



## Testimony Before the Human Services Committee

### Legislation Introduced at the Request of the Department of Social Services

**H. B. No. 5909 (RAISED)** AN ACT CONCERNING THE ELIMINATION OF TIME LIMITS FOR TRANSITIONAL INDIVIDUALS IN THE STATE-ADMINISTERED GENERAL ASSISTANCE PROGRAM.

**H. B. No. 5911 (RAISED)** AN ACT LIMITING ELIGIBILITY FOR THE STATE-ADMINISTERED MEDICAL ASSISTANCE PROGRAM TO INDIVIDUALS NOT CATEGORICALLY ELIGIBLE FOR MEDICAID.

**H. B. No. 5912 (RAISED)** AN ACT CONCERNING THE REPEAL OF THE EMERGENCY ASSISTANCE PROGRAM ELIMINATED BY THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT.

**S. B. No. 663 (RAISED)** AN ACT PROVIDING STATE-FUNDED MEDICAL COVERAGE TO CHILDREN IN THE CARE OF THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

**S. B. No. 659 (RAISED)** AN ACT REPLACING EXPEDITED ELIGIBILITY FOR PREGNANT WOMEN WITH PRESUMPTIVE ELIGIBILITY UNDER THE SOCIAL SECURITY ACT.

**H. B. No. 5905 (RAISED)** AN ACT MODIFYING THE DEFINITION OF PREFERRED PROVIDER NETWORK AND CLARIFYING CERTAIN PROVISIONS OF THE CHARTER OAK HEALTH PLAN.

**S. B. No. 661 (RAISED)** AN ACT ALLOWING RECIPIENTS OF RENTAL ASSISTANCE CERTIFICATES TO PAY RENT IN EXCESS OF THE MAXIMUM ALLOWABLE RENT.

**Michael P. Starkowski**  
*Commissioner*  
*March 11, 2008*

## Testimony

Good morning, Senator Harris, Representative Villano and members of the Human Services Committee. My name is Michael P. Starkowski. I am the Commissioner of the Connecticut Department of Social Services (DSS). I am principally here this morning to testify in support of legislation introduced in the committee at my request. I also have written comments for the record on several other bills on today's public hearing agenda.

### *Legislation Introduced at the Request of the Department of Social Services (DSS)*

#### **\*H. B. No. 5909 (RAISED) AN ACT CONCERNING THE ELIMINATION OF TIME LIMITS FOR TRANSITIONAL INDIVIDUALS IN THE STATE-ADMINISTERED GENERAL ASSISTANCE PROGRAM.**

This bill would delete obsolete and outdated references to durational time limits in the State Administered General Assistance (SAGA) cash assistance program. State law and departmental regulations define a transitional individual, in part, as someone who has a physical or mental impairment that prevents him or her from working for a period of between two and six months (short-term impairment), or a period of at least six months (long-term impairment). During these time periods (periods of eligibility), the individual may receive SAGA cash benefits if he or she meets all other eligibility requirements for the program without any time limits. If the impairment is expected to last for at least six months, the department conducts a medical review to determine whether the individual should be considered unemployable based on a potentially permanent condition.

Persons who had substance abuse problems or mental illness were also defined, originally, as transitional individuals. Although there was generally no limit to the number of times a person could qualify as a transitional individual, state law and departmental policy imposed time limits under which a person could qualify solely on the basis of substance abuse or mental illness.

Effective July 1, 1998, pursuant to June 18 Special Session, Public Act 97-8, section 10, the Department of Mental Health and Addiction Services (DMHAS) assumed responsibility for meeting the basic needs of persons who had substance abuse or mental illness problems and who would have otherwise been classified as transitional individuals by DSS solely on the basis of such substance abuse or mental illness. Such persons would have previously been eligible for SAGA cash benefits from DSS, and subject to the time limits described by the language in section 17b-191 (d) that this bill deletes.

Because DSS no longer considers such persons as transitional individuals, and no longer provides SAGA cash benefits to the persons it originally applied to, this language is obsolete and should be deleted from the statute. We therefore ask for the committee's support of this bill.

**\*H. B. No. 5911 (RAISED) AN ACT LIMITING ELIGIBILITY FOR THE STATE-ADMINISTERED MEDICAL ASSISTANCE PROGRAM TO INDIVIDUALS NOT CATEGORICALLY ELIGIBLE FOR MEDICAID.**

This bill would make it clear that individuals who fall into the categories of people served by the Medicaid program are not eligible for the State Administered General Assistance (SAGA) medical assistance program. This includes individuals who are aged, blind, disabled, a child, a parent or caretaker relative of a dependent child, pregnant women and certain individuals screened for breast and cervical cancer. By specifically excluding these individuals from this state-funded program the state can assure that individuals who do not qualify for SAGA medical assistance because of failure to comply with a Medicaid requirement are not shifted from a federally matched program to a state-only program. This includes individuals who do not comply with Medicaid procedural requirements, or non-citizens who do not qualify because of Medicaid requirements pertaining to the deeming of their sponsor's income, as well as those who fail to comply with the requirement to verify their citizenship or identity under Medicaid law. The eligibility of these individuals for medical assistance should be governed by the rules of the Medicaid program for which they potentially qualify. We therefore ask for the committee's support of this bill.

