

**Testimony for SB 562 from Kristina Zallinger, New Haven, CT  
Human Services Committee: March 4, 2008**

Medicaid Spenddown

The Medicaid Program is designed to aid Low-Income individuals and families in receiving more than adequate Healthcare in Connecticut. Without such a network, many would be without any health benefits at all and, of course, would be unable to pay out of pocket for all medical services and medications. Well, at this point, I have no medical coverage due to a ridiculous, confusing and unfair thorn in the side called Spenddown. I will attempt to describe Spenddown as best I can, regarding my case with the State Department of Social Services.

My income from Social Security is approximately \$13,000.00 a year or \$1,073.00 per month. Granted, I have a higher allotment than most, due to the number of years I contributed to the workforce and money I put into the Social Security Fund before my illness really set in. I still am, by no means, "rich" as the State seems to think and cannot pay for my \$1000.00 per month cost of medications, plus Doctor's appointments, etc.

Incidentally, every year in January Social Security Disability increases your income by about \$25.00 a month. The addition of this "raise" gives the Department of Social Services a chance to penalize you for your income increase. At any rate, the cut-off point for attaining Medicaid is \$476.19 monthly. Anything you make above that figure is used against you to determine the Spenddown. How the figure they come up with as a Spenddown amount is a mystery. Somehow they take the numbers between the \$476.19 cut-off point and that of my monthly income rate of \$1,073.00 (\$596.81) to determine my Spenddown. Basically you, as a person seeking Medicaid assistance, must "spend down" an amount of money figured by DSS in this puzzling way. My Spenddown came to \$2069.64. This amount was somehow derived from the \$596.81. How they come up with the \$2069.64 is beyond me. My "job" then was to meet this final amount in "unpaid doctor bills". After I reach my figure of \$2069.64 in these unpaid bills (which I must show to my State Worker) I can then be put back on the Medicaid Program and basically, have insurance again.

Firstly, how many Doctor's would treat you if they know that they will not be paid? I need to see a Psychiatrist, who dispenses my medications to control the effects of my Bi-Polar disease. Her fee is \$90.00 per visit. I also see a Therapist who charges \$80.00 per month How many \$170.00's will it take to add up to the Spenddown level of \$2069.64? They are the only persons I must see in regard to my mental illness. If I have to go to another Doctor for any physical ailment, I am not covered and cannot be treated. This could be fatal, if you will. I will never be on Medicaid again due to the fact that every six months I am redetermined and a new high Spenddown amount must be reached.

I know of people who go to the Emergency Room and feign an illness in order to add to their Spenddown to be more quickly put back on Medicaid. Even there they are asked if they are on Medicaid or any other insurance. They are not. If not asked to produce a Medicaid card, they must lie.

Also, at this point, Medicaid income limits for the aged, blind and disabled are at 82% poverty, whereas that of the Husky Program are at 150% poverty. This is definitely unfair when determining the cut-off point of \$476.19 for the Medicaid Program.

As you can see, the Medicaid Spenddown process is wrong and, if I may say, ridiculous. Many people with mental health issues, as well as others, cannot receive medical services because of the Spenddown.

The Spenddown must be reformed or, in my opinion, eliminated. There must be a way to make health services available in a fair way.

Kristina Zallinger

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Fellowship Place Advocate