



TESTIMONY

OF

JOAN SIEGEL

SENIOR POLICY ASSOCIATE FOR HEALTH AND MENTAL HEALTH

PRESENTED TO THE

NEW YORK STATE MEDICAID REDESIGN TEAM

REGARDING THE

MEDICAID REDESIGN PLAN

FEBRUARY 4, 2011

Good Morning. My name is Joan Siegel and I am the Senior Policy Associate for Health and Mental Health at Citizens' Committee for Children of New York (CCC). CCC is a 67-year-old privately supported, independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe. I would like to thank Executive Director Jason Helgerson and all members of the Medicaid Redesign Team for this opportunity to testify on this important matter.

New York State has proven itself to be a leader in providing health care to our youngest New Yorkers, which has saved the state innumerable dollars in both the short and long term by providing preventive care and addressing children's health needs when they arise. While we understand the severity of the state's budget deficit and the need to make reforms to Medicaid, we urge you to ensure that critical initiatives that have improved the quality of care for low income and indigent children and families, such as Child Health Plus, Family Health Plus and Medicaid Waiver Programs, be continued.

First, regarding primary health care, the State Department of Health states "[g]ood quality primary care that emphasizes treatment leading to effective management of the disease on a long-term basis may reduce the number of severe asthma episodes that requires a hospitalization."¹ New York State has been a leader in extending health care coverage to children. Today, in New York City, 1.3 million children have health insurance coverage. Of the 146,455 children in New York City without health insurance coverage, 90.6 percent are actually eligible for insurance, but are not enrolled.

Second, regarding access to preventive mental health interventions, studies show that the earlier intervention occurs the better off a child is academically, socially and in the family.² In New York City, there are over 1.3 million children between the ages of 5-17 and of those, more than 67,000 have a severe mental health need.³ Furthermore, there are approximately 570,000 children ages 0-4 and nearly 19,000 of them require a mental health interventions.⁴ While there has been incredible progress in bringing screening and assessment to child serving settings and expanding access to treatment, children's mental health services continue to be in short supply and the rate of reimbursement for treatment has generally not kept up with the costs of care.

¹ http://www.nyhealth.gov/statistics/ny_asthma/asthmafaqs.htm

² <http://www.samhsa.gov/newsroom/advisories/1005065224.aspx>, <http://www.omh.state.ny.us/omhweb/clinicplus/>

³ Census data: U.S. Bureau of the Census. 2006-2008 3-year American Community Survey. Prevalence estimate: Shaffer D, Fisher P, Dulcan MK, et al (1996). *The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): Description, Acceptability, Prevalence Rates and Performance in the MECA Study*. J Am Acad Adolesc Psychiatry, 35:7, 865-877.

⁴ Census data: U.S. Bureau of the Census. 2006-2008 3-year American Community Survey. Prevalence estimate: Lavigne JV, Gibbons RD, Chirstofeel KK, et al (1996). *Prevalence Rates and Correlates of Psychiatric Disorder among Preschool Children*. J Am Acad Child Adolesc Psychiatry, 35:2, 204-214.

Keeping in mind the need to avoid costlier services later on, CCC believes that the Medicaid Redesign Team should identify opportunities to expand upon Primary Care and Prevention, both in medical and mental health settings. Specifically, we urge you to consider the following:

- Universal Coverage: As noted earlier, New York has been a leader in extending health care coverage to children. Yet, there are still uninsured children who need coverage. In New York State, of the children who remain uninsured more than 90% of them are income-eligible for health insurance.⁵ This translates into 280,435 children ages 0-17 years of age who were uninsured despite eligibility (in 2008).⁶ The State must improve upon efforts to reach eligible children who are currently going without coverage and it must also improve upon efforts to provide seamless coverage for children once they are enrolled, as they age, and as their eligibility for distinct public programs change.
- Waiver Programs: When redesigning how Medicaid pays for long-term care, it is important to remember that there is a small population of children with intensive needs. New York has implemented initiatives that have ensured that children who have severe mental health, medical issues and/or developmental disabilities can reside with their parents and not be institutionalized. The services provided through waiver programs are not only family and child friendly, but they also divert children from the more costly institutional care settings, which saves the state a considerable amount of money. Caring for these children at home, and not in an institution, is critical for the psychological and physical development of these children and their overall well-being. For example, the Office of Mental Health's (OMH) Home and Community Based Services waiver for children who are seriously emotionally disturbed, provides in-home services for both the child and the parent(s) so that the child can be home, instead of in an institution, sometimes far from family. The State Office of Persons with Developmental Disabilities (OPWDD) and State Department of Health (DOH) offer similar waivers that allow a child to stay at home. In addition, recognizing the importance of family for all children, the Office of Children and Family Services partnered with other state agencies (OMH, DOH and OPWDD) to create the Bridges to Health Waiver (B2H), which enables children in foster care who are mentally ill, medically fragile and/or developmentally delayed to access waiver services (some of which were previously denied to them because they were in foster care) and then enables these children to continue to receive these services after they have achieved permanency and are discharged from

⁵ Citizens' Committee for Children of New York, Inc., *Keeping Track of New York City's Children 2010* (2010) at page 132 (hereinafter *Keeping Track 2010*).

⁶ *Id.* at 133.

foster care. Not only does B2H enable foster children to live in family-based settings, it helps these children leave foster care faster. It is essential that these critical home-based services, provided through waiver programs, be protected as you redesign Medicaid.

- Primary Care and Prevention: From the standpoint of positive outcomes and cost-benefits, the earlier a child's mental health issues are identified and treated, the better the outcomes for the child and the more money that can be saved down the road. Similarly, access to primary care and prevention for health needs ensures avoidance of more expensive care later on such as hospitalization. Medicaid Redesign presents an opportunity to ensure that physical health and mental health care services are coordinated and community based. In the area of pediatrics in particular, greater attention should be paid and investments made to improve the detection of behavioral health care needs. Yet, because managed health care plans have historically done a very poor job with respect to behavioral health care in general and children's mental health care in particular, the Medicaid Redesign Team should consider establishing a regionalized carve out using a specialty behavioral health organization. In states where this approach has been implemented, findings of the Health Care Reform Tracking Project⁷ suggest that behavioral health care carve outs allow for more discrete planning for special populations, improve education and training for service providers, increase access to a broader array of needed services, and improve care coordination with mainstream health care plans as well as across non-Medicaid services (family supports, social services, juvenile justice, child welfare etc). Furthermore, significant savings have been achieved under these models.

In conclusion, as the Medicaid Redesign Team determines where to make changes in the New York State Medicaid Program, it must move forward in ways that ensure that every child is able to grow up in good physical and mental health and able to become productive members of society. To that end, it is critical that groundbreaking practice, such as universal health insurance coverage and waiver initiatives, be continued and built upon, and that access to primary health and mental health care services be coordinated and financed through health care plans and a regional behavioral health care carve out. These steps are in the best interest of New York's children and New York's taxpayers.

Thank you for the opportunity to testify.

⁷ See e.g., http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/issues/issue_06/issue06_full.pdf