

Health and Human Services Committee
LB 556
February 14, 2013

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Good afternoon, Senator Campbell and members of the Health and Human Services Committee, my name is Vivianne Chaumont (V-I-V-I-A-N-N-E-C-H-A-U-M-O-N-T), Director of the Division of Medicaid and Long-Term Care for the Department of Health and Human Services. I am here to testify in opposition to LB 556. I am also here to apologize for the tardiness of the Department's fiscal note.

LB 556 proposes to expand access to medical and behavioral health services by promoting the use of telehealth services in public schools. The bill requires the Regional Behavioral Health Authorities to establish an implementation and development team to assist in designing the telehealth system in the school. In addition, it sets forth several requirements to the Medicaid program related to payment and coverage of services. We had a difficult time drilling down to what exactly the impact on Medicaid would be.

Medicaid currently pays for telehealth services and school clinics could currently provide such services if they have the appropriate equipment. Medicaid can currently pay for telehealth services received by a child at a public school site. Medicaid can currently pay for transmission costs. It is unclear what "related services" are envisioned in Section 2 of the bill and, therefore, what Medicaid would be required to cover. If Medicaid is to cover the expenses associated with establishing telehealth technology in the schools, there would be costs associated with that requirement.

Moving to Sections 4 and 5, behavioral health screenings are already covered under the Early Periodic Screening Diagnosis and Treatment (EPSDT) Medicaid benefit as part of a comprehensive exam. It is unclear whether this bill envisions something separate than an EPSDT screen. Section 5 adds language regarding EPSDT but that language is already part of the EPSDT benefit. Again, this is already covered. Lastly, in Section 5, language is added to the mental health and substance abuse services coverage that is unclear. What exactly is meant by behavioral health consultations? If it means a therapy session between a Medicaid patient and a practitioner, Medicaid already covers that service. If it means consultations between professionals that do not involve face-to-face consultations or examinations between a Medicaid patient and a practitioners, Medicaid does not cover that and such consultation is not coverable by Medicaid.

Section 4 also requires the Department to provide training for health care professionals on providing child behavioral health screenings. What training is intended is not at all clear. Training of health care professionals is not a service that Medicaid can cover.

What is absolutely clear in the bill is that the expectation is to increase access and, therefore, increase services. In Fiscal Year 2010, Medicaid spent over \$108 million on children's behavioral health services. What additional costs would result from this bill is hard to estimate. We can more easily estimate the costs of adding the requirement for a physical, to include a behavioral health screening, for children entering the ninth grade. The fiscal note assumes that 14-year-old children would approximate the 9th grade population for whom physicals will be required. 12% of 14-year-old children received EPSDT screenings in FY12. For the remaining 88%, additional Medicaid expenditures for physicals are estimated at \$1,075,257 (\$483,866 GF, \$591,391 FF) for FY14, and \$1,127,401 (\$510,262 GF, \$617,139 FF) for FY15. Additional CHIP expenditures are estimated at \$273,393 (\$86,119 GF, \$187,274 FF) for FY14, and \$286,681 (\$90,821 GF, \$195,860 FF) for FY15.

The additional physicals will result in additional physical and behavioral health referrals, which are already covered by Medicaid. Based on FY12 data for 14-year-old children's referrals from EPSDT screenings, additional Medicaid expenditures for referrals are estimated at \$116,883 (\$52,597 GF, \$64,286 FF) for FY14, and \$123,338 (\$55,823 GF, \$67,515 FF) for FY15. Additional CHIP expenditures are estimated at \$29,727 (\$9,364 GF, \$20,363 FF) for FY14, and \$31,374 (\$9,939 GF, \$21,435 FF) for FY15.

The total increased expenditures to the Medicaid and CHIP program is estimated for SFY14 at \$1,498,229 to Medicaid and CHIP. For SFY15 the increase is estimated to cost \$1,571,830 to Medicaid and CHIP.

Due to the lack of clarity in the bill and the increased expenditures, the Department of Health and Human Services opposes LB556. I would be happy to respond to questions.