



**Testimony before the Public Health Committee
Regarding Section 5 of Bill No. 38**

**An Act Concerning the Governor's Budget
Regarding Public Health Statutes**

March 11, 2004

My name is Brian Ellsworth and I am President of the Connecticut Association for Home Care (CAHC), which represents home care agencies serving over 50,000 elderly and disabled Connecticut residents, including about 5,000 indigent persons with psychiatric disorders. I am here today to provide input about Section 5 of Bill No. 38, regarding clinical management of behavioral health services.

Unlike most other states, Connecticut's home care agencies play a pivotal role in providing care to patients with serious mental illnesses. This care includes administration of increasingly sophisticated medication regimes, monitoring of side effects, and coordination of care. Many of these patients have co-occurring disorders, such as alcohol & substance abuse and can also develop diseases of aging.

This vital role for home care ensures compliance with medication, which has been shown to be one of the primary factors in keeping mentally ill persons in the community and out of institutions or, in some cases, incarceration.

Although there has been much legislative discussion lately about the Behavioral Health Partnership, there have been few specifics provided about the nature of the clinical management guidelines that would be employed by the behavioral managed care vendor.

From our standpoint, what little information we have about the clinical utilization guidelines is of concern. The recently released actuarial study by Mercer contains an assumption, untested by any clinical chart review, of a 15 percent reduction in psychiatric home care utilization under the Partnership. The cover letter to the report concedes that these savings are now “unlikely to materialize” due to last year’s significant decrease in Medicaid rates for the administration of medication. We concur with that assessment.

Although we have some concerns, we take some comfort in the fact that the state clearly understands the value of home care for our elderly. The state’s data shows that the Connecticut Home Care Program for the Elders **saved the taxpayers \$63.5 million in 2002** by keeping people out of more expensive institutional settings. We believe that the same logic applies to patients with psychiatric disorders.

The Connecticut Association for Home Care supports the concept of moving more mental health services to community-based settings and we stand ready to assist the state in achieving that goal. As these well-intentioned efforts to better coordinate the care for Connecticut’s mentally ill move forward, we ask that the Legislature ensure that providers with expertise in the psychiatric home care have input into the development of clinical utilization guidelines for this vital service.

We thank you for your continued vigilance on behalf of this vulnerable population.