

Testimony for SB 562 from Evangeline Sargent, Oakdale, CT

Good morning committee members. My name is Evangeline Sargent and I am from Oakdale, CT. I am here to address you about SB 562 (An Act Concerning Increased Access to the Medicaid Program for the Medically Needy Elderly and Disabled).

I am one of the people impacted by this bill as I have a disability. As it stands now I do not qualify for Medicaid because my income from Social Security is over the limit. I am on Medicare for insurance. This does not help much though as it provides medical coverage only, and only 80% gets covered. I have to pay the other 20%. Medicare does NOT provide dental or eye coverage. As a result, I have gone without dental care or eye care since 2003.

As a person that wears glasses, five years is too long to go without an eye exam. I can barely even see out of my glasses anymore and they cause headaches. As a result I don't wear them. What about dental care? Isn't it recommended that one see a dentist every six months? How am I to afford that? How would you like to not go to the dentist for years at a time and possibly loose your teeth at an early age because of it? What if you grind your teeth terribly at night, and know there is nothing you can do about it, because you cannot afford a dentist, Medicare doesn't cover dental, and do not qualify for Medicaid?

What am I supposed to do when I get just over \$1,000.00 a month to live on? My rent is \$500.00 a month. That leaves me \$500.00 for my medications (\$50.00 a month), food, incidentals, transportation, and whatever else comes up that month. Where am I to come up with money for other health needs? As it is, I just got nailed with a bill for my therapist that is over \$500.00.

The current Medicaid income limit before the spend down program starts is at 60 to 70% of the Federal Poverty Level. Please increase it. For adults on HUSKY, it's 185% of the Federal Poverty Level. Please bring us some equity. In the long run it will be less expensive for everyone involved.

I am urging you; please move this bill through favorably. Please give the rest of the residents of Connecticut that need help the help that they need and deserve.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2007 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name [REDACTED]		Box 2. Beneficiary's Social Security Number [REDACTED]	
Box 3. Benefits Paid in 2007 \$12,660.00	Box 4. Benefits Repaid to SSA in 2007 NONE	Box 5. Net Benefits for 2007 (Box 3 minus Box 4) \$12,660.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit \$12,660.00 Benefits for 2007 \$12,660.00		NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address [REDACTED]	
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]	

CU1726968-11C01726598

DO NOT RETURN THIS FORM TO SSA OR IRS

MAKE CHECKS PAYABLE TO:

UNITED COMMUNITY & FAMILY SERVICES, INC.
47 TOWN STREET
NORWICH, CT 06360-2315

16466-WM66

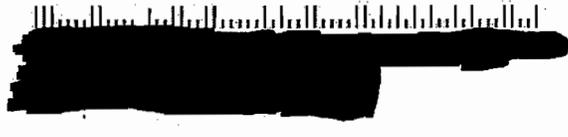
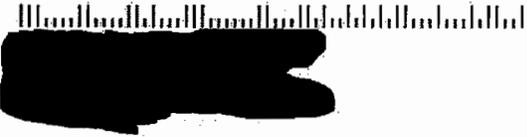


ADDRESS SERVICE REQUESTED

LAST PMT:
AMOUNT: 0.00

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/19/08	\$560.27	
PAGE: 1 of		SHOW AMOUNT PAID HERE \$



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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

Date	Proc. Code	Doctor	Patient	Description	Charges	Adjustments	Payments	Ins. Pen.
08/20/07	90801	WILLIAMS, LCSW	EVANGELINE	DIAGNOSTIC INTERVIEW	120.00	2.50	94.00	
08/27/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
09/05/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
09/06/07	90801	MALONEY, M.D.	EVANGELINE	PSYCHIATRIC EVALUATION	150.00		120.00	
09/19/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
10/02/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
10/04/07	90862	MALONEY, M.D.	EVANGELINE	MEDICATION REVIEW	60.00	5.46	27.27	
10/08/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
10/23/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
11/07/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
11/08/07	90862	MALONEY, M.D.	EVANGELINE	MEDICATION REVIEW	60.00	5.46	27.27	
11/28/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
12/17/07	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	27.74	36.13	
01/02/08	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00	29.76		
01/03/08	90862	MALONEY, M.D.	EVANGELINE	Deductible Applied MEDICATION REVIEW	60.00	3.18		
01/22/08	90806	WILLIAMS, LCSW	EVANGELINE	INDIVIDUAL PSYCHOTHERAPY 45-	100.00			
02/11/08	90804	WILLIAMS, LCSW	EVANGELINE	INSIGHT ORIENTED/(20-30MIN) I	50.00			

** Statement Due Upon Receipt * Thank You **

Messages	Total Balance	710.27
	* Insurance Pending	150.00
	Amount Due Now	\$560.27

Statement Date	Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending
02/19/08		560.27	0.00	0.00	0.00	0.00	710.27	150.00

Make Checks Payable To:



Billing Questions
(860) 892-7042

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