.

Mr. President, through you, I have questions to the proponent of the bill.

THE CHAIR:

You may frame your questions.

SENATOR DEBICELLA:

Thank you, Mr. President. Through you, in reading the OLR bill analysis on this, it says that the Hartford Foundation for Public Giving has received state monitoring grants for the last six years and has subcontracted with the organization, Voices for Children. Through you, Mr. President, why is this legislation necessary if the grants have been given for the last six years? Through you, Mr. President.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you, Mr. President. There is some concern that it will not be continued in the future. Through you, Mr. President.

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THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. And through you, why would it not be continued? Through you.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

It's our understanding it may not be continued and because of the long-term savings described by Senator Harp, there is a desire to ensure these saving are achieved in the future. Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Through you, Mr. President.

Thank you, Mr. President.

Through you, in looking at this the requirements of the bill is that -- again, according to OLR, is that the selected nonprofit must have experience that demon -- demonstrates its ability to independent mon -- independently monitor performance, collaborate with DSS's medical care administration division and report

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to DSS on enrollment trends, et cetera, et cetera.

Through you, Mr. President, how many nonprofits would actually be qualified to do this under this bill? Through you, Mr. President.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you -- through you, Mr. President. I honestly don't know the answer to that but I would assume there is some sort of short or RFP process that's, you know, you define the terms of the study, then you go out to bid and you see who bids -- so. But I cert -- I honestly don't know the answer to who's qualified or not. Through you, Mr. President.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. And I thank Senator Doyle for the answers to those questions.

Mr. President, I rise in opposition to this bill. There actually is a reason why this grant has been given out in the past and is now being stuffed by DSS. And the answer is that we are not getting the return on our investment from this outside monitoring. The

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fact of the matter is, Mr. President, is that the organization, Voices for Children, which has been consistently selected and quite honestly would most likely continue to be selected, is an advocacy group that advocates for more spending in the state government not less.

They're up here quite a bit, actually, testifying in front the committees as -- in terms of we do not spend enough money. So when Senator Harp says this is something that will help us save money and increase effectiveness by having this outside monitoring, I actually believe the outside monitoring simply results in an advocacy group getting money from the state to come advocate for more spending. I actually do not believe that this is a bill that will save us money. It is simply us contracting with an advocacy group to do something that we should be able to do in-house ourselves.

So, Mr. President, I stand in opposition to the bill and urge its rejection.

THE CHAIR:

Thank you.

Do you care to remark further?

Senator Handley.

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SENATOR HANDLEY:

Thank you, Mr. President. I rise in support of
this bill.

As Senator Harp pointed out, this is an enormously large operation that -- that -- and, generally, very successful operation that the HUSKY program provides for the children and some of the -- and some of their families. And it does seem to me entirely appropriate when we have such a large organization paid for, in part, by federal funds which require an independent analysis of some of the work. Rather than having, you know, the fox look after the chicken house, it's better to have the farmer checking on the chicken house. It is just not -- it's just not good business to have the same department that is managing a very large program also do the only analysis that would be available of how successful it is. I -- I certainly think this is the best way that we can make sure that a program that has been so successful and so helpful to our -- to our children and their families that this program continues to do the most effective work it can.

THE CHAIR:

Thank you, Senator.

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Are there further remarks? Are there any further remarks? If not, the Chair would ask the Clerk to announce that a roll call vote is in progress in the Senate and the machine will be opened.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all senators please return to the chamber. An immediate roll call has been ordered in the Senate. Will all senators please return to the chamber.

THE CHAIR:

Senator Prague?

Would all Senators check the roll call board to make certain that your vote has been properly recorded? And if all Senators have voted, the machine will be locked. Would the Clerk please take a tally?

THE CLERK:

Motion is on passage of Senate Bill 139.

Total Number Voting	35
Those voting Yea	23
Those voting Nay	12
Those absent and not voting	1

THE CHAIR:

Bill is passed.