

Focus . . .

Medicaid Cuts and Children's Health: A Losing Combination

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This month's FOCUS spotlights the issue of the MLPP's position on the state's attempt to restrict Medicaid benefits for the state's poorest children and families. Pediatric providers and child advocates should take the time to educate themselves on the issues that directly affect children's health – in this case, the state Department of Social Services' proposal to seek a waiver from the federal government to institute co-payments and premiums in the HUSKY A insurance plan. The Center for Children's Advocacy, along with numerous other medical, legal and social services organizations, is taking a strong stand against these impending actions. This section provides guidance to medical, legal and social service advocates who wish to join an ever-growing coalition to prevent these catastrophic reductions.

The State of Connecticut is planning to impose several changes to the HUSKY A (children's Medicaid program) over the next year, including the imposition of premiums and co-pays for children whose family income exceeds fifty percent of the federal poverty level ("FPL").

Under the cuts enacted by the legislature last year, legal immigrant children are barred from applying for HUSKY benefits (as of July 1, 2003); same day "presumptive eligibility has been eliminated, as has continuing eligibility – or the right for a family to continue to receive HUSKY benefits for one year after their income exceeds the eligibility limits.

What is at stake?

Far more devastating is the state's proposal to charge monthly premiums and to institute per visit/per prescription co-payments for the state's neediest children and families. In addition, the state intends to eradicate the successful Early Periodic Screening Diagnosis and Treatment ("EPSDT") program, which tracks and monitors health visits and mandates medically necessary care and treatment for all children enrolled in the Medicaid program. Why will these proposed changes drastically alter the children's health landscape in Connecticut? Here are just a few basic reasons:

- More than 86,000 people in Connecticut can be expected to lose coverage as a result of the planned imposition of premiums.
- Elimination of EPSDT will cause more children to suffer preventable illness
- Pregnant women will delay prenatal care
- Connecticut will have the distinction of becoming the first state in the nation to seek such a broad-based waiver.

At first glance, relatively small co-payments and monthly premiums (\$25.00/month) may seem insignificant. Taken in a vacuum, co-payments of \$1.50 or \$3.00 pale in comparison to some private insurance co-payment amounts. Looked at in relation to poverty level income, however, these amounts drastically reduce subsistence amounts for household necessities, such as food, clothing and shelter. Take, for example, a family of three with an annual income of fifty percent of the federal poverty level ("FPL"). Under the state's

proposed plan, their HUSKY premium will be approximately 4% of their monthly income, which is just \$636/month. Combine this amount with rent, food, clothing and transportation expenses; the logical result will be a reduction in HUSKY plan participation.

Readers are urged to read the November 2003 Policy Brief entitled Families at Risk: The Impact of Premiums on Children and Parents in HUSKY A, published jointly by the Connecticut Health Foundation and the Anthem Foundation of



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Connecticut. The policy brief may be accessed by going to the Connecticut Health Foundation web site at www.cthealth.org/matriarch/MultiPiecePage.asp?PageID=116&PageName=PublicationsPolicyBriefs.

What can you do?

Three things.

- Become educated about the issue. Read the Connecticut Health Foundation's Policy Brief on this issue (noted above), or read the information posted on various advocacy groups' websites (such as the MLPP's, at www.ccmckids.org/MLPP).

- Write, call or e-mail your state or federal legislator. Legislators respond to mass appeals from constituents, and the more constituents who notify their state representative or state senator that these proposed changes are unacceptable, the more likely they are to enact legislation to prevent the changes.

- Get involved – contact organizations that oppose these draconian changes in the children's health insurance system. Contact representatives from the Academy of Pediatrics (525-9738), the Legal Assistance Resource Center of Connecticut (LARCC) (278-5688) or the MLPP at the Center for Children's Advocacy (570-5327).

MLPP is a joint medical-legal collaboration between the Center for Children's Advocacy, CCMC, and various community-based health centers in the Hartford area. The project is funded through generous grants from the Hartford Foundation for Public Giving, the Anthem Foundation of Connecticut, Connecticut Health Foundation and Hartford Courant Foundation.

MLPP Set for Major Expansion to Community Health Centers

The Medical-Legal Partnership Project, a multidisciplinary project developed by the Center for Children's Advocacy, is pleased to announce the expansion of its legal services to two community-based health centers located in Hartford. The Center is joining forces with the Charter Oak Health Center, Inc. ("Charter Oak") and Community Health Services, Inc. ("CHS"), two federally qualified health centers that serve the city's neediest children and families.

Charter Oak, located on the corner of Grand and Hungerford Streets in Hartford, is a freestanding, private, not-for-profit ambulatory health care facility. It was formed in 1978 in response to the unmet health care needs of the residents of two public housing projects. Charter Oak's staff provides comprehensive preventive and primary health care services in a private model through three major patient care departments—Medical, Dental, and Clinical Family Services. Services at Charter Oak are available on a sliding fee scale basis for persons who are uninsured or under-insured.

CHS is located on Albany Avenue, at the intersection of Garden Street, in Hartford. Its mission is "to improve healthcare access and eliminate health disparities within the community, by providing quality, comprehensive, culturally-proficient, primary and preventive healthcare services with respect and dignity, regardless of socio-economic status, with emphasis on the underserved and unserved." CHS treats its patient base regardless of ability to pay for services. It currently serves over

14,000 people, generating over 55,000 visits annually.

CHS serves the Clay Arsenal, Upper Albany, Blue Hills and Northeast and North Meadows neighborhoods. The geographically isolated section of Hartford's North End houses 50% of the City's residents.

The racial/ethnic composition of the CHS service area is 2% Caucasian, 62% African-American, and 36% Latino. Approximately 70% of patients served by CHS are on Medicaid.

Languages offered within CHS are English, Spanish, Romanian, Haitian Creole, Bosnian, Russian, Albanian, German, and French.

The MLPP will begin to provide on-site services by establishing walk-in medical-legal clinics at both sites, while providing multidisciplinary training and educational opportunities to the staff at both sites. Inquiries may be made to the MLPP Project Director, Jay Sicklick, by calling the Center for Children's Advocacy at 860-570-5327, or e-mail: jsickli@ccmckids.org.

We Want to Hear from You!

Please submit questions for the next edition of the Medical-Legal Partnership Project newsletter to jsickli@ccmckids.org or, call Jay Sicklick at 860-545-8581.

For information about the Medical-Legal Partnership Project, please check the MLPP website at www.ccmckids.org/mlpp

DMR Enacts Regulation Changes to Implement Cost-Sharing for Birth to Three Services

The state Department of Mental Retardation has recently issued regulations implementing legislation passed during last year's session to change monthly premiums for children enrolled in the Birth to Three Program. According to DMR, these changes were required to decrease the expenditures and increase revenue in order to continue the Birth to Three system as an entitlement. The cost sharing premiums will affect those

families whose adjusted gross income is above \$45,000, whether or not the child is covered by a health insurance plan. Families who fail to pay their premiums, or whose payments are more than 90 days in arrears, will be notified that services will be suspended.

Providers should be aware that DMR eligibility decisions, like all administrative agency decisions, may be appealed and

parents/legal guardians may be entitled to an administrative hearing before an impartial hearing officer. Questions on how to proceed with these appeals may be addressed to the MLPP Director by calling 860-570-5327, or by sending an e-mail to jsickli@ccmckids.org. The proposed regulations and DMR's overview of the impending changes are available on-line at www.birthe23.org/whatsnew.asp.