



DATE: March 14, 2022
TO: Public Health Committee
FROM: Ben Shaiken, Director of Government Relations, The Alliance
RE: S.B. 331 An Act Concerning the Provision of Developmental Services and Mental and Behavioral Health Services

Good morning Senator Abrams, Representative Steinberg, Senator Hwang, Senator Somers, Representative Petit and distinguished members of the Public Health Committee.

My name is Ben Shaiken, Director of Government Relations at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide association of community nonprofits. Community nonprofits provide essential services in every city and town in Connecticut, serving more than half a million people in need and employing 115,000 people across the State. They are an important part of what makes Connecticut a great place to live and work and an important piece of our economy.

Thank you for the opportunity to comment on S.B. 331 An Act Concerning the Provision of Developmental Services and Mental and Behavioral Health Services. The Alliance has feedback on two parts of S.B. 331.

1. Section 4: Establishing a Level of Need Taskforce

Section 4 of S.B. 331 would establish a task force to examine the Level of Need Assessment system and improve the utilization of that system.

In Connecticut, people with I/DD who are supported by the Department of Developmental Services (DDS) and community providers conduct assessments for services, using the “Level of Need Assessment and Screening Tool,” referred to as the LON. Individuals are given an overall LON score between 0 and 8, with 8 being the highest level of need based on the assessment of a number of factors, including health and medical, personal care activities, daily living activities, behavior, safety, and more. The LON score is part of the information used to develop and annually update an Individual Plan (IP), which determines the appropriate levels of residential and day supports for the individual. The development of an IP is a collaborative process involving the DDS case manager, the individual, their family, private providers who are part of the individual’s support team, and others.

Community providers offer a range of residential and day supports to people with I/DD. **The rates providers are paid for the services they deliver are directly tied to an individual’s LON score.** Below is a table of the FY19 rate structure for Community Living Arrangements and Community Residential Supports (CLA/CRS), commonly known as group homes, to illustrate how LON scores impact the level of services and supports required, and therefore the amount of funding for residential placement.

CLA/CRS - Residential Initial Rates								
	LON							
Beds	1	2	3	4	5	6	7	8
1	\$26,519	\$35,348	\$70,623	\$94,165	\$123,621	\$189,330	\$204,437	\$218,286
2	\$26,519	\$35,348	\$70,623	\$94,165	\$123,621	\$129,916	\$143,345	\$160,212
3	\$26,519	\$35,348	\$70,623	\$94,165	\$107,594	\$121,895	\$139,148	\$157,694
4	\$26,519	\$35,348	\$70,623	\$79,227	\$92,905	\$107,206	\$134,742	\$155,176
5	\$26,519	\$35,348	\$59,898	\$71,673	\$84,722	\$103,429	\$132,853	\$152,658
6	\$26,519	\$30,716	\$54,023	\$67,056	\$81,575	\$99,652	\$129,077	\$146,364
7	\$22,491	\$28,198	\$49,106	\$60,252	\$70,244	\$87,063	\$115,228	\$140,068
8	\$21,232	\$26,939	\$44,790	\$57,104	\$66,467	\$82,027	\$108,933	\$132,514

Attached is the full FY19 Interim Rates, which illustrates how the LON score impacts nearly all reimbursement rates providers receive for the services they deliver.

The LON was developed as an objective assessment tool, but the fact that it is tied directly to rates leads to an inherent conflict between appropriate funding and an individual’s assessed need. In an environment with limited funding and perpetual state budget cuts, decisions about new services offered to people not currently receiving them, and the rates paid for those services cannot be made without considering whether funding is available. While “availability of funding” is not a factor the LON tool evaluates when determining an individual’s score, because the score is tied directly to rates, it inevitably leaks into the equation.

The LON can be an imprecise and imperfect way to assess people who have complicated and unique needs. Reducing the results of its questionnaire to a score of 0-8 and then tying that score to eligibility of services and provider funding creates challenges to the delivery of individualized services to each person based on their unique needs. For an assessment tool to be fully objective, it must be uncoupled from provider rates.

However, because the rates are directly tied to the payment private providers receive for services, any process seeking to make changes to the LON system should be open, thoughtful, planned, and inclusive of provider feedback. **The Alliance requests that any legislative proposal to change the LON system include language mandating that providers, family members and people with I/DD be a part of the decision-making process.** Too often across the country, states hire out-of-state consultants to redesign their rate structures and the recommendations they make have devastating effects on providers, the people who work for them and the people they support.

2. Sections 7 and 8: Prohibiting Step Therapy for Behavioral Health Treatments

The Alliance supports Sections 7 and 8, which would prohibit commercial insurance companies from engaging in step therapy for prescription drugs to treat behavioral health conditions.

When a provider recommends a certain medication to a patient, they are operating on a contract of trust. The provider is the only one who knows the patient’s symptoms as well as the patient and they consider everything they have learned from forging a relationship with that patient when they recommend them a medication. When insurance companies put forth “fail first” policies, where patients are not allowed to get their recommended prescriptions until they have failed on a series of cheaper insurance-recommended medications, they violate the patient-provider relationship. Finding the right

medication is an art with no room for debate based on cost. This is especially true in mental and behavioral health for which finding the right medication for a patient can be a lengthy process even when cost is no issue. There is no single medication that works as a first-line drug for everyone. Mental health drugs are not one-size-fits-all.¹

There were 359 suicide deaths in Connecticut in 2020. Accurate diagnosis and prescription of appropriate medication are often life or death decisions. While insurance companies institute step therapy to save on drug costs in the short run, negative outcomes from step therapy can lead to emergency department visits, hospitalizations, homelessness, or criminal justice involvement.² In the long run, these outcomes are more expensive.

Thank you for your consideration of these important issues.

¹ NAMI. (2022). *Medications: Step Therapy*. Retrieved from <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Medications-Step-Therapy>

² NAMI.