

**CONNECTICUT TITLE XXI STATE PLAN
FACT SHEET**

Name of Plan:	HUSKY Plan
Date Plan Submitted:	January 15, 1998
Date Plan Approved:	April 27, 1998
Effective Date:	October 1, 1997 (HUSKY A) (ended 0/1/02) January 1, 1998 (HUSKY B)
Date Amendment #1 Submitted:	January 21, 2000
Date Amendment #1 Approved:	July 14, 2000
Date Amendment #1 Effective:	January 1, 2000
Date Amendment #2 Submitted:	July 1, 2002
Date Amendment #2 Approved:	October 25, 2005
Date Amendment #3 Submitted:	March 25, 2004
Date Amendment #3 Approved:	June 21, 2004
Date Amendment #3 Effective:	February 1, 2004
Date Amendment #4 Submitted:	June 29, 2004
Date Amendment #4 Approved:	September 24, 2004
Date Amendment #4 Effective:	February 1, 2004
Date Amendment #5 Submitted:	May 8, 2006
Date Amendment #5 Approved:	August 1, 2006
Date Amendment #5 Effective:	July 18, 2005 and January 1, 2006
Date Amendment #6 Submitted:	June 30, 2008
Date Amendment #6 Approved:	August 18, 2009
Date Amendment #6 Effective:	January 1, 2008 (newborn waiver) January 1, 2008 (PIHP contracts) February 1, 2008 (Pharmacy carve-out) June 11, 2008 (Expedited Newborn applications) August 1, 2008 (Managed Care Contracts) September 1, 2008 (Dental Carve-out)
Date Amendment #7 Submitted:	June 30, 2009
Date Amendment #7 Approved:	December 18, 2009
Date Amendment #7 Effective:	April 1, 2009

Background

- On January 15, 1998, Connecticut submitted a title XXI State Plan to expand its Medicaid program and create a separate child health program. Connecticut's Medicaid expansion (HUSKY A) covers uninsured children age 14 through 18 in families with incomes up to 185 percent of the Federal Poverty Level (FPL). The State's separate child health program (HUSKY B) covers uninsured children whose family incomes are at or below 300 percent of the FPL. The Medicaid expansion phased out on September 30, 2002.
- Children who are eligible for HUSKY B and who require intensive physical health services receive medically necessary services under HUSKY Plus.
- The State also has a buy-in option available to uninsured children in families with incomes above 300 percent of the FPL with no State or Federal subsidy.

Amendments

- On January 21, 2000, Connecticut submitted a State plan amendment to incorporate the following provisions to eliminate cost sharing for American Indian/Alaska Native children, implement full mental health parity, remove all limitations imposed on inpatient and outpatient treatment of DSM IV mental health conditions or substance abuse, provide HUSKY Part B coverage to children of municipal employees in certain situations, and remove children of Federal employees from the list of children ineligible for HUSKY Part B.
- On July 1, 2002, Connecticut submitted a State plan amendment to indicate the State's compliance with the final CHIP regulations and to update program descriptions and to reduce the period of uninsurance prior to enrolling in CHIP from 6 months to 2 months.
- On March 25, 2004, Connecticut submitted a State plan amendment to impose new monthly premiums on families with incomes from above 185 to 235 percent of the FPL of \$30 per child with a monthly family cap of \$50. This amendment also increases monthly premiums for families with incomes from above 235 to 300 percent of the FPL from \$30 to \$50 per child with a monthly family cap of \$75.
- On June 29, 2004, Connecticut submitted a State plan amendment to rollback the monthly premiums effective February 1, 2004. Children with family income up to including 235 percent of the FPL are not required to pay a premium. Children with family income that exceeds 235 percent of the FPL but which does not exceed 300 percent of the FPL are required to pay \$30 per child per month, and the cap decreases from \$75 to \$50 per family per month.
- On May 8, 2006, Connecticut submitted a State plan amendment to carve out behavioral health services from the capitation portion of the HUSKY B (CHIP) program and to provide these services on a fee-for-service basis managed by an Administrative Services Organization (ASO) under contract with the Department of Social Services and the

Department of Children and Families. This SPA also eliminates self-declaration of income for families when applying for CHIP.

- On June 30, 2008, Connecticut submitted a State plan amendment to: 1) Newborn Premium Waiver, families with income over 235 percent of the Federal poverty level (FPL) will not be required to pay premiums for a newborn during the first 4 months of coverage, provided the newborn is born in a Connecticut hospital or designated border hospital; 2) Pre-Paid Inpatient Health Plan (PIHP) contracts – due to the inability of some managed care organizations (MCOs) to comply with freedom of information requirements to make public certain company documents, the State terminated its at-risk contracts with the four HUSKY MCOs and re-contracted with them as PIHPs in non-risk arrangements; 3) Pharmacy Carve-out, pharmacy services no longer offered through the PIHPs. Pharmacy services are provided through the fee-for service pharmacy program; 4) Expedited Newborn Applications – HUSKY applications containing a newborn will be processed within one business day of receipt of the application; 5) Managed Care Contracts – the State intends to contract with successful bidders in at-risk MCO arrangements to serve the HUSKY population; 6) Dental Carve-out – the State will carve-out dental services from its contracts with MCO companies and will contract with an Administrative Service Organization (ASO) in order to improve access to dental care.
- On June 30, 2009, Connecticut submitted a State plan amendment to cover children under the age of 19 who are qualified aliens and lawfully residing in the United States, regardless of their date of entry into the country. Also, eliminates steering committee for HUSKY Plus Physical program (Appendix 3.1 of the State plan).

