

CONNECTICUT LEGAL RIGHTS PROJECT, INC.

P.O. BOX 351, SILVER STREET, MIDDLETOWN, CT 06457
TELEPHONE (860) 262-5030
FAX (860) 262-5035

TESTIMONY OF JAN VANTASSEL, ESQ. HUMAN SERVICES COMMITTEE February 27, 2007

My name is Jan VanTassel, and I am the Executive Director of the Connecticut Legal Rights Project (CLRP). CLRP is a statewide non profit agency which provides free legal services to low income adults with psychiatric disabilities on matters related to their treatment and civil rights. There are three bills on your agenda today of particular interest to the clients that CLRP represents.

SUPPORT FOR SB 117 AND HB 5640

SB117 and HB 5640 both address the same issue, the urgent need to raise the income limit for the Medically Needy component of the Medicaid Program and reduce the reliance on spend down. However, HB 5640 also addresses the extreme and inequitable disparity between the income limits for adults on the HUSKY Program (150% Federal Poverty Level) and the limit for elders and persons with disabilities, 60-70% of the poverty level.

Currently, low income elders and persons with disabilities who are not on the State Supplement Program, and have income over \$476.19 per month in most of the state, and \$574.86 per month in Fairfield County, are not eligible for Medicaid coverage. They can qualify for Medicaid coverage only if they accumulate enough health care expenses within a six month period, to "spend down" to the income limit. They need to do this every six months.

The documentation required for the spend down process has been burdensome for participants and administrators. However, the implementation of Medicare Part D prescription drug coverage has compounded the complexity of this process, and threatens the health care coverage and finances of thousands of elders and persons with disabilities. This is because of the dangerous ripple effect caused by Medicare Part D. Let me explain this as simply as possible.

1. Elders and Persons with Disabilities who qualified for Medicaid through the spend down, including ConnPace beneficiaries, have their prescriptions covered by the new Medicare Part D program.
2. The State of Connecticut protected these vulnerable persons from new fees and barriers imposed by Medicare Part D by establishing a supplemental fund to cover these new expenses that they had not been required to pay before.
3. Unfortunately, because of the federal funding under Medicare, they cannot count the cost of prescriptions toward the Medicaid spend down, and as a

- result, many will no longer qualify for the full Medicaid coverage they need.
4. In addition, if they do not qualify for Medicaid or ConnPace, they will also lose the benefits of the supplemental wrap around fund.

Connecticut saved millions of dollars from the implementation of Medicare Part D. I urge you to act to protect thousands of vulnerable seniors and persons with disabilities from being harmed by the unintended consequences of this new federal program, and establish equity in the Medicaid Program's income limits. Risking the insurance coverage of thousands at a time when expanding such access is a state priority would make neither fiscal nor policy sense.

Take favorable action on HB 5640, and set the medically needy income limit for Medicaid at the same level as the income limit for the state's HUSKY Program.

SB 1128 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS WITH RESPECT TO SOCIAL SERVICES PROGRAMS

Several sections of this bill have implications for CLRP clients.

Section 3 ...OPPOSE This provision would deduct the annual cost of living increase in federal disability benefits from the assistance provided to State Supplement recipients, essentially stealing the COLA from these low income aged, blind and disabled persons. I urge you to reject this measure.

Section 5 ...OPPOSE... This section would cap the amount of money that DSS would be authorized to spend for supplemental costs incurred by ConnPace and Medicaid beneficiaries enrolled in Medicare Part D. The purpose of enacting such a cap at the same time that DSS continues to assure you and beneficiaries that they have no intention of cutting off those benefits is both curious inexplicable. Enacting this language would constitute a threat to the protections that this General Assembly established for elders and persons with disabilities, and I urge you to reject it.

Section 6 ...SUPPORT... This section would mandate that unlicensed staff at residential care homes who administer medication be certified. Training is already mandated by the state, and I believe that certification would provide better protections for these residents.

Section 7 ...SUPPORT... This provision would authorize the "Money Follows the Person" program, which funds alternatives to nursing home placements, to serve 700 persons rather than the 100 currently authorized.

Section 16 ...OPPOSE... This section would eliminate the state payments for attorney's fees to appeal the termination or denial of disability benefits under the SSI or SSDI programs.