**\*H. B. No. 5912 (RAISED) AN ACT CONCERNING THE REPEAL OF THE EMERGENCY ASSISTANCE PROGRAM ELIMINATED BY THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT.**

This bill makes technical changes to the statutes to repeal section 17b-107 and other references to the former federal Emergency Assistance Program for Families. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 repealed the federal Title IV Emergency Assistance Program. Therefore the relevant section of the state statutes should be repealed as well references in the programs elsewhere in the statutes.

**\*S. B. No. 663 (RAISED) AN ACT PROVIDING STATE-FUNDED MEDICAL COVERAGE TO CHILDREN IN THE CARE OF THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE DEPARTMENT OF DEVELOPMENTAL SERVICES.**

Approximately two years ago responsibility for voluntary services for children who qualify for DDS services was transferred from the Department of Children and Families to the Department of Developmental Services (formerly DMR). Children who are placed out of state in residential facilities by DDS may or may not qualify for Medicaid, depending on the level of involvement of the parents in the day-to-day decision-making concerning their care. These children also typically do not qualify under Medicaid rules until the month they have been in residential placement for 30 days. This proposal is to include the Department of Developmental Services, in addition to the Department of Children and Families, as a state agency whose children can qualify for state-funded

medical assistance if they do not qualify for Medicaid in order to assure these children have access to needed medical services during these gaps in Medicaid eligibility.

**S. B. No. 659 (RAISED) AN ACT REPLACING EXPEDITED ELIGIBILITY FOR PREGNANT WOMEN WITH PRESUMPTIVE ELIGIBILITY UNDER THE SOCIAL SECURITY ACT.**

This bill would replace the current system of providing expedited HUSKY benefits for pregnant women with one that utilizes a provision in federal law to provide presumptive eligibility for such benefits. Expedited eligibility for pregnant women can delay providing Medicaid coverage for pregnant women while minimum verification requirements are met, including proof of pregnancy, Connecticut residency, citizenship and identity, and, if applicable, alien status. Community providers, known as qualified entities or QE's make presumptive eligibility determinations within one day and the DSS role is simply to immediately record the eligibility in our Eligibility Management System. This can be done much more expeditiously than processing an expedited eligibility application. In addition, the federal PE for pregnant women program is exempt from the new Medicaid citizenship and identity verification requirements, although proof must be provided to establish eligibility for full and ongoing benefits.

The downside to PE is it only provides coverage for "ambulatory pre-natal services", such as clinic or physician services, laboratory services and pharmacy. This limitation is more than offset by the more expeditious provision of benefits and avoiding complications resulting from the citizenship and identity verification requirements. In addition, this limited coverage is only temporary until the department establishes full eligibility for benefits. The department therefore encourages the committee's support of this bill.

**\*H. B. No. 5905 (RAISED) AN ACT MODIFYING THE DEFINITION OF PREFERRED PROVIDER NETWORK AND CLARIFYING CERTAIN PROVISIONS OF THE CHARTER OAK HEALTH PLAN.**

This bill exempts a non-profit organization providing services only to public assistance recipients from the requirements of licensure as a preferred provider network. We seek this change specifically because Community Health Network of Connecticut (CHNCT), a consortium of Federally Qualified Health Centers, a long time and valued provider of services to medical assistance recipients, may otherwise be subject to financial reserve requirements that are impossible for them to meet as a nonprofit. CHNCT serves solely public assistance clients and exceeds the reserve requirements established pursuant to their contract with this Department, well protecting their operation serving our clients. This bill is necessary to assure that CHNCT can remain a viable provider for our programs.

Additionally, this bill establishes that an insurer participating in the Charter Oak Health Plan will be performing a governmental function and thus subject to the provisions of the FOIA; broadens the types of entities that may participate in the Charter Oak Health Plan

to include any organization authorized to do a health insurance business in this state, mirroring the types of entities that may participate in Medicaid managed care; and it clarifies that an entity participating in the Charter Oak Plan must be licensed by DOI if otherwise require to be so licensed.

I urge your support of these modifications.

**\*S. B. No. 661 (RAISED) AN ACT ALLOWING RECIPIENTS OF RENTAL ASSISTANCE CERTIFICATES TO PAY RENT IN EXCESS OF THE MAXIMUM ALLOWABLE RENT.**

This bill would allow a Rental Assistance Program household to remain in a unit with a rent that has increased above the department's maximum payment standard with the household responsible for paying the landlord the amount above this standard. Currently such a tenant's only option is to move to a lower cost unit. This has created significant burdens for some families or individuals participating in the program.

Under this bill, should the tenant choose to remain in the unit and pay for the rental costs above the department's payment standard, they would be prohibited from paying more than 50 percent of their income toward the rental obligation. In addition we would not permit this arrangement for new rental lease agreements, only to those households renewing existing lease agreements. This approach is currently permitted in the Section 8 Voucher Program although all Section participants are only required to contribute 30 percent of their income toward the rent while some families must contribute 40 percent in the RAP program.

There is no flexibility in the state program that allows a household to remain in a unit they are currently renting when a property owner requests a rent increase that exceeds the department's established payment standard. Allowing the family the option of paying the difference, as long as their total rental obligation does not exceed 50% of their income, instead of being forced to move to an apartment with a lower rent provides stability to the family and the program as a whole. Capping total rental obligation at 50% of income assures that the family does not overextend itself and create a potential for eviction for non-payment of rent.

Thank you again for this opportunity to testify in support of these agency recommendations.

I would be happy to answer any questions you may have.