



Community Providers Association
Caring for Connecticut.

March 3, 2009

To: Human Services Committee

From: Terry Edelstein, President/CEO

Re: **Testimony on S.B. 843 AA Implementing the Governor's Budget Recommendations Concerning Social Services**

Please accept this testimony regarding S.B. 843. We have grave concerns about provisions of this bill which will further erode the safety net for individuals with disabilities.

Section 9: creates an "employment services block grant" "to respond to employment needs of communities through a regionalize approach" toward vocational programs.

While this regional focus may have its merits, funding for this program would be taken from the DSS/Bureau of Rehabilitation Service Employment Opportunities account that serves 252 individuals with disabilities in need of long term vocational supports. These individuals, who don't meet the funding criteria of DDS or DMHAS, have significant chronic disabilities, yet through this program earn wages and gain valuable work skills. *Transferring funding from this program to a generic program would result in the loss of jobs and structured supports.*

Section 19: imposes "cost sharing" under the Medicaid program

Section 20: imposes HUSKY premiums

Adding the adult copay and premiums will provide a disincentive to adults to seek treatment and not only will they drop out of services, but their children may stop participating in services as well.

Exacting co-payments on the adults poses additional logistic problems for service providers as we book receivables that don't get paid.

The deductible and co-pay provisions occurring along with the pharmacy co-pay, further drains the ability of people with limited resources to access healthcare. The State of Connecticut should be focusing on enhancing access to healthcare services rather than creating obstacles.

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Section 44: limits dental access for adults except those served by the DDS HCB waiver

Dental access for all adults, not solely adults with developmental disabilities, is critical in providing comprehensive healthcare and offsetting future illness and disability.

Section 51: freezes ICF-MR rates at the current rates unless the rates would have gone down

Section 53: freezes the room and board rates at the current rates unless the rates would have gone down

Freezing rates on the ICF-MR and Community Living Arrangement/ Room and Board programs voids the reimbursement structure established when these programs were created. The rate setting methodology reimburses providers *retroactively* for allowable expenses already incurred. Freezing the rates means that allowable costs are not reimbursed. These costs include utilities, heating and food expenses as well as facility maintenance and repair – all costs that have risen considerably in the 18 month reimbursement cycle.

In the past budget cycle, rates for ICF-MR and CLA/ Room and Board were capped at a modest increase instead of reimbursing for the allowable costs. This was very harmful to service provision. Freezing the current rates is even more damaging.

Cost based reimbursement is essential to maintaining these small group homes in local communities.

There are many more aspects of the Governor's DSS proposal that warrant comment, but I have limited myself to these few areas. Thank you for the opportunity of testifying.