SENATE PUBLIC HEALTH, WELFARE & SAFETY

EXHIBIT NO. 12

DATE: 1-17-05

BILL NO. SB 150

January 17, 2005

Dear Mr Chairman and Committee Members,

I have asked for this letter to be read as I am unable to attend the hearing for Senate Bill 150.

I am the parent of two young adults with Serious Emotional Disturbances, and a member of several committees related to children's mental health, including the Mental Health Oversight Advisory Committee, the Montana State Delegation to the Policy Academy, the Children's System of Care Committee, and the Missoula Kids' Management Authority. I also participated on the Targeted Youth Case Management Task Force in 2004 for the Children's Mental Health Bureau, and facilitate a support group for parents of children with emotional and behavioral challenges in Missoula.

Parenting these children is a difficult task which is as emotionally, mentally and physically challenging as raising any special needs child. If our children had developmental disabilities, they would qualify for Medicaid funded services in our state on the basis of diagnosis alone. Yet children with emotional disabilities only qualify for services if their families meet the financial criteria for Medicaid services.

This poses a problem for a significant number of working families in Montana, who make too much money to qualify for Medicaid, but not enough to provide the services their children need.

Here are the stories of just a few families I know:

--Angela and Ken are a middle class couple supporting three children on about $70,000 a year. Their expenses for their child with Serious Emotional Disturbances were over $10,000 last year. These costs were for co-payments and services not covered by insurance. This amounts to 15% of their income.

You can imagine people's reaction if you took that much of their income in a tax increase! Paying the expenses for this one child has meant that the other children have "done without", which adds to their challenges of living with a special needs sibling and creates tension in the family. Angela did some research and found that other states such as Florida do have funds to help people in this kind of situation, but there is no help for them here.

--Stacy and her husband both have to work to support their family. Stacy makes around $20,000 a year, and her husband makes a little more. They moved here from another state, where their SED son received Occupational Therapy and Speech Therapy, to great benefit. Those services are not available to him now, either because they are not covered by insurance, or the provider is not set up to bill anyone other than Medicaid.

--Case Managers at Western Montana Mental Health Center told me that one of the biggest problems they deal with is having children lose eligibility for services because the parent got a small raise, or because Mom went back to work to help the family financially. The latter is especially difficult, because a troubled child is losing an important support person just as that child has to deal with a huge change in his/her life. Neither CHIP nor private insurance covers Case Management Services.

--My own child was only able to participate in a much needed school based mental health program because the provider "scholarshipped" her into the program. My insurance paid for a few weeks, but then stopped paying the claims. I am uncertain whether that would even be possible with the way these programs are set up today. This program saved her sanity and maybe even her life.

-Many important services such as case management, school based services, in home family support and respite care are only available to families who qualify for Medicaid. If the Medicaid SED Waiver is passed, the gap in services between those who qualify for Medicaid and those who do not will grow even larger. This

situation provides incentives for parents to either leave their jobs or turn their child over to the custody of the state in order to receive needed services.
When I first heard about this bill, I understood that it would allow for families who are above the income limit for Medicaid to "buy in" to the program, and receive services not otherwise available to them for a reasonable "co-pay". If this is true, I would strongly encourage you to support this bill in order to help our working families who are raising children facing great challenges. However, after reading the bill, I can not tell if it would do that or not. It appears to me that all of that would h ave to be worked out in the implementation.

As you consider this bill, please keep in mind the needs of our hard working Montana families raising very challenging kids.

Thank you very much.

Melanie Martin-Dent

Missoula, Montana