Children Covered Under the Program

- The State reported that 22,270 children were ever enrolled in CHIP in Federal fiscal year (FFY) 2008.

Administration

- Connecticut's Department of Social Services administers the CHIP program.

Health Care Delivery System

- HUSKY Part B is administered through State contracts with managed care plans through a competitive bidding process.
- Behavioral health services are carved out from the capitation portion of the HUSKY B (CHIP) program. These services are provided on a fee-for-service basis managed by an ASO under contract with the Department of Social Services and the Department of Children and Families.
- HUSKY Plus is for children with special physical health needs. The plan is responsible for all aspects of benefit management under HUSKY Plus, including the direct reimbursement of

HUSKY Plus providers through contractual arrangements including, but not limited to, fee for service reimbursement.

- Dental Carve-out – the State carves-out dental services from its contracts with MCO companies and contracts with an Administrative Service Organization (ASO) in order to improve access to dental care.
- Pharmacy Carve-out - pharmacy services no longer offered through the PIHPs. Pharmacy services are provided through the fee-for service pharmacy program.

Benefit Package

- The benefits package is benchmark coverage plus additional coverage, which is Secretary-approved coverage. The benchmark benefit package is based on the state employee coverage. The coverage combines the most generous benefits offered under the three state employee options (Blue Cross, MD Health Plan, and Kaiser Permanente) in addition to covered services mandated by the Federal CHIP regulations. The HUSKY Plus benefit package offers additional for Children with Special Health Care Needs. Behavioral health services are provided on a fee-for-service basis. Pharmacy services are provided through the fee-for service pharmacy program. Dental services are contracted with an Administrative Service Organization (ASO).

Cost Sharing

- Families with incomes from above 185 to 235 percent of the FPL, pay no monthly premiums.
- Families with incomes from above 235 to 300 percent of the FPL pay monthly premiums of \$30 per child with a monthly family cap of \$50.
- Families with incomes above 185 percent of the FPL pay the following copayments: \$5 for office visits, \$3 for generic drugs, \$5 for oral contraceptives, \$6 for brand name drugs, \$5 for outpatient mental health, \$25 for emergency room visits unless the patient is admitted to the hospital, \$5 for eye and hearing exams, and \$5 for nurse midwives (except preventative), nurse practitioners (except preventative), podiatrists, chiropractors, and naturopaths.

Coordination between Separate Child Health Program and Medicaid

- The State screens all HUSKY applications through the single point of entry system (SPES). The Eligibility Specialists at the SPES are trained in Medicaid and CHIP eligibility and screen all applications for potential eligibility for both programs.

Crowd-Out Strategy

A child is ineligible for HUSKY Part B if they have been covered by employer-sponsored insurance within the last two months. This may be extended to 12 months if the Commissioner determines that two months is insufficient to deter applicants or employers

from discontinuing employer-sponsored dependent coverage. However, an application may be approved if the reason for loss of employer-sponsored insurance is unrelated to the availability of the HUSKY Plan or any of ten other reasons, which include the loss of employment.

Outreach Activities

- The State works with the Children’s Health Council, Medicaid Managed Care Council, Infoline of CT and local CAP agencies to develop outreach mechanisms. Outreach includes radio and TV ads, direct-mail campaign, brochures/flyers, video, toll-free number, web sites, State presentations and mail-in applications.

- The Department’s HUSKY Outreach program includes:
 - Funding HUSKY Info Line (HIL) – HIL operates a toll free information and referral service for HUSKY applicants and individuals needing information about HUSKY. HIL care coordinators instruct callers on how to apply for HUSKY, provide over the phone application assistance and follow-up to ensure that application process was completed;
 - School based outreach efforts – HUSKY information provided through the free- and reduced-price lunch program in cooperation with the CT Department of Education and school food service directors. HUSKY information and applications are also available through the school nurses and the school-based health centers;
 - Participation in the CT Department of Labor’s Rapid Response Team – provision of HUSKY information and application assistance to laid-off workers;
 - MCO community- based outreach – HUSKY participating plans provide information and application assistance at various community events including school health promotional fairs; craft shows; country fairs, etc;
 - Collaboration with Child Support Services;
 - Collaboration with CT Covering Kids and Families (CCKF) initiative – CKF is a Robert Wood Johnson Foundation initiative, with Connecticut Voices for Children acting as the lead agency for Connecticut. CCKF funds several local HUSKY outreach projects throughout the state; and
 - HUSKY (www.huskyhealth.com) website featuring downloadable application.

Financial Information

Total FFY 2009 SCHIP Allotment: \$45,644,506
FFY 2009 Enhanced Federal Matching Rate: 65%

Date Last Updated: CMS, CMSO, DSCHI: December 08, 2009