

Beyond the Emergency: Changes in Medicaid Coverage for Connecticut Residents During the Covid-19 Public Health Emergency (PHE) Unwinding

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COVID-19 exacerbated behavioral health conditions, such as depression and anxiety, among adults in the U.S. (Panchal et al., 2023). Medicaid is a key payor for behavioral health services in the U.S., covering at least 40% of the adult population. Understanding how Medicaid administrators navigated the rapidly shifting reimbursement during the Covid-19 pandemic and PHE unwinding could identify opportunities to enhance care delivery and ultimately mitigate behavioral health disparities long-term.

Background

The purpose of this project was to hear from Medicaid administrators, behavioral health care providers, and leaders in health care about:

- The impact of the PHE unwinding on access to behavioral health services for Medicaid recipients.
- The utilization of telehealth during and after the PHE unwinding period.

Interviews were conducted in Winter 2023 with five providers and leaders across the Connecticut Medicaid/HUSKY landscape from the following organizations: **Access Health CT, United Community & Family Services, Community Health Center, Inc.** and **Connecticut Hospital Association.**

About the Project

From these interviews, we learned:

- There's a **significant need for behavioral health services amongst Medicaid recipients** during and beyond the PHE unwinding period.
- Telehealth was critical during the PHE, and **continues to be a preferred modality** for both providers and Medicaid recipients/patients.
- Continuity of care for Medicaid recipients requires **flexibility, policy change, and continued community engagement & outreach.**

"I don't know how we would have been able to survive or provide services without the approval of Telehealth services in Connecticut."

Findings



1. **Continue** broad access to Telehealth for Medicaid/HUSKY recipients.
2. **Modify** Connecticut Medicaid/HUSKY Health eligibility requirements.
3. **Fund** grants and initiatives focused on advancing health literacy.
4. **Hire** and partner within communities served and communities you're hoping to reach to improve outreach and health literacy.
5. **Implement** payment reform to lessen reimbursement challenges.

Policy Recommendations